



# INSIDE THE CHAMBERS: A HANDS-ON APPROACH TO STRUCTURAL HEART INTERVENTIONS

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# EXPECTED OUTCOME & EDUCATIONAL NEED/ PRACTICE GAP

- **Practice Gap:**
  - Clinicians often lack sufficient hands-on experience and updated knowledge of structural heart interventions such as left atrial appendage occlusion, transcatheter edge-to-edge repair, and TAVR.
- **Educational Need:**
  - There is a need for interactive education that reinforces anatomical understanding, device fundamentals, and current clinical indications through practical, case-based learning.
- **Expected Outcome:**
  - Participants will improve competence and confidence in planning and performing advanced structural heart procedures, ultimately enhancing patient outcomes.



# FACULTY DISCLOSURE

- None of the presenters in this session have any relevant financial relationships with ineligible companies to disclose.



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# OBJECTIVES

- By the end of this activity, participants will be able to:
  - Describe the anatomy of the left atrial appendage and evaluate the principles of device placement for left atrial appendage occlusion (Watchman) through demonstration with a porcine heart.
  - Explain the fundamentals of transcatheter edge-to-edge repair (MitraClip and TriClip) and apply hands-on learning techniques to understand device use.
  - Identify the latest clinical indications for transcatheter aortic valve replacement (TAVR) and assess procedural considerations through direct interaction with an implanting physician.



# SESSION PRESENTERS



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# SESSION STATIONS

## STATION 1

### **Station 1: Left Atrial Appendage Occlusion (Watchman)**

Gain an understanding of left atrial appendage anatomy and observe device placement through a demonstration with a porcine heart.

## STATION 2

### **Station 2: Transcatheter Edge-to-Edge Repair (MitraClip and TriClip)**

Explore the fundamentals of this advanced technology and engage in hands-on learning with the device.

## STATION 3

### **Station 3: Transcatheter Aortic Valve Replacement**

Learn about the latest indications for TAVR and interact directly with an implanting physician.



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# LET'S HIT THE TRAIL!



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