and HWXGs, and the accuracy of arrhythmia diagnosis by Huawei watch ECG was assessed by standard ECG.

**Results:** In 318 Huawei watch ECGs, 9 HWIGs (2.8%) and 2 HWXGs (0.6%) were not qualified for analysis. In 234 cases of sinus rhythm (sinus bradycardia 34, sinus tachycardia 48, NSR 152), the P wave amplitude was $0.05 \pm 0.04 \text{mV}$ in HWIGs and $0.11 \pm 0.03 \text{mV}$ in HWXGs ($p < 0.05$). In 34 cases of sinus bradycardia, correct diagnoses were obtained in 26 (76.5%) HWIGs and 33 (91.7%) HWXGs ($p < 0.01$). In 18 cases of AV block, correct diagnoses were obtained in 12 (66.7%) HWIGs and 17 (94.4%) HWXGs ($p < 0.01$). In 98 cases of tachycardia (sinus tachycardia 48, SVT 10, atrial flutter 9, AFib 29, VT 2), correct diagnoses were obtained in 72 (73.5%) HWIGs and 91 (92.9%) HWXGs ($p < 0.05$). In 36 cases of AFib, correct diagnoses were obtained in 33 (91.7%) HWIGs and 35 (97.2%) HWXGs ($p < 0.05$).

**Conclusion:** P wave recognition and arrhythmia diagnosis accuracy can be increased by RA-Xiphoidal Huawei watch ECG, which is an effective and user-friendly way for smartwatch wearers. We recommend the routine use of RA-Xiphoidal lead to improve the accuracy of arrhythmia diagnosis by the smartwatch.

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**3D MAPPING FACILITATED, INTRA-CARDIAC ECHOCARDIOGRAPHY (ICE) GUIDED LEFT ATRIAL APPENDAGE OCCLUSION (LAAO) IS FEASIBLE AND SAFE, PROVIDING SIMILAR EFFICACY WITH LESS PERSONNEL THAN TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) GUIDED PROCEDURES**

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**Background:** Left atrial appendage occlusion (LAAO) provides an alternative for stroke prevention in patients with atrial fibrillation who cannot be safely anticoagulated long-term. WATCHMAN FLX placement was described, and is traditionally performed, with transesophageal echocardiography (TEE) guidance under general anesthesia (GA). The implanting physician, echocardiography team, and anesthesia team must all be present, complicating coordination and scheduling. The use of intracardiac echocardiography (ICE) with 3D mapping guidance in place of TEE for LAAO procedures can eliminate the need for additional personnel.

**Objective:** We report on the feasibility and safety of 3D mapping-facilitated, ICE-guided WATCHMAN FLX device implantation and compare to a similar group undergoing TEE-guided implantation over the same time period.