

Percutaneous Extraction of a Migrated Watchman Device After 7 Months

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Abstract

An 84-year-old man with persistent AF (CHA2DS2-Vasc 6) was referred because of a migrated 24-mm Watchman implanted 7 months prior. Transesophageal echo (TEE) showed device malposition and protrusion outside the LAA along with a 90° tilt and peri-device leak (Figure, Movies 1-3). Under general anesthesia, an extraction was performed using TEE, intracardiac echocardiographic and fluoroscopy. Using a femoral arterial approach, a 27-mm Watchman was positioned in ascending aorta for cerebroembolic protection, never released from the connecting wire (WAASP technique, Movies 4-5) (1). A 23-Fr non-deflectable sheath (Micra, Medtronic, MN) was advanced into right atrium, through which a 12-Fr deflectable sheath (Flexcath Advance, Medtronic) was placed transeptal. A 2.4 mm x 20 cm Raptor grasping device (US Endoscopy, Mentor, Ohio; Figure) was advanced through 12 Fr sheath to grasp the Watchman device. With sustained traction, the device was dislodged from the LAA into the 23 Fr sheath (Figure, Movie 6). A new 24 mm Watchman was then placed and the temporary Watchman in the aorta was removed. A follow up TEE showed stable position without significant peri-device leak. This case demonstrates the safety and feasibility of malpositioned Watchman extraction re-implantation in the same setting (2).

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