

# Experiences with Ultracinch and Ultrawand HIFU Techniques for Ablation Therapy

M. Dalrymple-Hay FRCS FECTS PhD  
Consultant Cardiac Surgeon

**Declared Interests - Honoraria**  
**St. Jude Medical and Maquet**

# Experiences with New Techniques for Ablation Therapy

## **Ultracinch LP and Wand**

**Lower Profile**

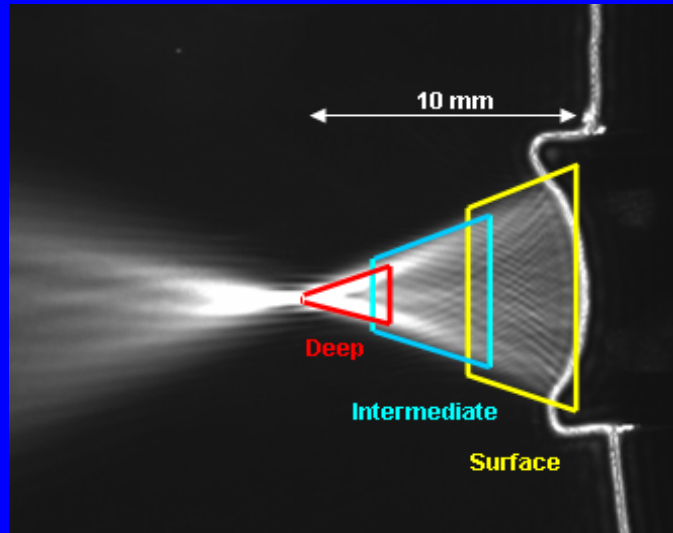
**Gradual dilation system**

**Snares encased in dilation system**



# Experiences with New Techniques for Ablation Therapy

## HIFU

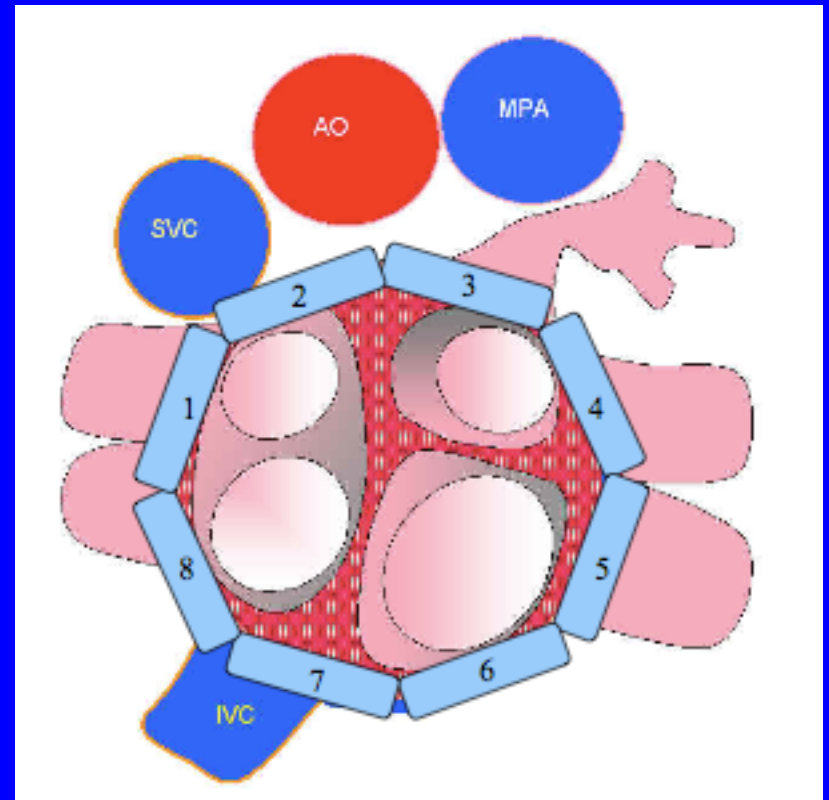


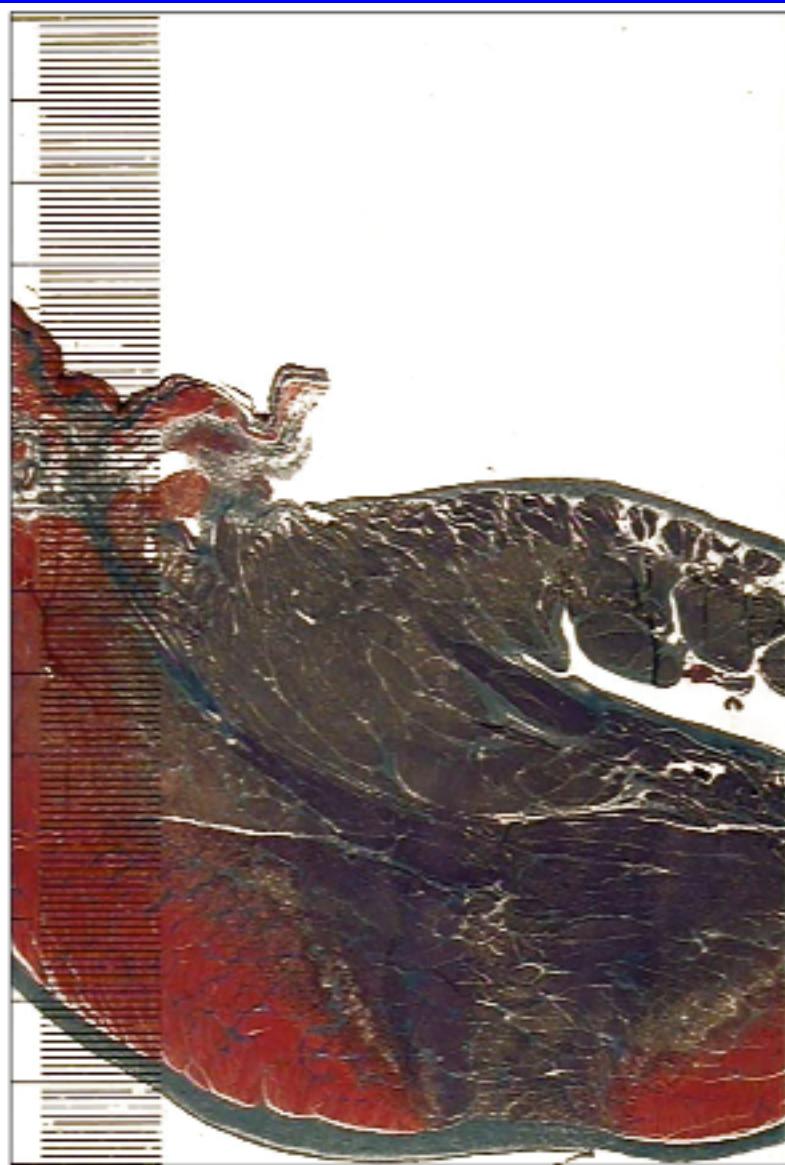
- Variable wattage and frequency through the ablation cycle

	Focus: Deep	Intermediate	Surface
<b>Mode:</b>	Pulse	Pulse	Continuous
<b>Frequency:</b>	Low (~3.8 MHz)	High (~6.4 MHz)	High (~6.4 MHz)
<b>Pulse Power:<sup>a</sup></b>	130 W (acoustic)	60 W (acoustic)	15 W (acoustic)
<b>Duration:</b>	1200 ms	2000 ms	40 s
<b>Average Power:<sup>b</sup></b>	3 W	3 W	15 W
<b>Total Energy:</b>	5 pulses per cell	4 pulses per cell	

## Transmurality

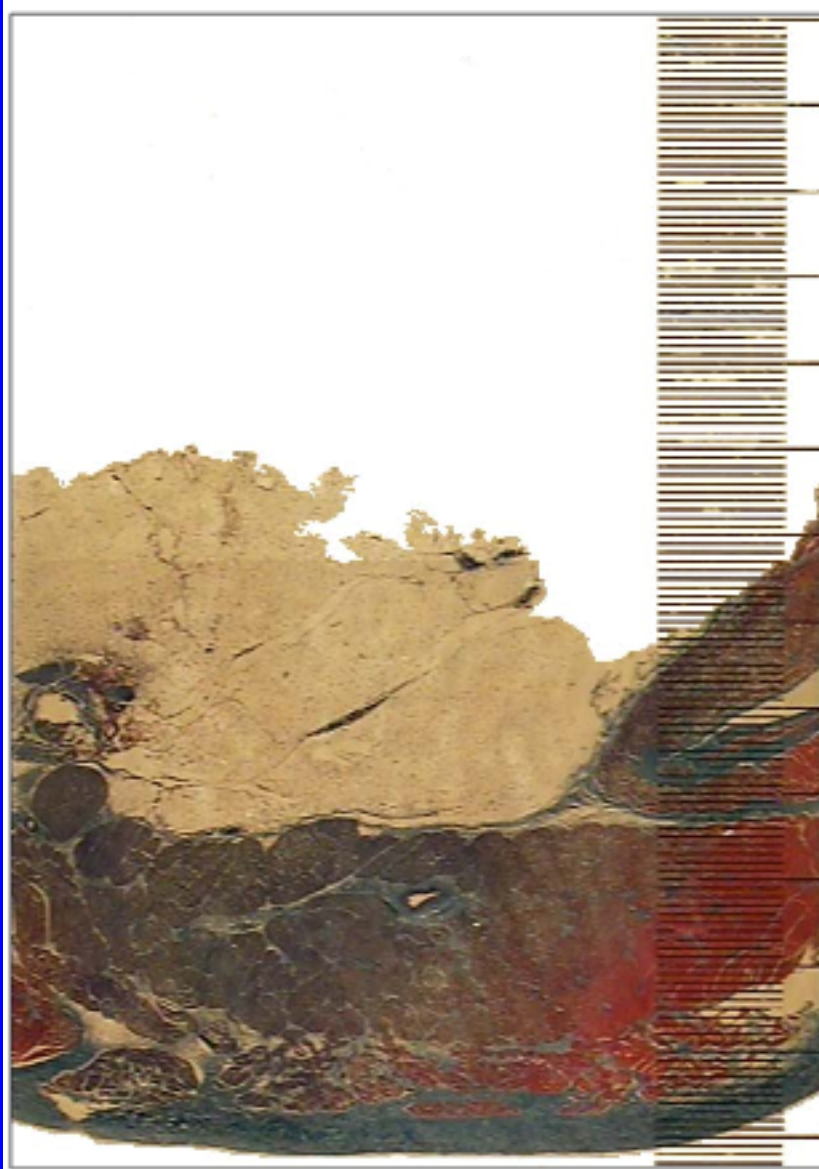
- **Date:** April 24, 2008
- **Device:** UltraCinch LP, 8 Cell
- **Animal:** Bovine, 107kg
- **Histology:** 98% Transmural (285 Slides total)





- 100% Transmural
- Total Thickness 8.2mm
  - 0.0mm Fat
  - 8.2mm Myocardium

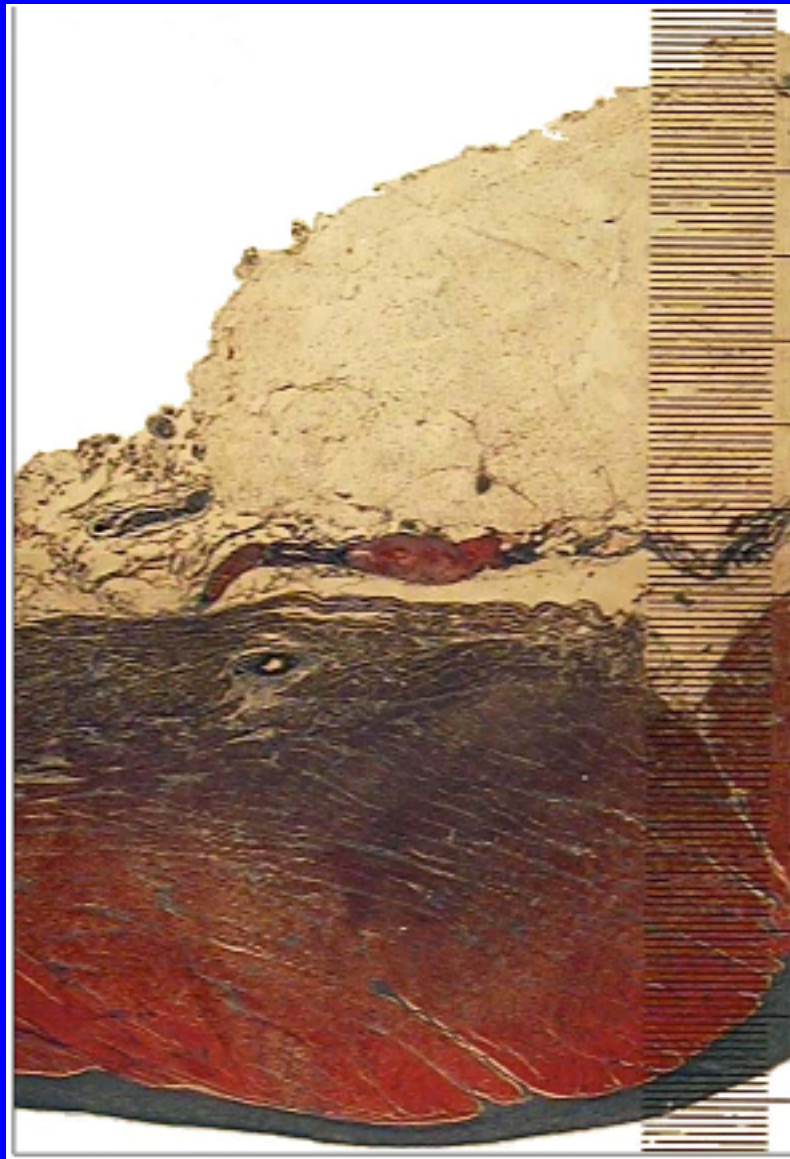




- 100% Transmural
- Total Thickness 8.0mm
  - 4.0mm Fat
  - 4.0mm Myocardium







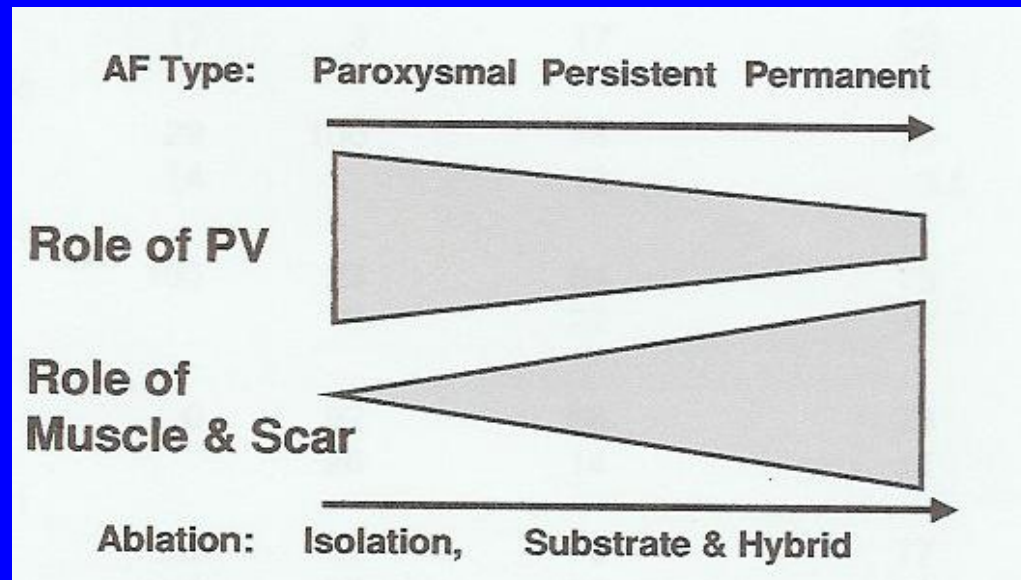
- Non-transmural
- 83% lesion depth
- Total Thickness 12.6mm
  - 6.2mm Fat
  - 6.4mm Myocardium
  - 2.1mm Gap
- Out of Range (>10mm)



98% Transmural

## Experiences with New Techniques for Ablation Therapy Epicardial Off Pump Application

- Change closed heart to open heart procedure
- Perform additional myocardial incisions

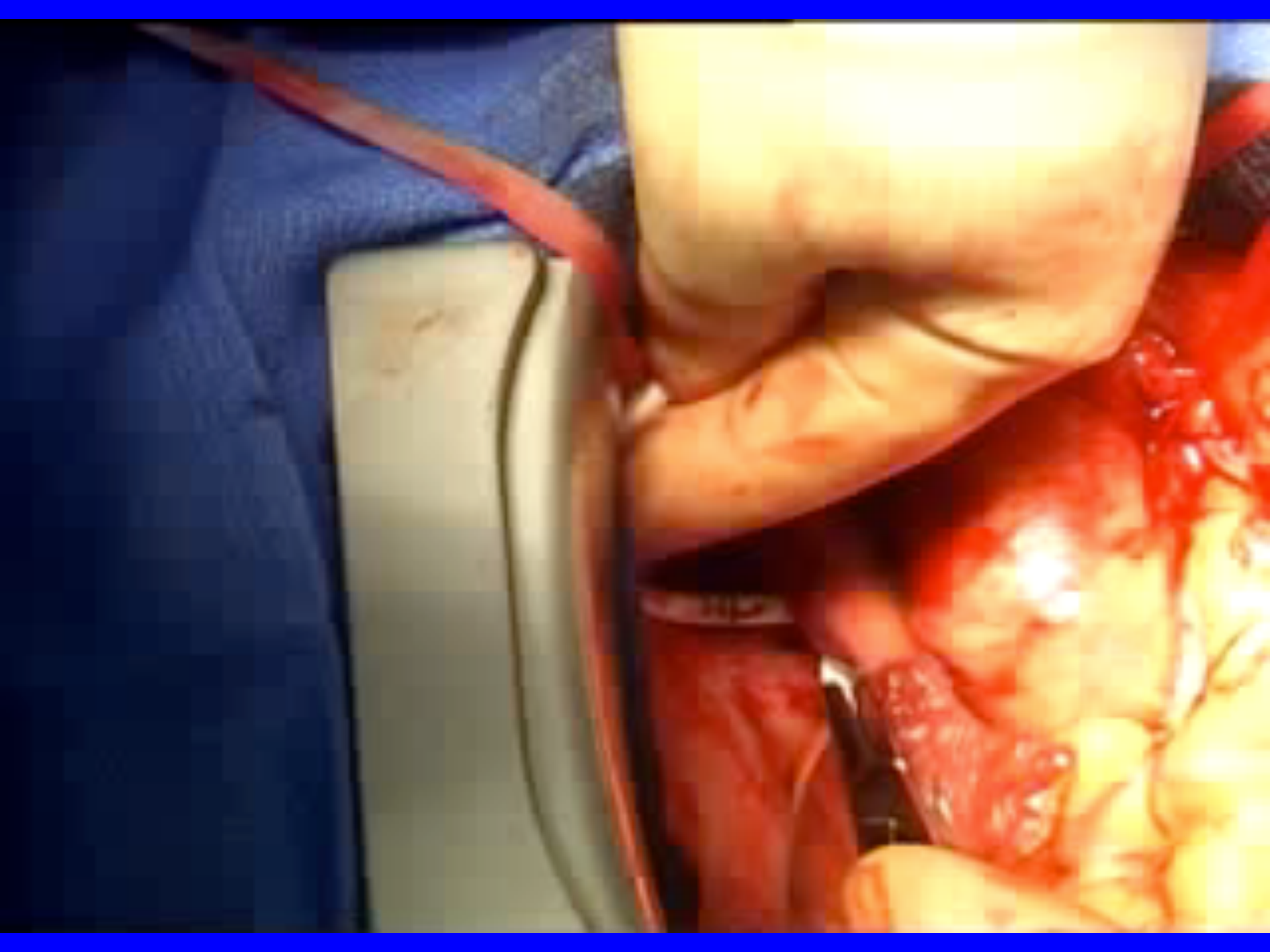


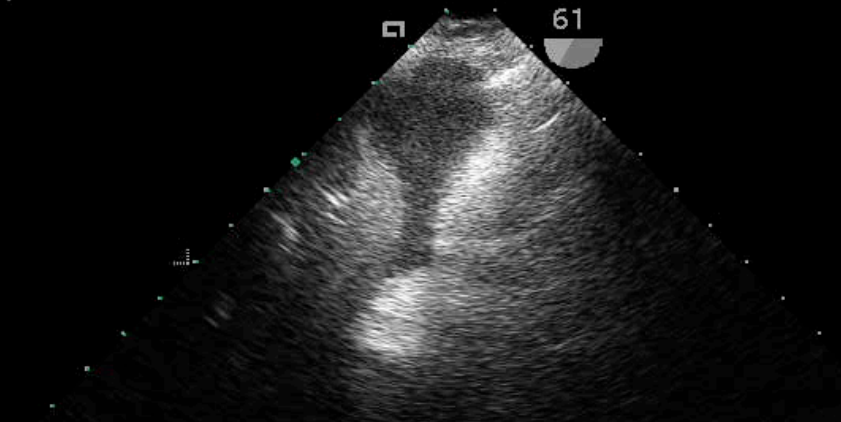
Sanders P et al. J Cardio Electrop 2006;17:965-72

Sahadevan et al. Circulation 2004;110:3293-9



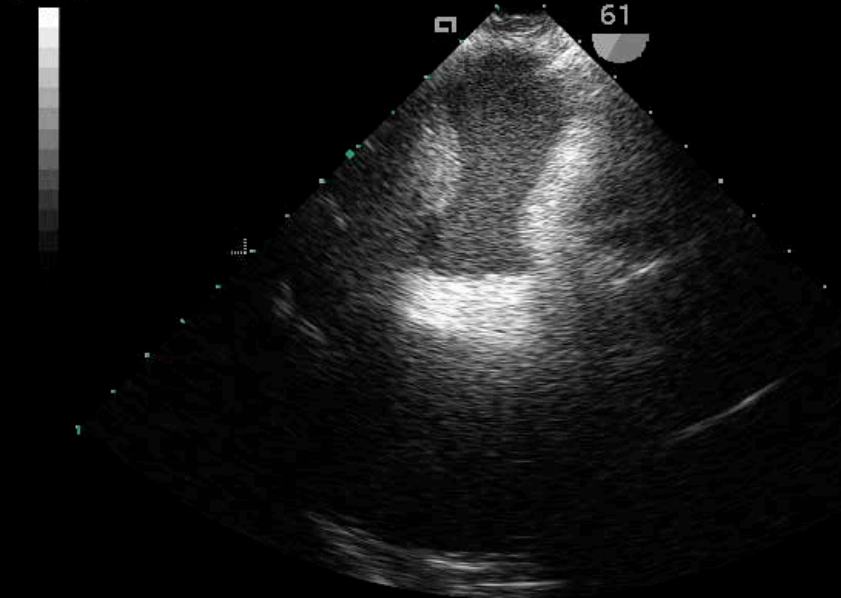






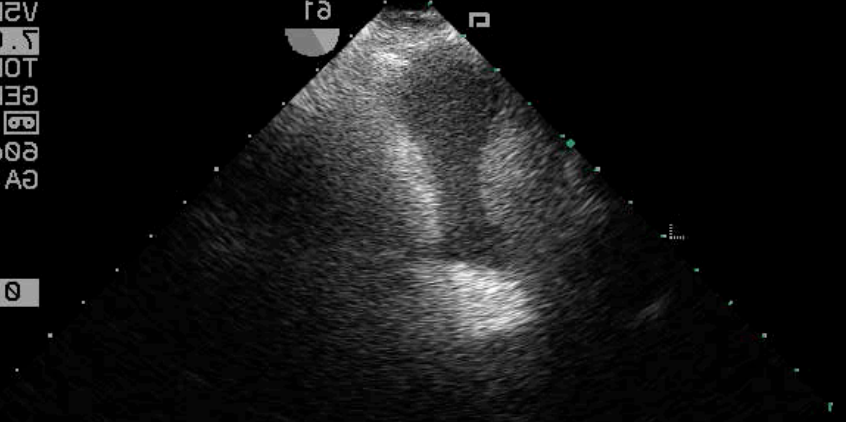
LENS<37.0°  
09-JAN-07  
11:11:11 AM  
V5M 32V  
7.0 MHZ 120mm  
TOE  
GENERAL  
60dB -/\0\0\0  
GAIN= 12dB Δ=1

0:11 100%



LENS<37.0°  
09-JAN-07  
11:11:30 CARDIOTHORACIC DEPARTMENT DERRIFORD HOSPITAL  
V5M PT:  
7.0 MHZ 11 CM  
TOE  
GENERAL  
60dB -/  
GAIN= 12

0:12 1





## Experiences with New Techniques for Ablation Therapy Protocol

- 12 week OPD - ECG
- Sinus rhythm discontinue AAD
- AF – Cardioversion
- 6 months with recent 24 hour tape (of AAD)
- No AF 24 Hr. tape – TTE - Mitral transport  
A wave velocity greater than 10 cm/s

## Experiences with New Techniques for Ablation Therapy

### Patient Demographics

- 28 July 08 – 29 Oct 08
- 17 patients
  - 11 concomitant indication
  - 6 lone indication
- 15 (88%) male, 2 female
- Mean age 66.7 yrs
- Mean Euroscore 4.88 (2-9)



## Experiences with New Techniques for Ablation Therapy

- Lone AF 6
- Concomitant ablation 11
  - MVRepair n = 1
  - CABG n = 7 (2 pt's CABG x 1)
  - AVR n = 1
  - AVR + CABG n = 1
  - AVR + MVRepair n = 1

## Experiences with New Techniques for Ablation Therapy

### Characteristics

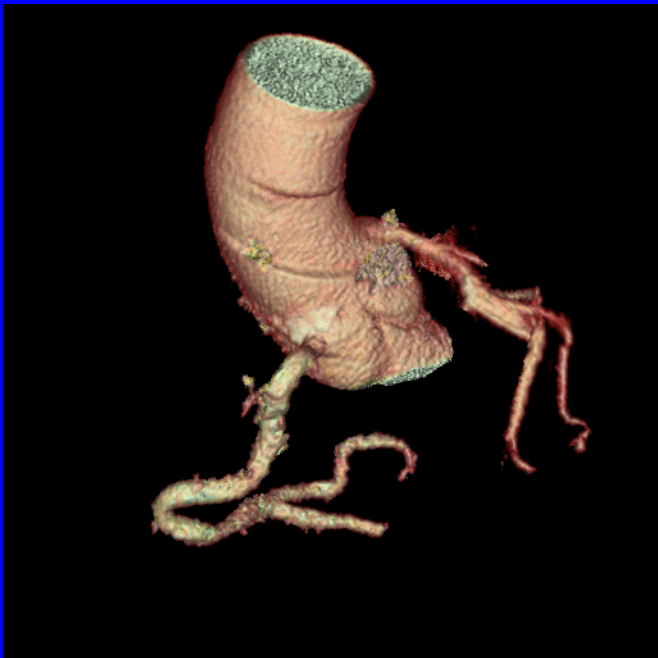
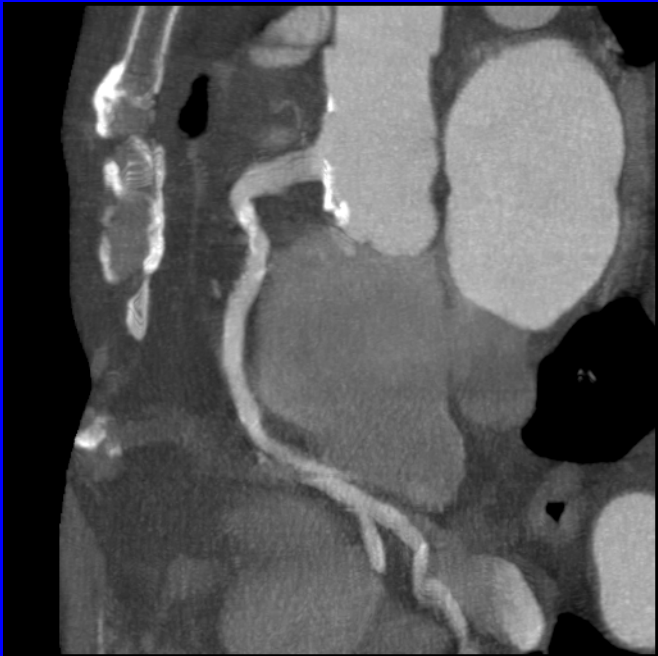
- Lone AF 6
  - LA size 4.5cm (range 3.6-5.3)
  - Duration AF – mean 5.7yrs (range 3-11yrs)
  - EF
    - Poor LV (<30%) – 2
    - Mod LV (30-50%) – 1
    - Good LV (>50%) - 3
- Concomitant ablation 11
  - Mitral valve surgery LA 5.7 cm and EF 55%
  - CABG LA > 5cm – one patient. EF mean 42.2% (26-57%)
  - Aortic valve surgery LA > 5cm – one patient. EF mean 46.2% (42-58%)

# Experiences with New Techniques for Ablation Therapy

## Results

- Freedom from AF (Lone) – 5/6 (87%)
  - Other patient flutter – AF 5.5yrs, LA 5.4cm
- 2 required DC cardioversion at three months
- Freedom from AF (Concomitant) – 9/11 (81%)
  - One flutter (CABG) (4yrs LA 5.1cm), one AF (AVR + CABG) (11yrs LA 4.9cm)









LZ

SWCC Derriford Hospital

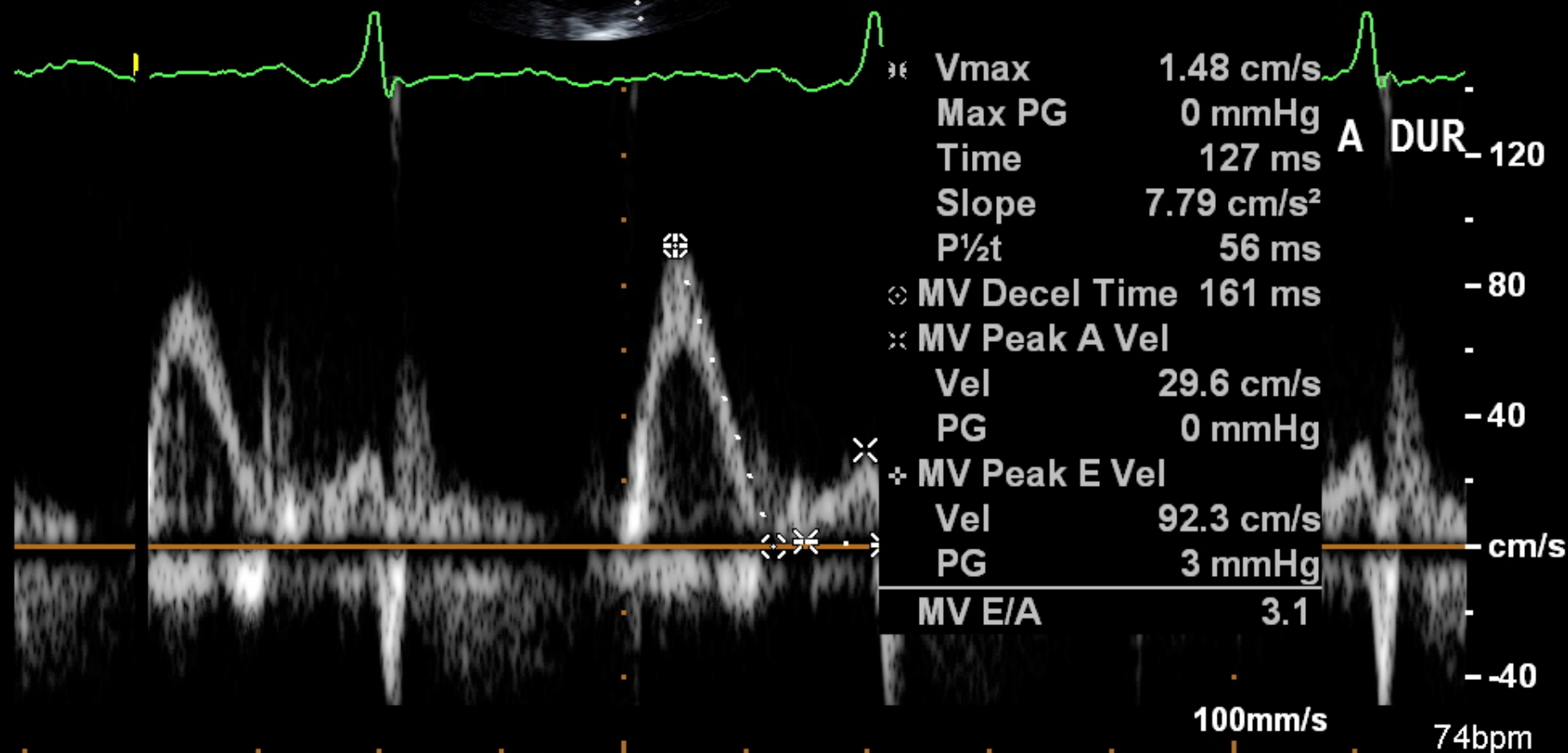
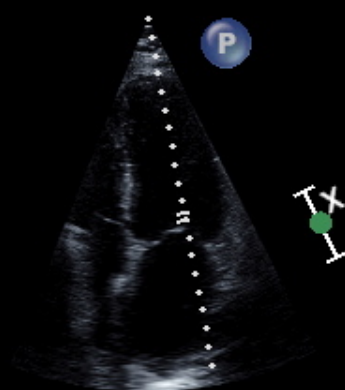
S5-1/Linda

FR 74Hz

1:06:43

M3

20cm





# Experiences with New Techniques for Ablation Therapy

## Conclusion

- Short term results
- Restoration SR majority patients
- Easy and safe to use
- Sustained LA function following ablation