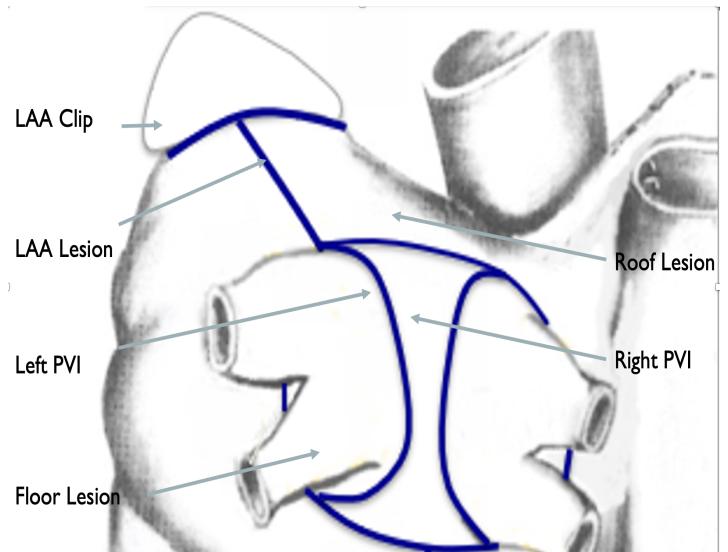
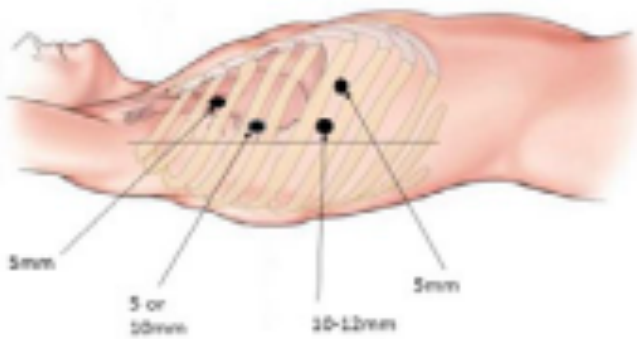


# Hybrid TT MAze



Right sided port placement

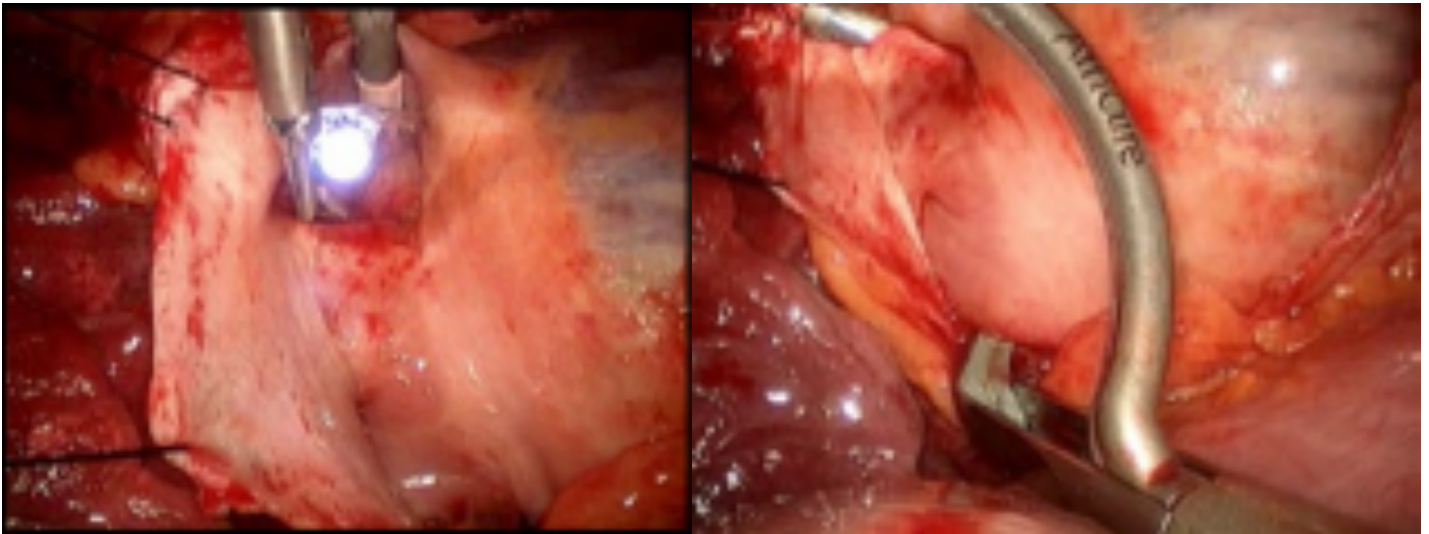


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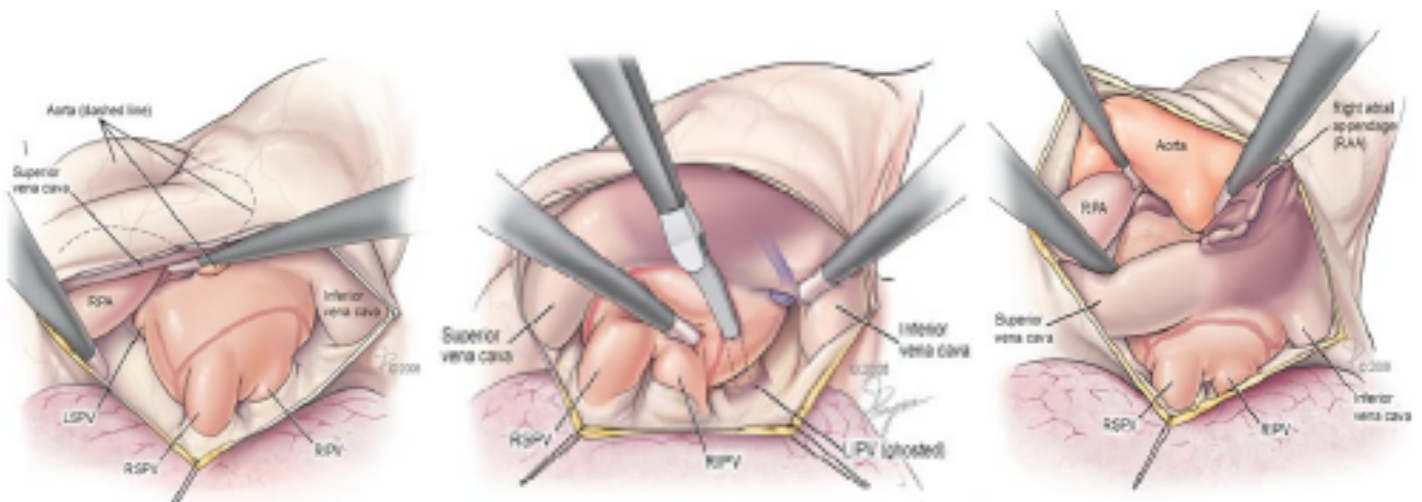
PROVEN OPTIMAL MANAGEMENT FOR PERSISTENT LONE ATRIAL  
FIBRILLATION

(HYBRID APPROACH)

# Thoracoscopic Technique



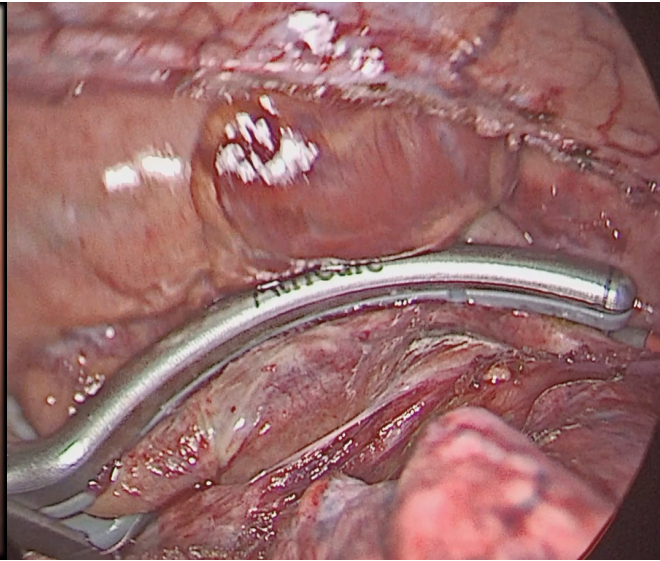
Dissection around the right pulmonary veins facilitating bipolar clamp isolation



Bipolar unidirectional radiofrequency ablation of roof and floor lines

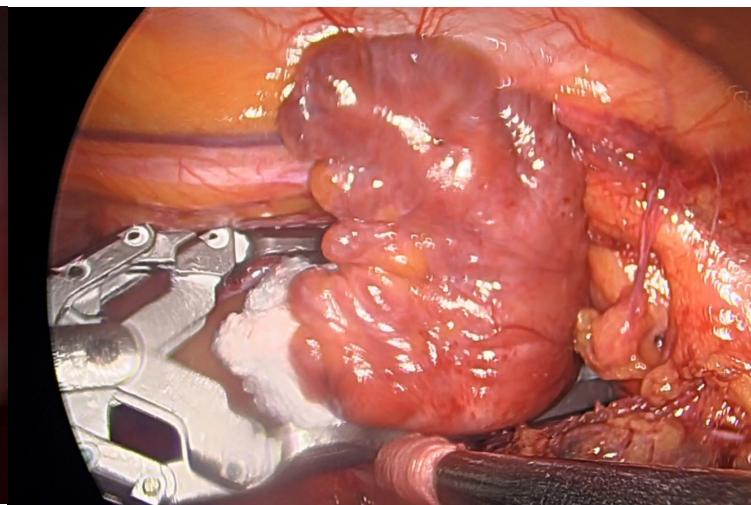


Division of ligament of Marshall



Clamp isolation of the left pulmonary veins

## Left Atrial Appendage Occlusion



LAAO using Pro II Atriclip

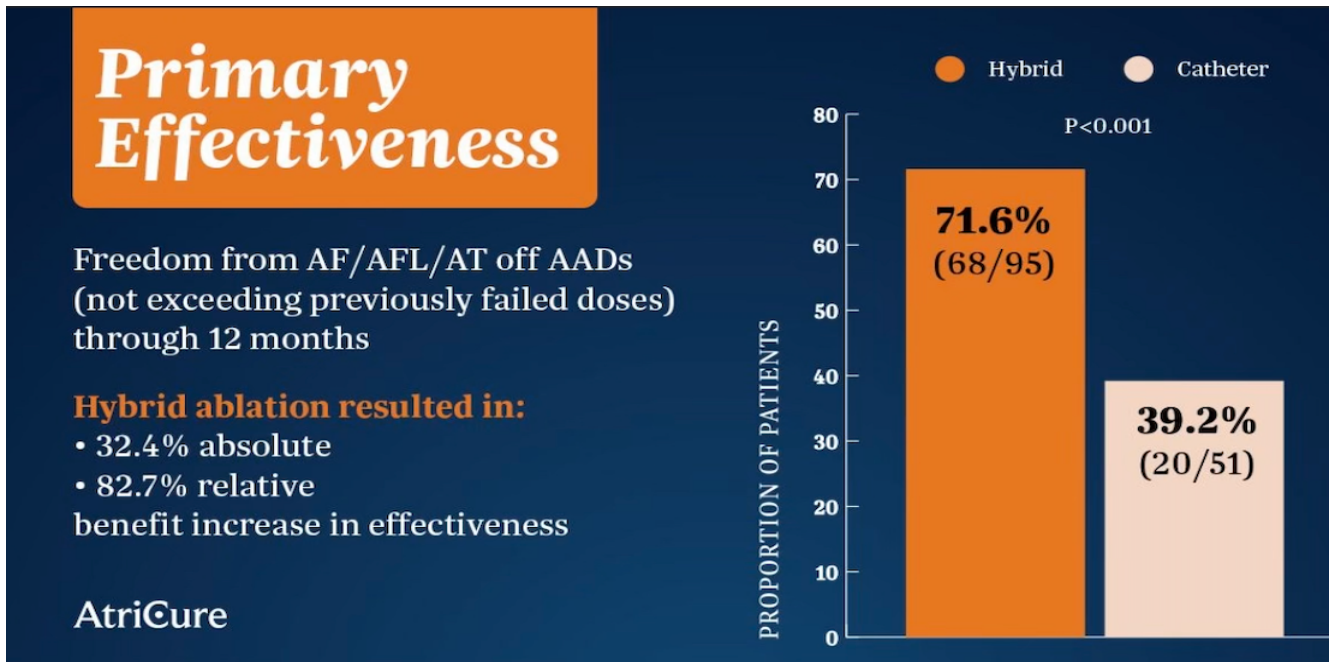
### Suitable Atrial Fibrillation Patients

Refractory PAF, Persistent AF, Failed PVI

<6 years duration, LA Diam <6cm EF >40%



- Performed on the beating heart (No bypass)
- Entirely Thoracoscopic (No sternotomy or thoracotomy)
- Rapid extubation (No ICU)
- Short hospitalisation (3-4 days)
- Rapid return to full activity (7-10 days)
- Low morbidity
- Very safe
- Significantly more effective than catheter ablation alone



Efficacy and safety of hybrid epicardial and endocardial ablation versus endocardial ablation in patients with persistent and longstanding persistent atrial fibrillation: a randomised, controlled trial Nicolas Doll,a,k Timo Weimar,b,k,\* Dariusz A. Kosior,c,j Alan Bulava,d Ales Mokrcek,d Gerold Mönning,a Jonathan Sahu,e Steven Hunter,e Maurits Wijffels,f Bart van Putte,f Norman Rüb,g Petr Nemec,h Tomas Ostrizek,h and Piotr Suwalski <https://doi.org/10.1016/j.eclinm.2023.102052>

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