

Title: ATRIAL SEPTAL DEFECT (ASD) CLOSURE/PATENT FORAMEN OVALE (PFO) IN ADULTS

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Location: Saint Joseph Regional Medical Center (SJPMC)		Department: Centralized Credentials

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This procedure is performed on patients who meet the determined patient selection criteria attached and agree to sign the detailed informed consent and financial liability statement if not covered by their insurance provider.

POLICY:

1. Education: M.D. or D.O.
2. Training:
 - A. Interventional Cardiologist or
 - B. Cardiovascular Surgeon with Endovascular Training

AND

- C. Fellowship must include training in ASD/PFO closure with a competency letter from the program director, or
- D. Successful completion of ASD/PFO training course
3. Proctoring
 - A. 3 concurrent cases proctored by a qualified physician, or
 - B. 1 concurrent case proctored by a qualified physician if the physician has documentation of 3 cases performed at an outside facility
4. Current Competence:
 - A. 2 ASD/PFO cases required at reappointment

PFO Patient Selection Criteria

1. Category 1 PFO Closure of symptomatic Patients without a cryptogenic stroke.
 - a. Significant right to left shunt in the setting of an RV infarct or dysfunction resulting in symptomatic hypoxemia
 - b. Significant right to left shunt in the setting of massive pulmonary embolus resulting in hypoxemia which is nonresponsive to oxygen therapy
 - c. Orthodeoxia
 - d. Air embolism in scuba divers
 - e. Other events resulting in right to left shunting with significant hypoxemia refractory to oxygen therapy

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2. Category 2 PFO Closure in the setting of presumed paradoxical embolism.
 - a. Patients are predominantly between ages of 18 and 60 and recommend neurology consultation to confirm cryptogenic stroke
 - b. Patients who fall outside the FDA approved age range above are required to have a mandatory neurology consult prior to procedure

References/Standards:

- Policy Origin Date: May 2007
- Review Date: December 2009, December 2012, December 2015, January 2018, December 2018
- Revised Date: December 2009, September 2010, September 2015, March 2018, May 2019
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- Reviewed/Recommended By: Medical Executive Committee
- Policy 171