Renal dysfunction limited CHF guideline-directed medication therapy utilization in all patients. Benefits in renal function after CCM implant in this CHF population remains to be seen. Utilization of CCM in patients comanaged with milrinone needs to be individualized.

**PO-644-03**

**IMPACT OF PRE-PROCEDURAL PLANNING WITH A NOVEL CARDIAC CT SOFTWARE PLATFORM ON THE EFFICIENCY OF A LEFT ATRIAL APPENDAGE CLOSURE PROCEDURE**

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**Background:** Percutaneous left atrial appendage closure (LAAC) is an accepted option for stroke prevention in high-risk patients with atrial fibrillation (AF) unable to take long-term oral anticoagulation. Cardiac CT scans are increasingly being used for pre-procedural planning of structural heart procedures. However, the impact of pre-procedural planning on LAAC procedures is unknown.

**Objective:** To determine if pre-procedure planning with cardiac CT prior to LAAC increases the efficiency of the procedure.

**Methods:** This single-center retrospective analysis assessed all patients who underwent LAAC using the Watchman FLX (WFLX) device. Once commercially available, a pre-procedure CT scan was performed in patients being scheduled for a WFLX implant and analyzed using the TruPlan (TP) software. This software allows assessment of the LAA (absence of thrombus, size and morphology) and determines the optimal location for transseptal puncture, delivery sheath, device size and viewing angles on fluoroscopy. We compared several metrics of procedural efficiency based on use of the TP software.

**Results:** Our cohort included 111 patients (78 ± 8 years; 64% male; CHA₂DS₂-VASc 4.5 ± 1.4; HASBLED score 3.4 ± 1.1; paroxysmal AF 50%) The main indication for LAAC was prior bleeding, which was present in 87 (78%) patients. LAAC was successfully performed in 108 (97%) patients. The TP software was used in 56 (50%) patients. There was concordance between suggested device size and actual device size used at implant in 45 (82%) patients. Pre-planning significantly reduced procedure time and likelihood of needing > 1 device. This increased the lab efficiency, as defined by the LAAC case volume (based on a single imager and anesthesiologist) performed in a single day.

**Conclusion:** Our data, for the first time, show the value of using a dedicated cardiac CT software for pre-procedure planning of LAAC with the WFLX device. By reducing the number of devices used, procedure times decreased by 29%, which translated into a 50% improvement in lab efficiency.

**PO-644-04**

**IMPACT OF HOME MONITORING PLATFORM SCALE AND GAIN SETTINGS ON PWAVE VISIBILITY FROM INSERTABLE CARDIAC MONITOR RECORDINGS**

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**Background:** Visibility of Pwaves on electrograms (EGM) obtained by insertable cardiac monitor (ICM) is useful for clinicians when differentiating and defining captured arrhythmia.

**Objective:** To assess factors impacting Pwave visibility on EGMs obtained from home monitoring transmissions for two different ICM vendors.

**Methods:** Real-time sinus rhythm EGMs from Biotronik BioMonitor3 (BM3) and Medtronic LINQ were downloaded from home monitoring transmissions. Strips were obtained from each home monitoring platform in a 1:2 (BM3:LINQ) ratio with one strip per patient. Gain settings were not adjusted from the nominal setting (either 0.1mV or 1mV scale for LINQ, vs. variable 0.2mV scale for BM3). Strips were viewed by 3 electrophysiologists independently (investigators KRT, GDY & CXW) and classified as Pwave ‘visible’, ‘partially visible’ or ‘not visible’.

**Results:** 120 strips were obtained from 40 BM3 and 80 LINQ patients, with both groups being well matched for gender and BMI (53% male, mean BMI 26.7 kg/m²; both p = NS). The 3 assessors adjudicated that Pwaves were not visible or partially visible for between 16.3 - 48.8% of LINQ strips, compared to between 5.0 - 27.5% of BM3 strips (table). There were 17 LINQ traces with 1mV scale, all having Rwave >0.9mV amplitude, which were adjudicated to have not visible or partially visible Pwaves for between 47.1 - 88.2% of traces. Interobserver reliability was good with an intraclass correlation coefficient of .81 (95%CI .74-.86).

**Conclusion:** Visibility of Pwave was better for BM3 compared to LINQ, which was impacted by the automated gain and scale settings. Manufacturers should allow for variable gain and scale settings on home monitoring platforms to improve P wave visibility.

**PO-644-05**

**CONCURRENT LEADLESS PACEMAKER INSERTION DURING TRANSCATHETER AORTIC VALVE REPLACEMENT: A CASE SERIES**

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**Background:** Complete heart block requiring permanent pacemaker implantation occurs in approximately 10% of patients (pts) undergoing transcatheter aortic valve replacement (TAVR), and in approximately 40% of TAVR pts who have preexisting right bundle branch block (RBBB). It is unknown whether it would be