- A shunt ratio (Qp/Qs) of 2.3:1 was determined at cardiac catheterization.
- Based on her symptoms, evidence of right-side chamber dilation, and a moderately sized ASD, the patient was referred for percutaneous closure of the ASD.

**VIDEO 297e-51** A sizing balloon is placed across the ASD.
**VIDEO 297e-52** An Amplatzer® septal occluder is being positioned across the ASD.
**VIDEO 297e-53** The two disks of the device in place across the ASD.

## SUMMARY

- Unrepaired ASDs lead to signs and symptoms of increased pulmonary blood flow and right heart failure, dyspnea, exercise intolerance, fatigue, palpitations and atrial arrhythmias, and pulmonary infections.
- Percutaneous closure of an ASD may be recommended for individuals with a secundum ASD and evidence of RA and RV enlargement with or without symptoms.
- Percutaneous closure is contraindicated in patients with irreversible pulmonary arterial hypertension and no left-to-right shunt. It is not recommended for closure of sinus venosus, coronary sinus, or primum ASDs.
- After the atrial septal occluder device is placed, patients are treated with antiplatelet agents and use antibiotic prophylaxis for certain procedures for 6 months. Follow-up echocardiograms to assess for device migration or erosion, residual shunting, thrombus, or pericardial effusion are recommended at 1 day, 1 month, 6 months, 1 year, and periodically thereafter.

*(Case contributed with permission by Dr. Andrew C. Eisenhauer.)*