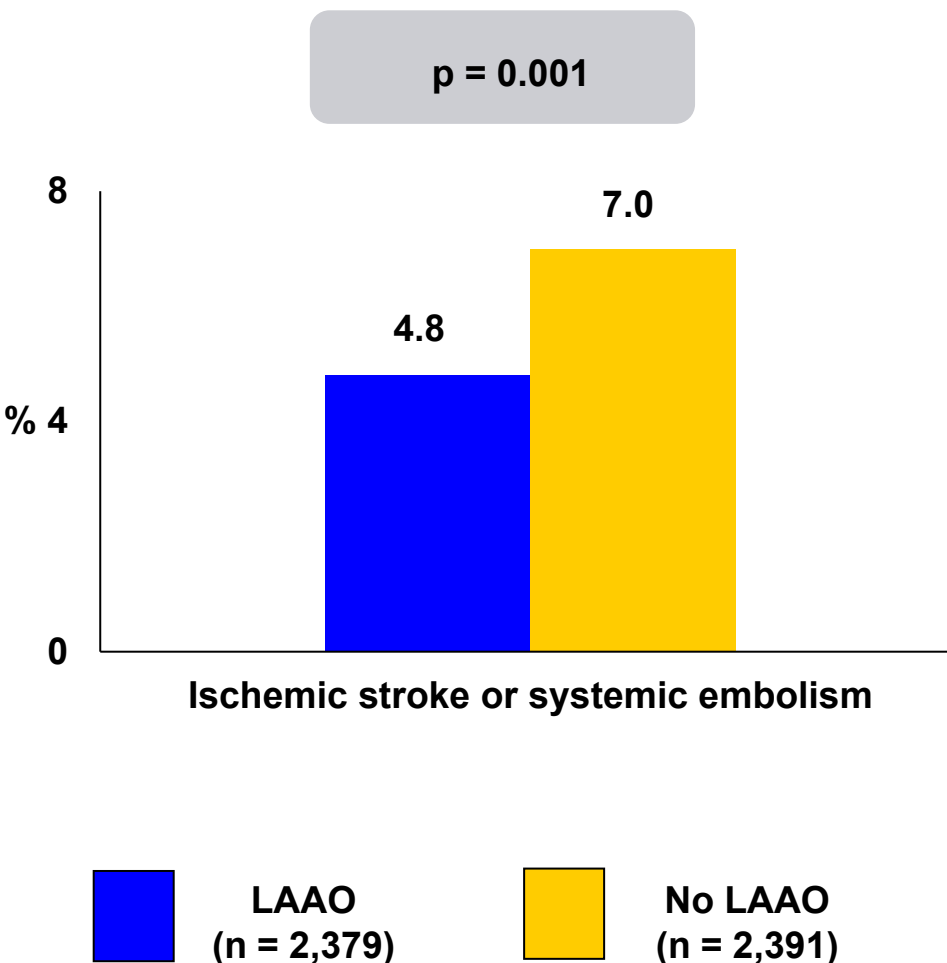


# LAAOS III

## #ACC21



**Trial Description:** Patients with AF and elevated risk of stroke undergoing open heart surgery for another indication were randomized to surgical left atrial appendage occlusion vs. no left atrial appendage occlusion.



### RESULTS

- Ischemic stroke or systemic embolism at 3.8 years: 4.8% of the occlusion group vs. 7.0% of the no occlusion group (p = 0.001)
- Ischemic stroke or systemic embolism <30 days: 2.2% of the occlusion group vs. 2.7% of the no occlusion group (p = not significant)
- Ischemic stroke or systemic embolism >30 days: 2.7% of the occlusion group vs. 4.6% of the no occlusion group (p = 0.001)

### CONCLUSIONS

- Among patients with AF undergoing cardiac surgery, left atrial appendage occlusion was superior to no occlusion
- Left atrial appendage occlusion was associated with a reduction in ischemic stroke or systemic embolism, which was most apparent >30 days

Whitlock RP, et al. *N Engl J Med* 2021;384:2081-2091