PHILIPS

Revolutionizing LAAO guidance

Summary

The Philips VeriSight Pro 3D Intracardiac Echocardiography (ICE) Catheter is transforming the way left atrial appendage occlusion (LAAO) procedures are performed by offering high-resolution, real-time 3D imaging—without the need for traditional transesophageal echocardiography (TEE).

A recent retrospective, single-center study found Philips VeriSight Pro as a safe and efficient alternative to TEE, with the potential to enhance procedural workflows, reduce reliance on general anesthesia, and lower overall healthcare costs.

Objective

Compare healthcare resource utilization between 3D ICE using the Philips VeriSight Pro 3D ICE Catheter and TEE for LAAO procedures.

Design

- Retrospective, single-center study
- 456 patients (228 per group)
- Data from 2021-2024
- Propensity-score matched for key variables (age, sex, race, comorbidities)

Key findings of ICE vs TEE

Shorter hospital stays 0.97 vs 1.35 days (p = 0.014)



Dramatic reduction in PACU utilization

1.3% vs 95.6% (p < 0.001)



Lower 45-day all-cause readmissions

3.9% vs 9.9% (p = 0.042)



- No increase in complications
- Stroke, MI, or esophageal/gastric complications: comparable between groups
- Pericardial issues: rare and equal in both groups

Why Choose Philips VeriSight Pro 3D ICE?

With its true real-time 3D visualization and esophageal-free access, VeriSight Pro empowers physicians to perform precise, patient-friendly LAAO procedures.

3D visualization

Real-time, detailed imaging for confident navigation and guidance

No TEE

No esophageal intubation, improving patient comfort and workflow

Enhanced workflow

Supports same-day discharge and avoids anesthesia bottlenecks

Cost-efficient

Reduced readmissions, PACU use, and length of stay



El-Zein RS, Volio A, Khan Z, et al. Healthcare resource utilization for three-dimensional intracardiac echocardiography versus transesophageal echocardiography image guidance for left atrial appendage occlusion. Poster presented at: Heart Rhythm Society Annual Scientific Sessions; April 25, 2025; San Diego, CA.

