

EP Wire Survey on Left atrial appendage closure—indications and anticoagulation post ablation

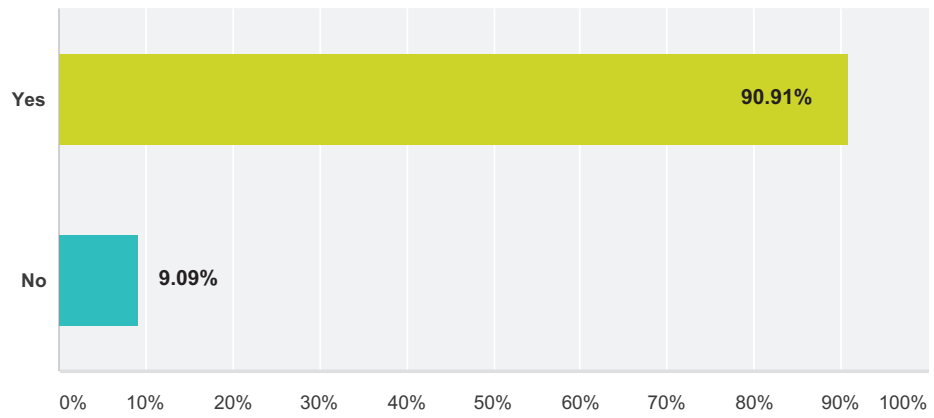
Q1 In which country and city is your centre based ?

Answered: 33 Skipped: 0

#	Responses	Date
1	Rzeszów	5/10/2017 3:20 AM
2	Poland, Rzeszow	5/10/2017 2:30 AM
3	Norway	5/9/2017 12:12 PM
4	Copenhagen, Denmark	5/9/2017 11:20 AM
5	poland	5/9/2017 1:03 AM
6	UK Swindon	5/5/2017 5:01 AM
7	Aberdeen UK	5/5/2017 3:00 AM
8	belgium, hasselt	5/5/2017 12:22 AM
9	Spain	5/5/2017 12:02 AM
10	uk	5/4/2017 11:48 PM
11	Norway	5/4/2017 11:40 PM
12	Denmark	5/4/2017 11:36 PM
13	Poland Wroclaw	5/4/2017 11:22 PM
14	Sweden	4/19/2017 6:30 AM
15	France	4/15/2017 10:14 AM
16	Poland	4/14/2017 2:31 AM
17	Germany Luedenscheid	4/12/2017 2:34 PM
18	Poland	4/12/2017 4:39 AM
19	Germany	4/11/2017 7:55 AM
20	Poland, Polanica Zdrój	4/10/2017 2:26 PM
21	Bulgaria	4/9/2017 10:51 AM
22	Germany	4/9/2017 9:34 AM
23	Berlin, Germany	4/9/2017 9:17 AM
24	Zabrze, Poland	4/8/2017 8:56 PM
25	SPAIN	4/8/2017 5:16 PM
26	Murcia, Spain	4/8/2017 10:09 AM
27	Germany	4/8/2017 7:59 AM
28	Germany	4/8/2017 7:40 AM
29	Germany, Lübeck	4/8/2017 6:25 AM
30	Germany	4/8/2017 2:11 AM
31	Switzerland	4/7/2017 2:50 PM
32	France	4/7/2017 10:27 AM
33	Netherlands, Nieuwegein	4/7/2017 9:14 AM

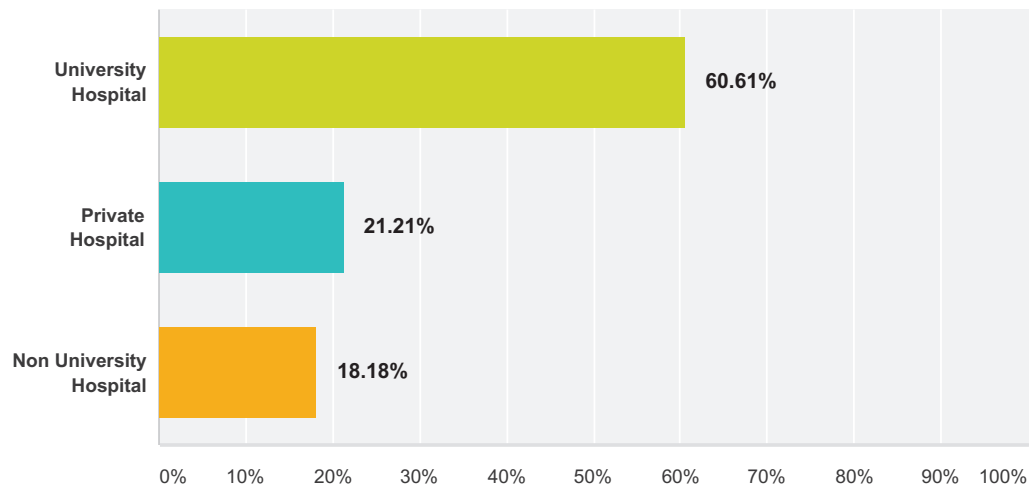
Q2 Would you like acknowledgment of your centre in the EP Europace Journal and on the website ?

Answered: 33 Skipped: 0



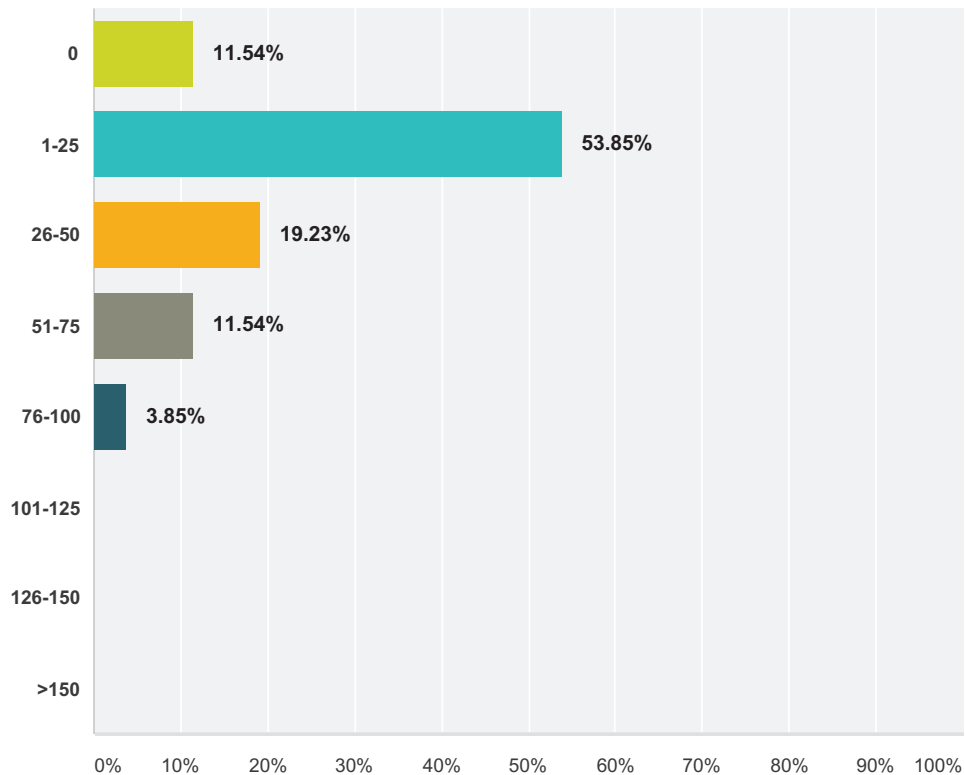
Q4 What type of institution do you work in ?

Answered: 33 Skipped: 0



Q5 How many left atrial appendage (LAA) closure procedures did you perform at your institution in 2016?

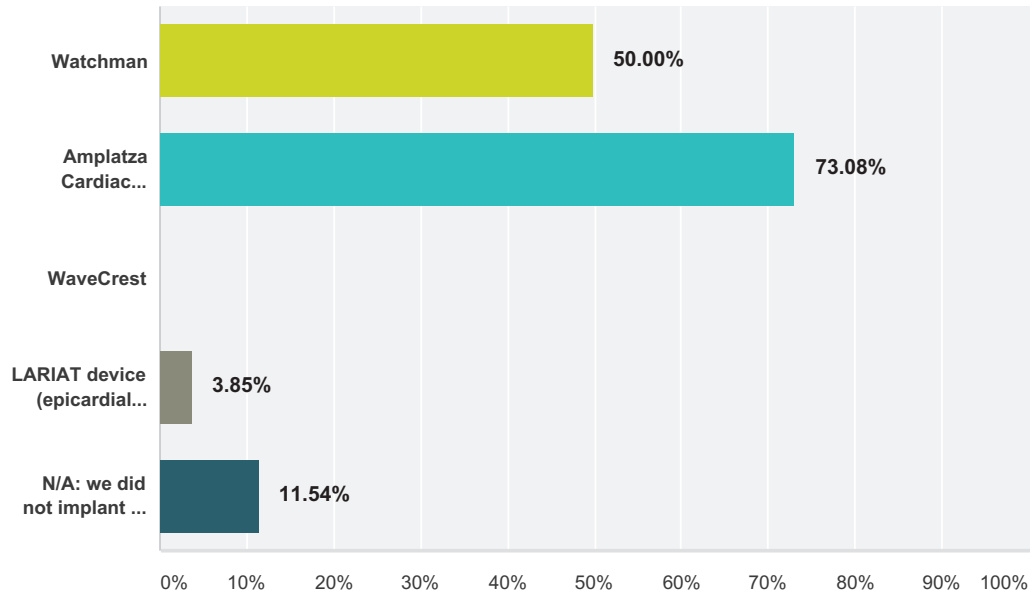
Answered: 26 Skipped: 7



#	PLEASE ONLY CONTINUE TO THE NEXT QUESTIONS IF YOU PERFORMED >0 PROCEDURES IN 2016	Date
	There are no responses.	

Q6 What left atrial appendage (LAA) closure device did you use at your institution in 2016 (multiple Answers)

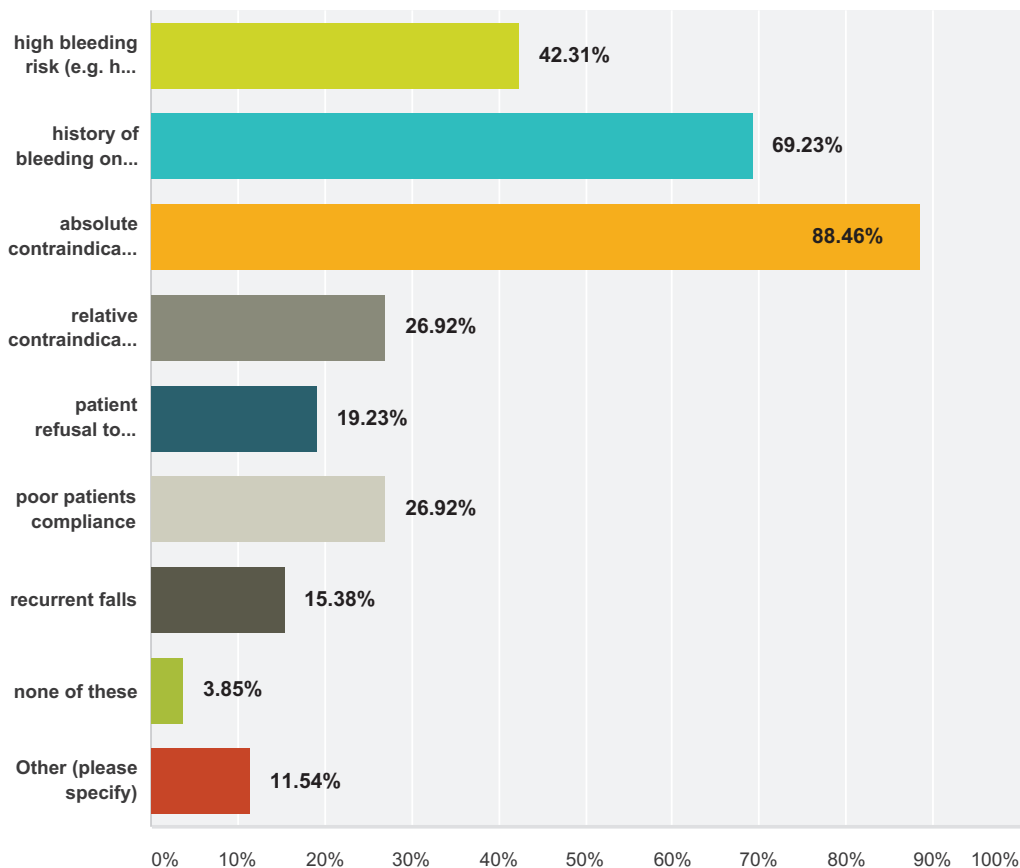
Answered: 26 Skipped: 7



Answer Choices	Responses
Watchman	50.00% 13
Amplatza Cardiac Plug/Amulet	73.08% 19
WaveCrest	0.00% 0
LARIAT device (epicardial device)	3.85% 1
N/A: we did not implant LAA closure devices at our institution	11.54% 3
Total Respondents: 26	

Q7 In patients with atrial fibrillation and a CHA2DS2-VASc Score of ≥ 2 , indications for left atrial occlusion at your institution are (multiple answers)

Answered: 26 Skipped: 7



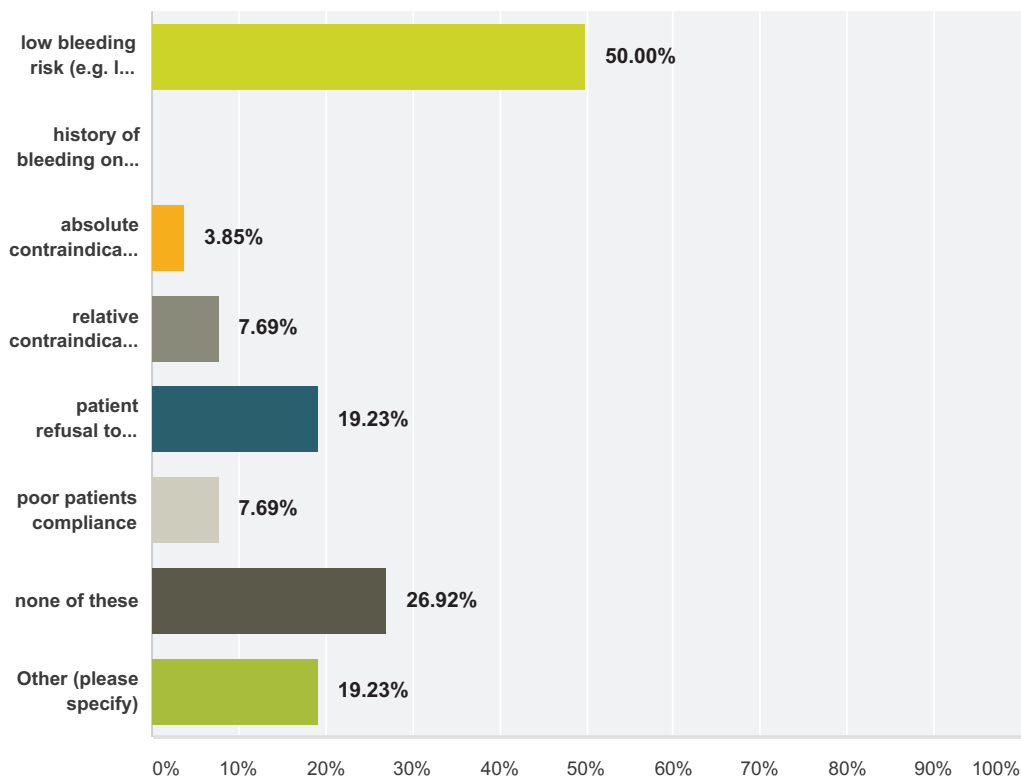
Answer Choices	Responses	
high bleeding risk (e.g. high HAS BLED Score)	42.31%	11
history of bleeding on novel/oral anticoagulation (N/OAC)	69.23%	18
absolute contraindication to N/OAC	88.46%	23
relative contraindication to N/OAC	26.92%	7
patient refusal to N/OAC despite adequate information	19.23%	5
poor patients compliance	26.92%	7
recurrent falls	15.38%	4
none of these	3.85%	1
Other (please specify)	11.54%	3
Total Respondents: 26		

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#	Other (please specify)	Date
1	triple anti-thrombotic therapy	5/9/2017 11:22 AM
2	haemodialysis patients mit high bleeding risk	4/11/2017 7:57 AM
3	No LAA occlusion devices were implanted	4/9/2017 10:53 AM

Q8 In patients with atrial fibrillation and a CHA2DS2-VASc Score of ≥ 2 , CONTRAINDICATIONS for left atrial occlusion at your institution are (multiple answers)

Answered: 26 Skipped: 7



Answer Choices	Responses
low bleeding risk (e.g. low HAS BLED Score)	50.00% 13
history of bleeding on novel/oral anticoagulation (N/OAC)	0.00% 0
absolute contraindication to N/OAC	3.85% 1
relative contraindication to N/OAC	7.69% 2
patient refusal to N/OAC despite adequate information	19.23% 5
poor patients compliance	7.69% 2
none of these	26.92% 7
Other (please specify)	19.23% 5
Total Respondents: 26	

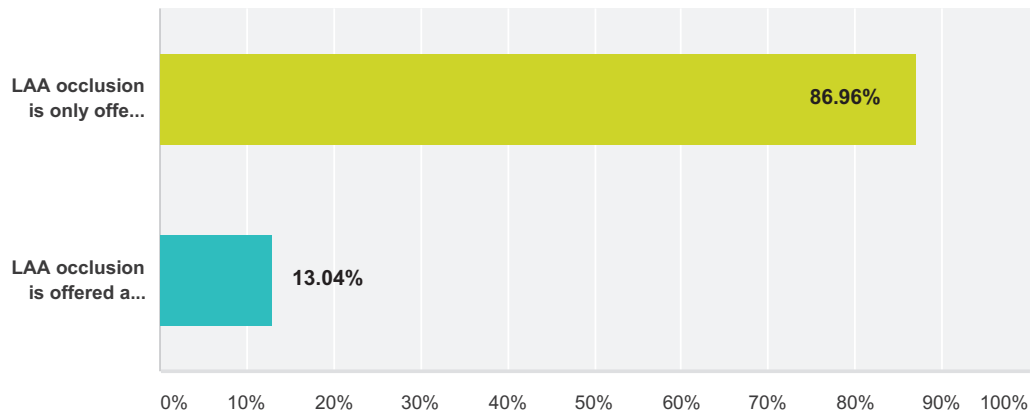
#	Other (please specify)	Date
1	thrombus in the left atrial appendage	5/9/2017 11:22 AM
2	should the question be formulated as indications for left atrial occlusion?	5/4/2017 11:43 PM

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3	Contraindication for general anesthesia	4/15/2017 10:15 AM
4	No LAA occlusion devices were implanted	4/9/2017 10:53 AM
5	these indications make no sense at all	4/7/2017 9:16 AM

Q9 In patients with atrial fibrillation and a CHA2DS2-VASc Score of ≥ 2 , at your institution are

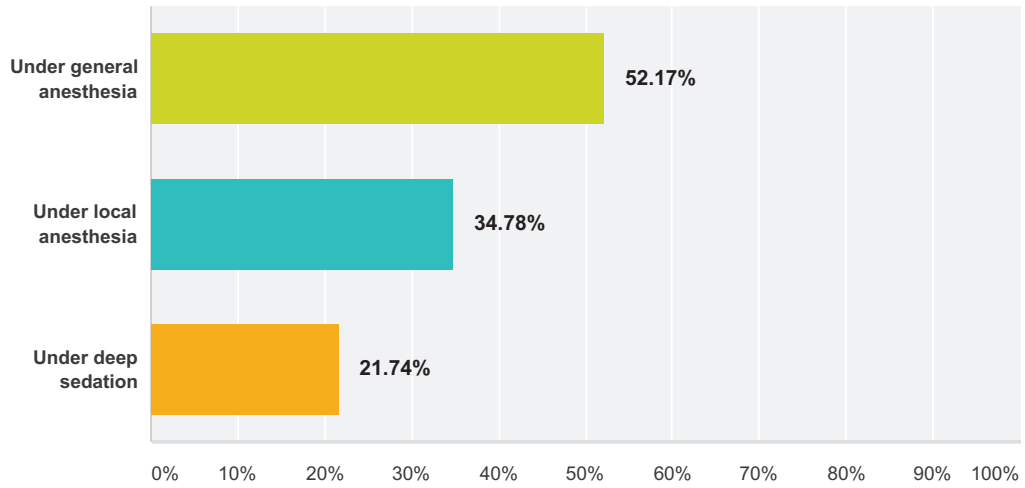
Answered: 23 Skipped: 10



Answer Choices	Responses
LAA occlusion is only offered to selected patients (e.g. high HAS BLED score, contraindication to N/OAC,...) but not to patients that are generally suitable for N/OAC therapy.	86.96% 20
LAA occlusion is offered as alternative treatment to N/OAC therapy even in patients suitable for N/OAC therapy	13.04% 3
Total	23

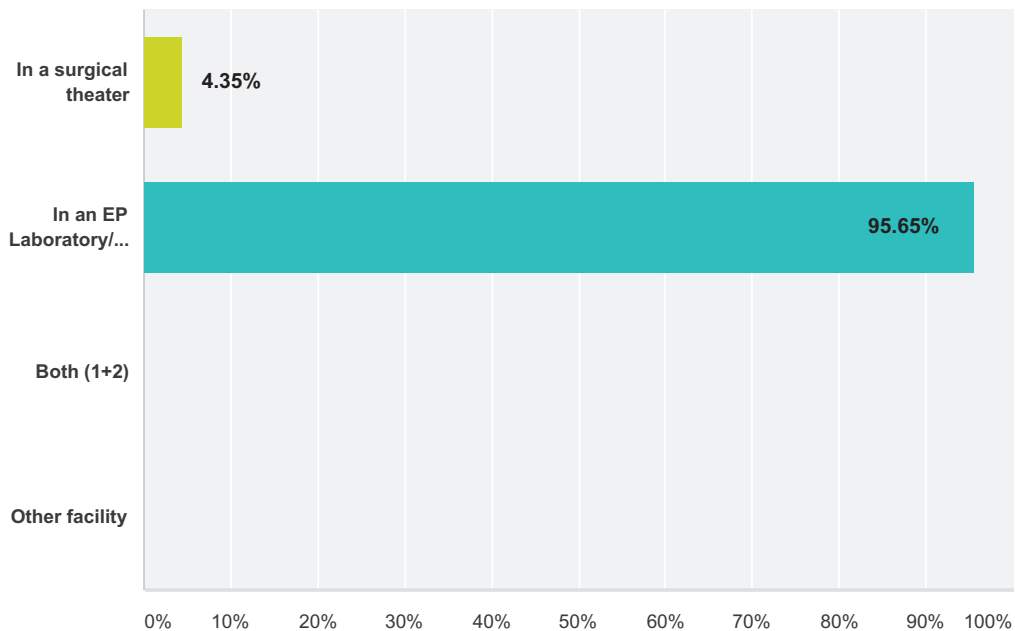
Q10 LAA closure procedures are predominantly performed (multiple answers):

Answered: 23 Skipped: 10



Q11 LAA closure procedures are predominantly performed :

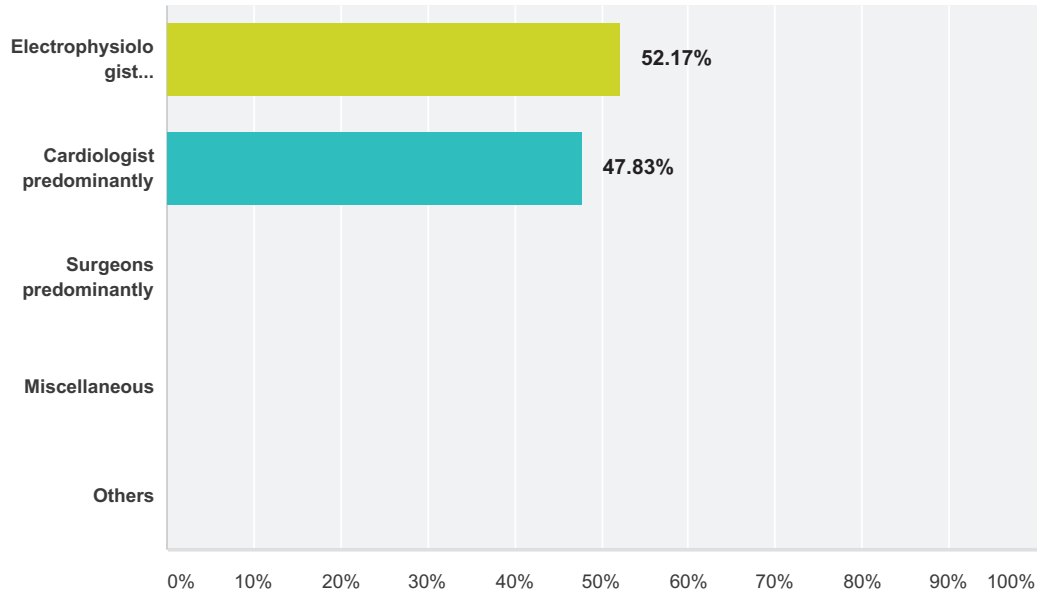
Answered: 23 Skipped: 10



Answer Choices	Responses	Count
In a surgical theater	4.35%	1
In an EP Laboratory/ Coronary angiography laboratory	95.65%	22
Both (1+2)	0.00%	0
Other facility	0.00%	0
Total		23

Q12 LAA closure procedures are performed by :

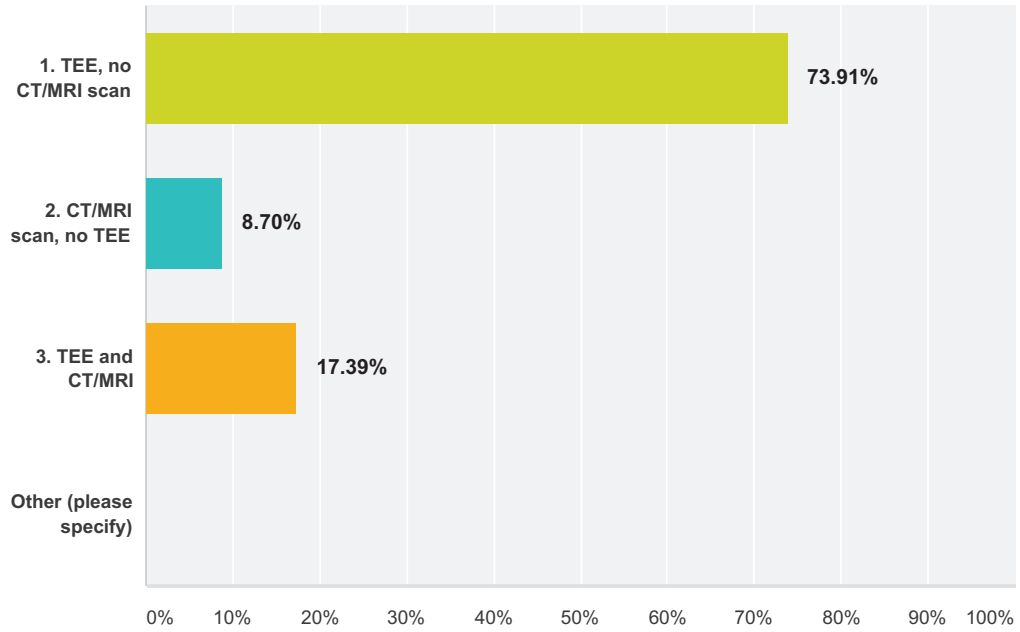
Answered: 23 Skipped: 10



Answer Choices	Responses	Count
Electrophysiologist predominantly	52.17%	12
Cardiologist predominantly	47.83%	11
Surgeons predominantly	0.00%	0
Miscellaneous	0.00%	0
Others	0.00%	0
Total		23

Q13 Imaging prior to LAA occlusion procedures usually (>90%) includes

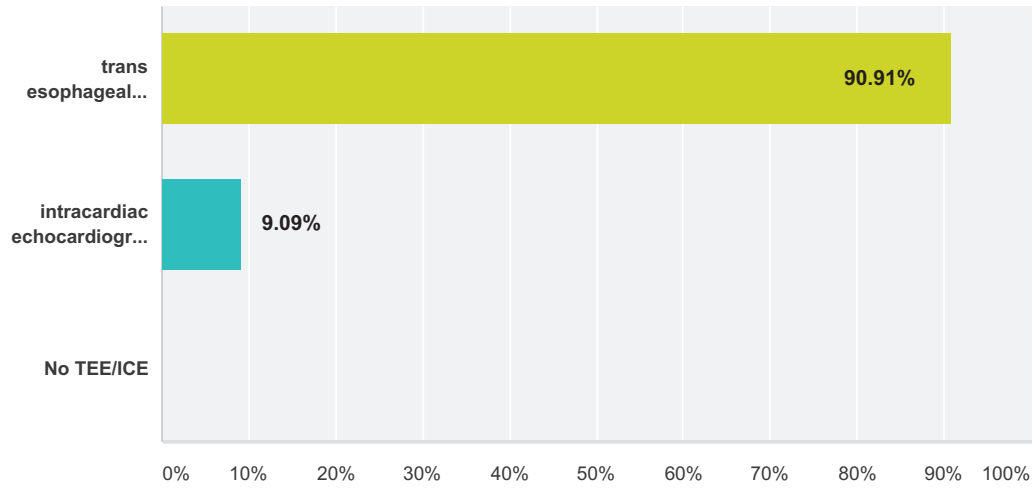
Answered: 23 Skipped: 10



#	Other (please specify)	Date
	There are no responses.	

Q14 Periprocedural imaging to guide LAA closure procedures is usually (>90%) performed with

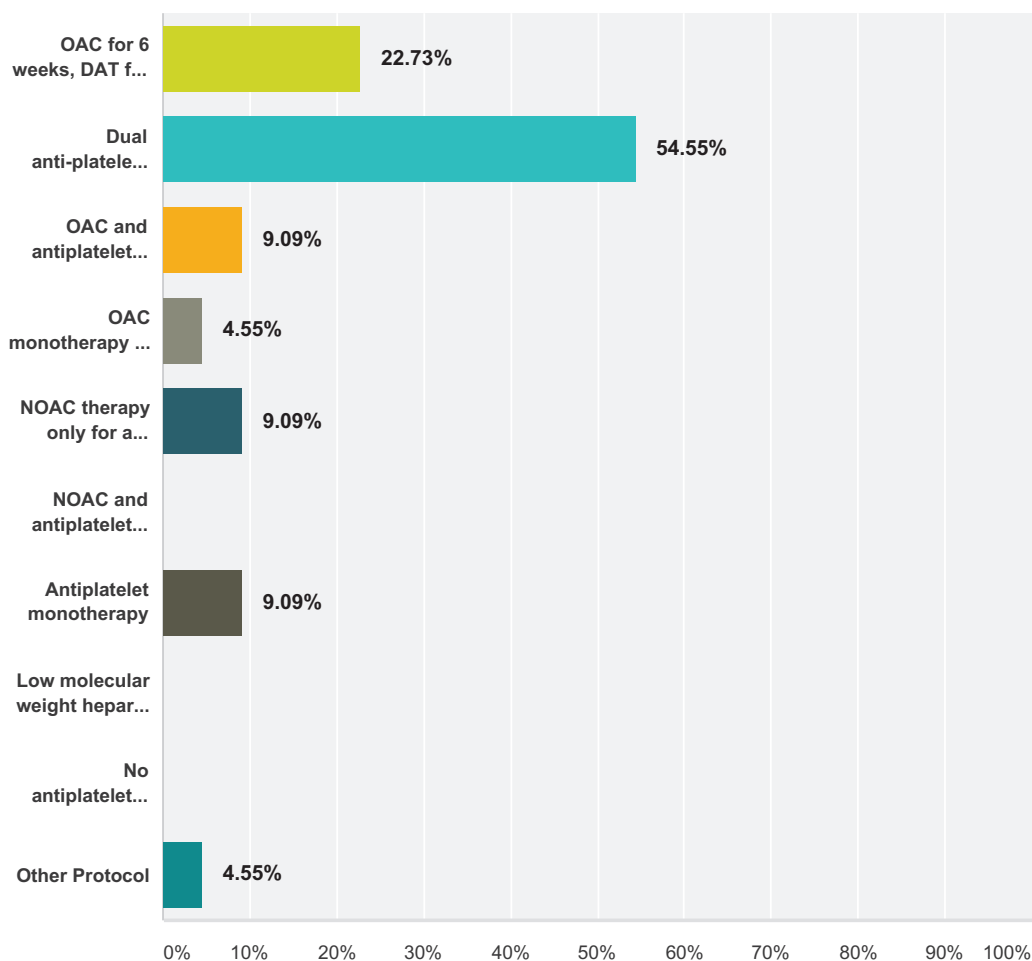
Answered: 22 Skipped: 11



Answer Choices	Responses
trans esophageal echocardiography (TEE)	90.91% 20
intracardiac echocardiography(ICE)	9.09% 2
No TEE/ICE	0.00% 0
Total	22

Q15 The predominant anticoagulation (OAC) protocol in the initial phase (0-6 months) post endocardial LAA implantation in patients without contraindication to N/OAC and no LAA leak during follow up TEE is (multiple answers):

Answered: 22 Skipped: 11



Answer Choices	Responses
OAC for 6 weeks, DAT for 6 months	22.73% 5
Dual anti-platelet therapy (DAT) for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	54.55% 12
OAC and antiplatelet therapy for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	9.09% 2
OAC monotherapy for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	4.55% 1
NOAC therapy only for a limited period (e.g. up to 6 weeks or 6 months)	9.09% 2
NOAC and antiplatelet therapy for a limited period (e.g. up to 6 weeks or 6 months), followed by whatever monotherapy	0.00% 0
Antiplatelet monotherapy	9.09% 2

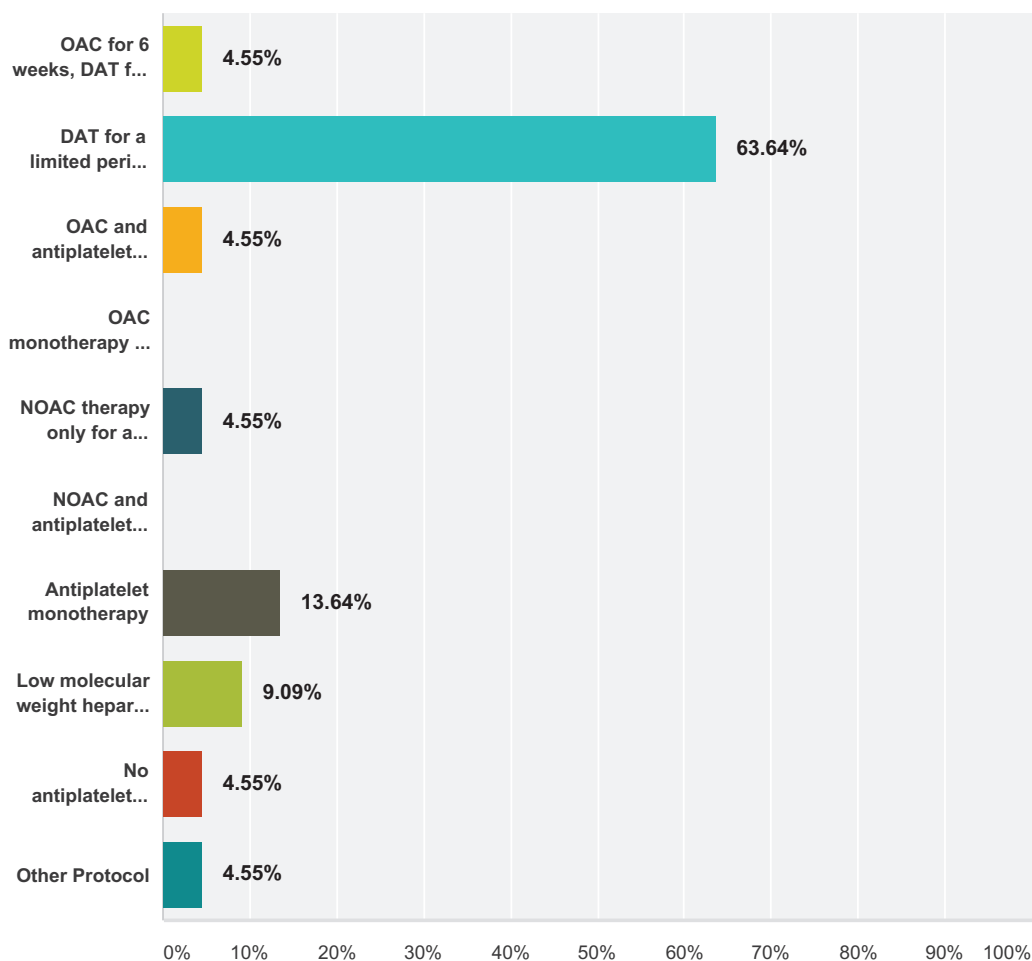
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Low molecular weight heparin therapy only	0.00%	0
No antiplatelet therapy/N/OAC therapy at all	0.00%	0
Other Protocol	4.55%	1
Total Respondents: 22		

#	Other Protocol	Date
1	ASA for 6 months	5/4/2017 11:45 PM

Q16 The predominant anticoagulation (OAC) protocol in the initial phase (0-6 months) post endocardial LAA implantation in patients WITH ABSOLUTE contraindication to N/OAC and no LAA leak during follow up TOE is (multiple answers):

Answered: 22 Skipped: 11



Answer Choices	Responses
OAC for 6 weeks, DAT for 6 months	4.55% 1
DAT for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	63.64% 14
OAC and antiplatelet therapy for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	4.55% 1
OAC monotherapy for a limited period (e.g. up to 6 weeks or 6 months), followed by antiplatelet monotherapy	0.00% 0
NOAC therapy only for a limited period (e.g. up to 6 weeks or 6 months)	4.55% 1
NOAC and antiplatelet therapy for a limited period (e.g. up to 6 weeks or 6 months), followed by whatever monotherapy	0.00% 0
Antiplatelet monotherapy	13.64% 3

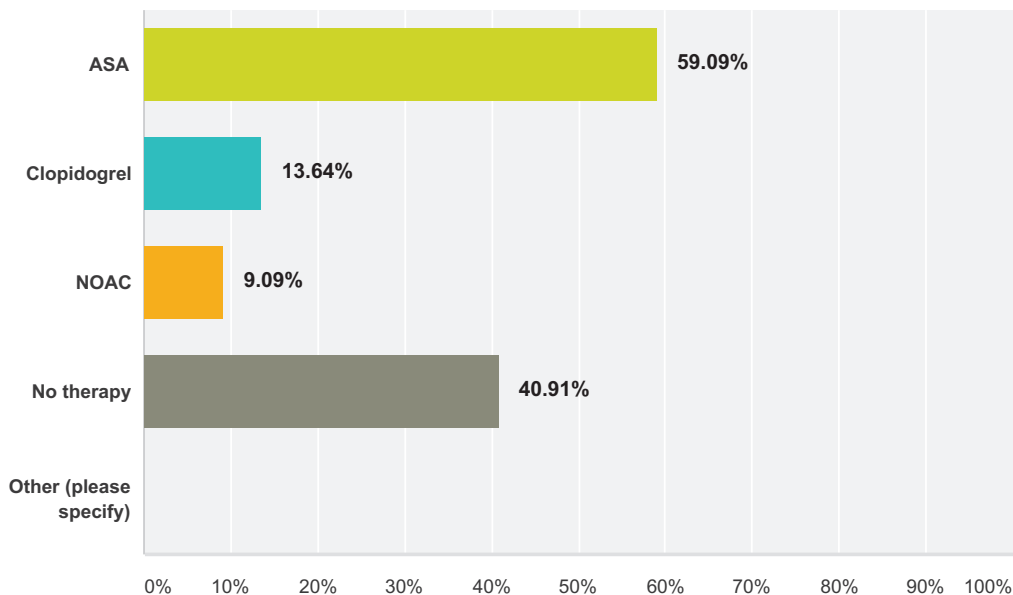
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Low molecular weight heparin therapy only	9.09%	2
No antiplatelet therapy/N/OAC therapy at all	4.55%	1
Other Protocol	4.55%	1
Total Respondents: 22		

#	Other Protocol	Date
1	ASA for 6 months	5/4/2017 11:45 PM

Q17 The predominant anticoagulation (OAC) protocol in the long term phase (>6 months) post endocardial LAA implantation in patients without contraindication to novel/oral anticoagulation (N/OAC) and no LAA leak during follow up TOE is (multiple answers):

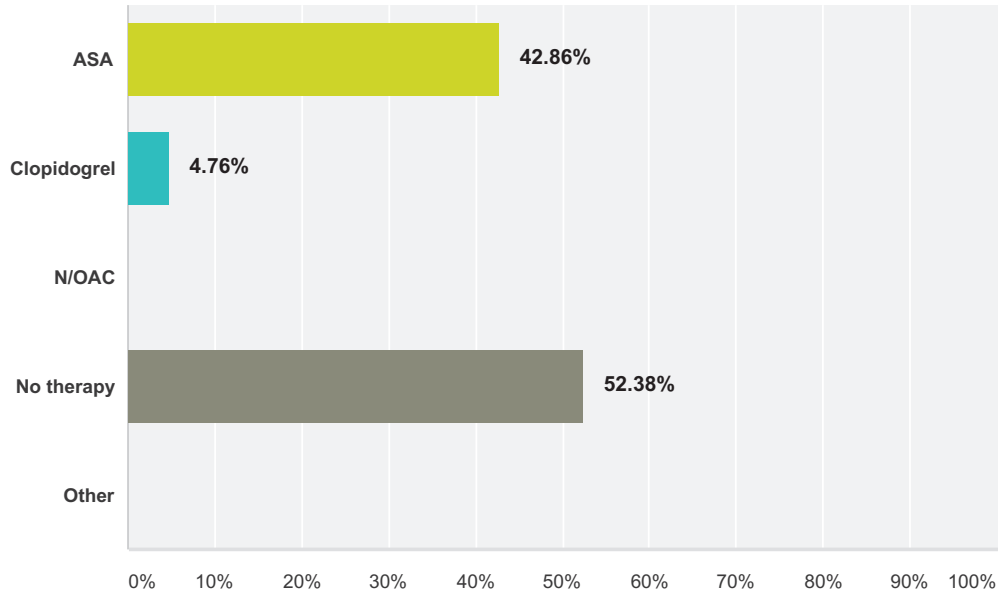
Answered: 22 Skipped: 11



#	Other (please specify)	Date
	There are no responses.	

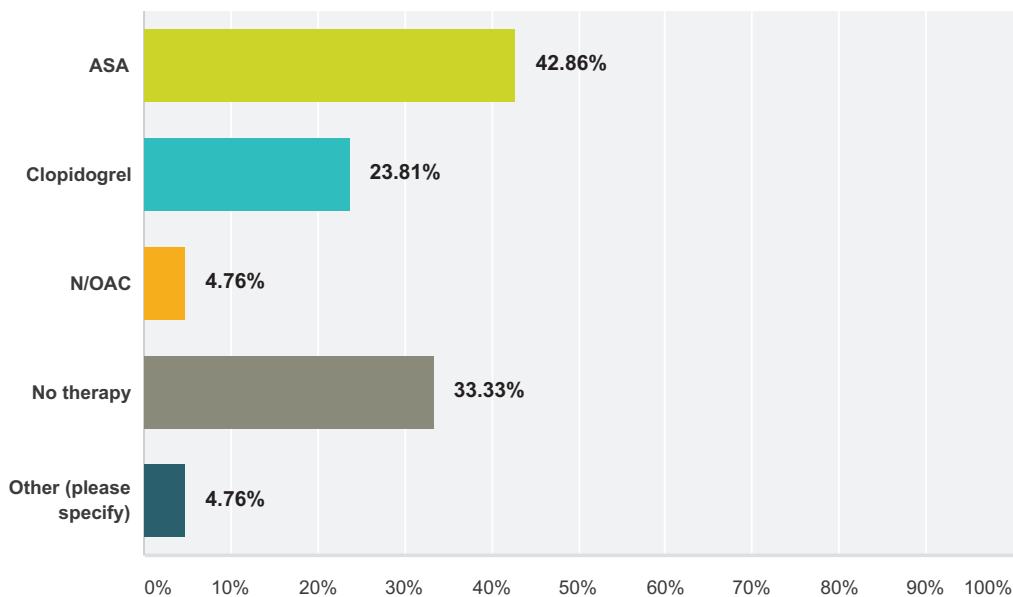
Q18 The predominant anticoagulation (OAC) protocol in the longterm phase (>6 months) post endocardial LAA implantation in patients WITH ABSOLUTE contraindication to novel/oral anticoagulation (N/OAC) and no LAA leak during follow up TOE is (multiple answers):

Answered: 21 Skipped: 12



Q19 The predominant anticoagulation (OAC) protocol in the longterm phase (>6 months) post endocardial LAA implantation in patients WITH ABSOLUTE contraindication to novel/oral anticoagulation (N/OAC) and LAA leak 2-5mm during follow up TOE is (multiple answers):

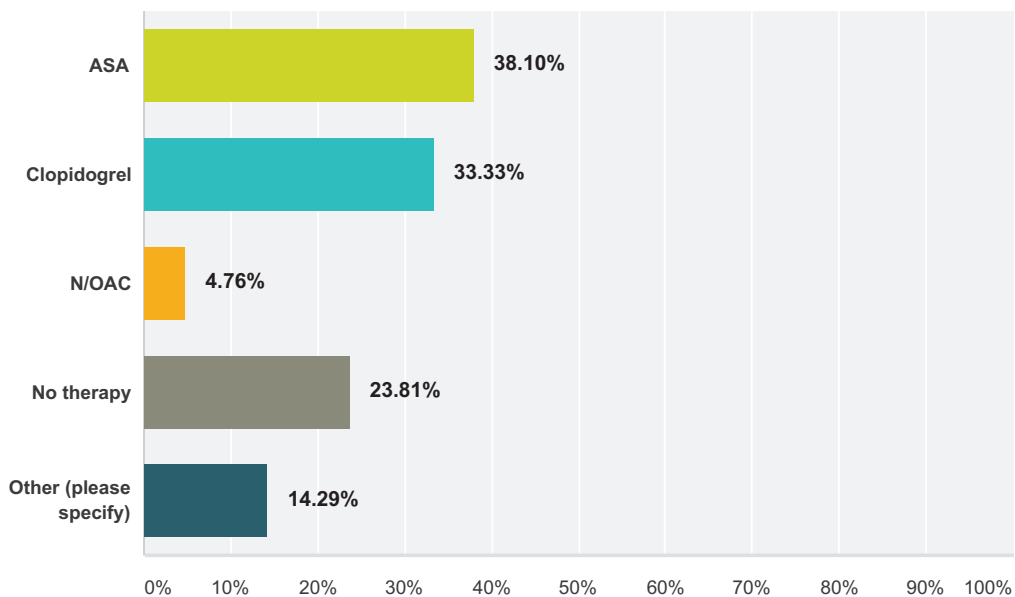
Answered: 21 Skipped: 12



#	Other (please specify)	Date
1	Have not been the case so far, not discussed	4/19/2017 6:40 AM

Q20 The predominant anticoagulation (OAC) protocol in the longterm phase (>6 months) post endocardial LAA implantation in patients WITH ABSOLUTE contraindication to novel/oral anticoagulation (N/OAC) and LAA leak >5mm during follow up TOE is (multiple answers):

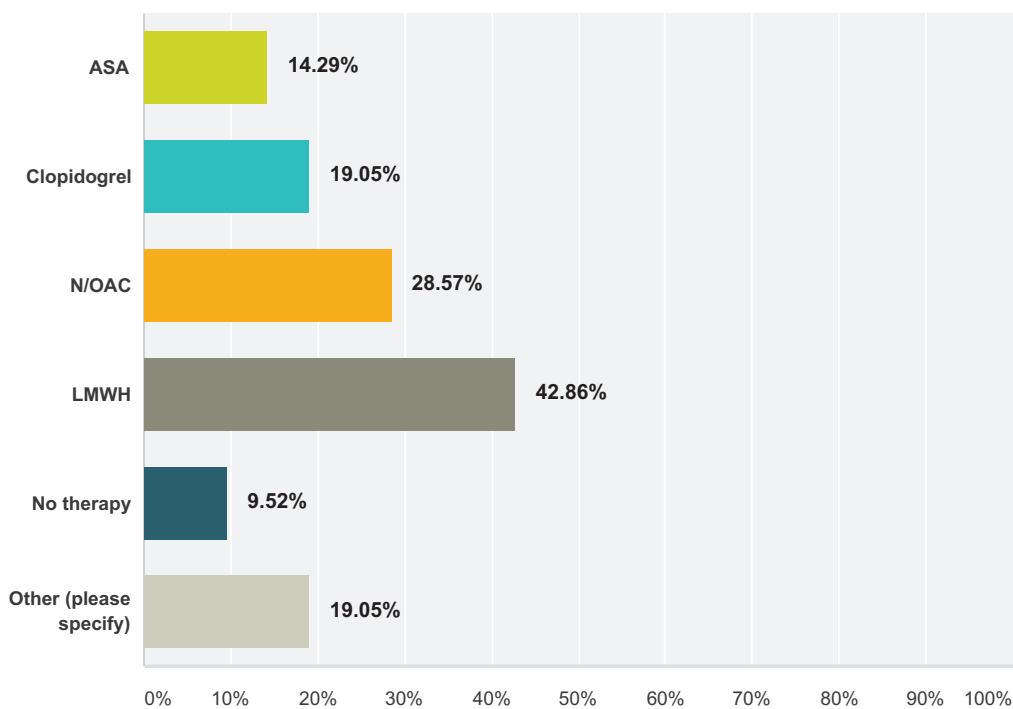
Answered: 21 Skipped: 12



#	Other (please specify)	Date
1	VKA	5/5/2017 12:25 AM
2	Have not been the case so far, not discussed	4/19/2017 6:40 AM
3	surgical closure with atriclip	4/7/2017 9:20 AM

Q21 The predominant anticoagulation (OAC) protocol in patients WITH ABSOLUTE contraindication to novel/oral anticoagulation (N/OAC) and device thrombus during follow up TOE is (multiple answers):

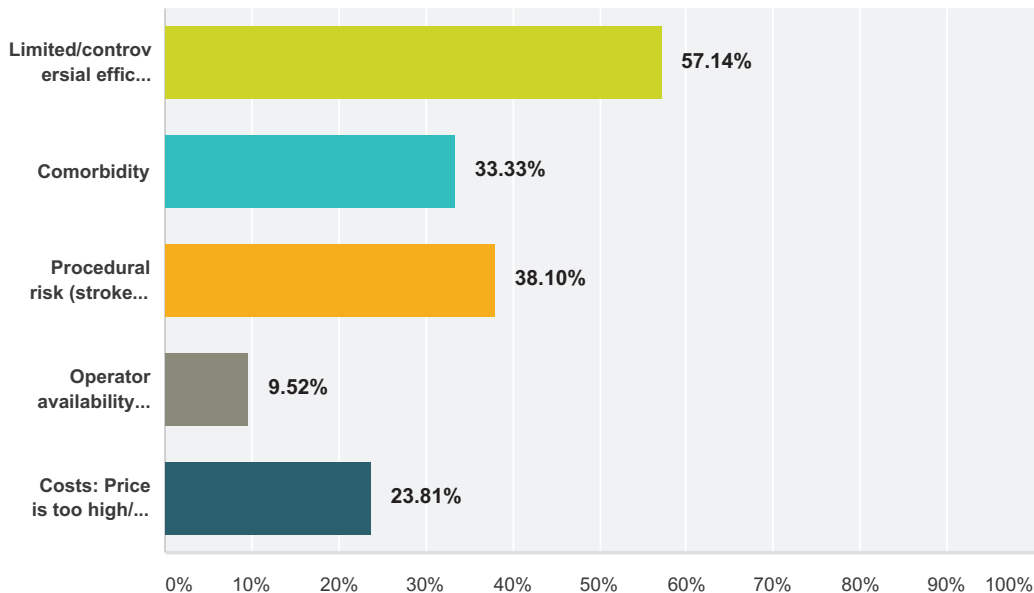
Answered: 21 Skipped: 12



#	Other (please specify)	Date
1	surgery	5/5/2017 12:25 AM
2	Surgery	5/5/2017 12:09 AM
3	It depends of patient status	4/15/2017 10:21 AM
4	UFH	4/11/2017 8:00 AM

Q22 Predominant reasons for not implanting/ limiting the implantation of a LAA occluder are (multiple answers):

Answered: 21 Skipped: 12



Answer Choices	Responses	
Limited/controversial efficacy data as compared to N/OAC	57.14%	12
Comorbidity	33.33%	7
Procedural risk (stroke, tamponade,...)	38.10%	8
Operator availability (too difficult procedure)	9.52%	2
Costs: Price is too high/ reimbursement issues	23.81%	5
Total Respondents: 21		