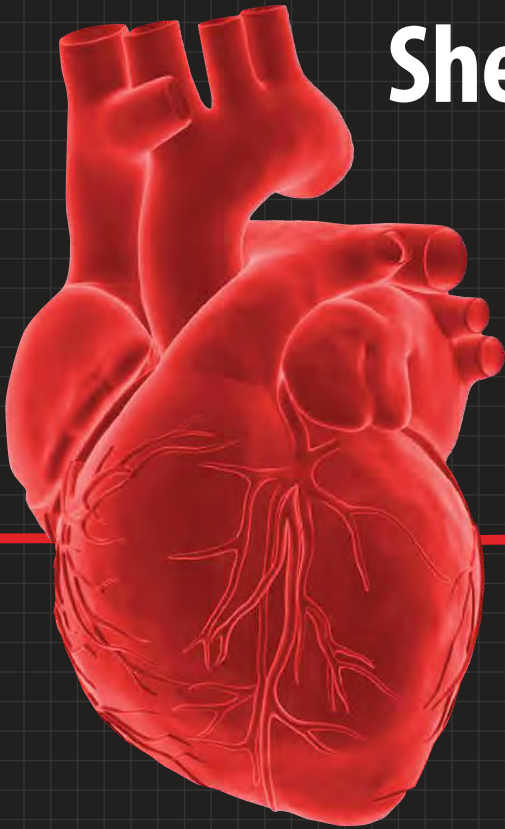


KANSAS CITY HEART RHYTHM SYMPOSIUM 2025

Sheraton Overland Park Hotel

August 16-17, 2025



Course Director:

Dhanunjaya Lakkireddy, MD, FACC, FHRS
Kansas City Heart Rhythm Institute, Overland Park, KS

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2025 PIONEER IN ELECTROPHYSIOLOGY AWARD RECIPIENT AND KEYNOTE SPEAKER



Francis E. Marchlinski, MD

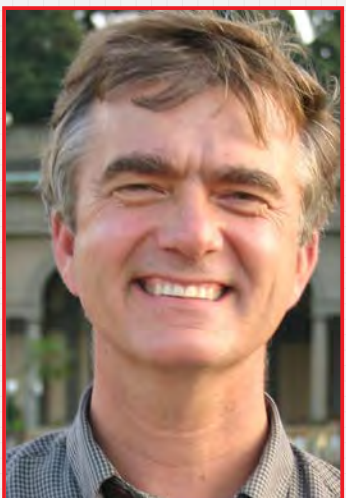
Director of Cardiac Electrophysiology

University of Pennsylvania Health System

Philadelphia, PA

Dr. Marchlinski is Director of Cardiac Electrophysiology for the University of Pennsylvania Health System, the Director of the Cardiac Electrophysiology Translational Center of Excellence and the Richard T. and Angela Clark President's Distinguished Professor. He is a graduate of the Perelman School of Medicine and completed his postdoctoral internal medicine residency and cardiology/electrophysiology fellowship training at the Hospital of the University of Pennsylvania. He has authored over 600 original scientific articles and over 250 book chapters/reviews/editorials; his research efforts have been supported by the Leducq Foundation, the National Institutes of Health and generous philanthropic support from patients. He is on the editorial board of numerous cardiology/electrophysiology journals. Dr. Marchlinski has trained over 200 fellows in electrophysiology, many of whom have gone on to lead electrophysiology programs across the globe. Dr. Marchlinski has also directed numerous regional and international electrophysiology symposia and has received numerous teaching awards at the University of Pennsylvania. He has been the recipient of other prestigious honors including the Luigi Mastroianni Clinical Innovator Award, the Venice Arrhythmia Distinguished Scientist Award, the Association for Clinical and Translational Science Distinguished Investigator Career Achievement Award and the Heart Rhythm Society Distinguished Teacher Award.

2025 EP TRAILBLAZER AWARD RECIPIENT



Mark W. Kroll, PhD, FACC, FHRS, FIEEE

Adjunct Professor, Biomedical Engineering

University of Minnesota

Minneapolis, MN

Mark Kroll, PhD, FACC, FAIMBE, is a biomedical scientist with a primary specialty in bioelectricity. Secondary biomedical specialty is biomechanics with a focus on the biomechanics of arrest-related death (ARD). His bioelectricity scientific work involves researching and lecturing on electric shocks and their effects on the body. In his subspecialty of ARD biomechanics, he published the first paper establishing the amount of weight required to crush the human chest and the first paper on fatal head injuries from electrical-weapon-induced falls.



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COURSE PROGRAM

SATURDAY, AUGUST 16, 2025

0755-0800 **Opening Remarks** – Dr. Dhanunjaya Lakkireddy

Session 1: Exploring the Heart Rhythm World in 2025 – **Moderators:** Dr. Jodie Hurwitz and Ms. Brynn Dechert, NP

0800-0810 Heart Rhythm Society – Upholding Science, Values and Advocacy during times of Global Trade Wars, Budget Cuts and Shifting Societal Priorities – Dr. Mina Chung

0810-0820 New Insights into Cardiovascular Dysautonomia's – Evolving Theories of Pathophysiology – Dr. Brian Olshansky

0820-0830 Tackling Disparities in Arrhythmia Care – Understanding Social Determinants of Health – Dr. Jalaj Garg

0830-0835 Case Based Learning – Dual Pulse Single Tip Flexible PFA Catheter – Dr. Scott Koerber

0935-0945 **Discussion**

Session 2: Advances in Heart Failure, Defibrillation & Pacing – **Moderators:** Dr. Robert Schaller & Dr. Jagmeet Singh

0845-0855 Novel Hemodynamic Sensing in ICDs and Other CIEDs. Is the Needle Moving? – Dr. Jie Cheng

0855-0905 Subcutaneous and Substernal ICDs – Which Patient and Who? – Dr. Robert Schaller

0905-0915 Leadless Pacing – Single, Dual and CRT Systems – Dr. Vivek Reddy

0915-0925 Advances in Physiologic Pacing – State of the State in 2025 – Dr. Sana Al-Khatib

0925-0935 Cardiac Contractility Modulation & Baroreflex Activation Therapy in HF - Are We There Yet? – Dr. Jagmeet Singh

0935-0945 Case Based Learning – Single Shot, Open Architecture Multi-Electrode PFA with LAAO Closure - Dr. Poojita Shivamurthy

0945-0955 **Panel Discussion**

Session 3: EP Pioneer Award – **Moderators:** Dr. Dhanunjaya Lakkireddy, Dr. Andrea Natale, Dr. Mina Chung & Dr. Krishna Pothineni

0955-1020 **Pioneer in Cardiovascular Electrophysiology Lecture:** VT Mapping/Ablation in Nonischemic Cardiomyopathy: Where We've Been and Where We're Going – Dr. Francis Marchlinski (Award Recitation – Dr. Mina Chung)

1020-1030 **Panel Discussion**

1030-1045 **Break**

Session 4: Managing Oral Anticoagulation in Non-Valvular AF – **Moderators:** Dr. Thomas Deering and Dr. Jared Bunch

1045-1055 Evolution of Pharmacological Stroke Prophylaxis from Antiplatelets, VKA to DOAC – Dr. Mina Chung

1055-1115 Stroke Prophylaxis in AF: Which is More Important Stroke Risk or Bleeding Risk?

It is the Stroke Risk -Dr. Sana Al-Khatib (8 min);

No – it is the Bleeding Risk – Dr. Andrea Russo (8 min).

4 minutes for rebuttal

1115-1122 Emerging Evidence on Factor XI Inhibitors in NVAf – Dr. Jodie Hurwitz

1122-1130 Case Based Learning When OAC Doesn't Shrink the LAA Thrombus? – Dr. Rajesh Kabra

1130-1145 **Panel Discussion**

Session 5: Innovations in 3D Mapping and Imaging – **Moderators:** Dr. Amin Al-Ahmad and Dr. Doug Darden

1145-1155 Non-Conventional Mapping for Improved Success of Arrhythmias Ablation – Volta, Vivo, Vector and More – Dr. Devi Nair

1155-1205 Evolution of Multi-Modalities in Image Integration – Intracardiac Echo and 3D Mapping – Dr. Rakesh Gopinathannair

1205-1215 Novel Applications of 3D/4D Intracardiac Echocardiography in EP Procedures – Dr. Amin Al-Ahmad

1215-1220 Case Based Learning – Circular Single Shot Irrigated Catheter - Dr. Chris Porterfield

1220-1230 **Lunch**



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COURSE PROGRAM

SATURDAY, AUGUST 16, 2025 (CONTINUED)

Session 6: An Avalanche called Pulse Field Ablation – Moderators: Dr. Bradley Knight and Dr. Vivek Reddy

- 1300-1310 Biophysics of PFA and Foundational Differences from RF and Cryo – Dr. Douglas Packer
- 1310-1320 Current Data on PFA for AF Therapy - Dr. Moussa Mansour
- 1320-1330 Novel Catheter Technologies in PFA – Dr. Andrea Natale
- 1330-1340 The Collateral Maladies of PFA – NEMESIS PFA and More – Dr. Dhanunjaya Lakkireddy
- 1340-1350 PFA Impact on Reimbursement and Health Economics – Dr. Thomas Deering
- 1350-1355 Case Based Learning – Medium Profile Dual Energy Integrated Mapping PFA Catheter – Dr. Moussa Mansour
- 1355-1410 **Panel Discussion**

Session 7: Improving the Efficacy of Arrhythmia Therapy – Adjunctive Strategies to Move the Needle – Moderators: Dr. Rahul Doshi & Dr. Vivek Reddy

- 1410 -1420 Are Adjunctive Targets Completely Out in Non-Paroxysmal AF Patients? Non-PV triggers, Scar Homogenization and Autonomic Modulation – Dr. Edward Gerstenfeld
- 1420-1430 Catheter Ablation of AF in the Forgotten Subgroups– Stroke, LVADs – Dr. Andrea Russo
- 1430-1440 Minimally Invasive and Hybrid Ablation in the PFA Realm – What Has Changed or Not? – Dr. Dawn Hui
- 1440-1450 Autonomic Modulation for Electrophysiologic Disorders – Yoga, Sympathetic Denervation, Vagal Stimulation, GP Modification and More – Dr. Pasquale Santangeli
- 1450-1500 Are We Looking at the Wrong Target and Using a Wrong Tool in Patients – New Strategy in the HFpEF War – Dr. Sanjeev Saxena
- 1500-1505 How to Minimize Char Formation and Improve the Safety Profile of a Multi Electrode PFA Catheters – Dr. Christopher Porterfield
- 1505-1515 **Panel Discussion**
- 1515-1530 **Break**

Session 8: Finding gaps in EP Care and Fixing the Obvious – Moderators: Dr. Sanjay Dixit and Dr. Daniel Morin

- 1530-1540 Leveraging System Macro Level Interventions in Improving Access to Care and Health Outcomes: Reality or Aspirational? – Dr. Thomas Kurian
- 1540-1550 Weight Loss in AF Management – Gastric Bypass and GLP Inhibitors – Dr. Bradley Knight
- 1550-1600 Managing CIED Infections – Prevention, Screening, Tools, and Support – Dr. Robert Schaller
- 1600-1610 Managing Sleep Apnea & HTN in Patients with Atrial Fibrillation – Role of RDN and Other Novel Interventions – Dr. Scott Koerber
- 1610-1615 Case Based Learning – Role of Remote CIED Monitoring in Disaster Mitigation – Ms. Erica Zado, NP
- 1615-1625 **Panel Discussion**

Session 9: Practical Issues in Arrhythmia Management – Moderators: Dr. Edward Gerstenfeld and Dr. Paari Dominic

- 1630-1640 Pharmacotherapy of Arrhythmias – Novel Molecules & Methods – Dr. Malini Madhavan
- 1640-1650 Genetic Screening for Cardiac Rhythm Disorders – How Much Did it Really Change Patient Outcomes and in What Conditions – Dr. Christine Albert
- 1650-1700 Vascular Closure Devices for EP Procedures – Plugs, Bioscaffolds, Sutures and Other Novel Retention Devices – Dr. Rajesh Kabra
- 1700-1710 Robotic Ablation – Who, Where, When and Why? – Dr. Nate McConkey
- 1710-1720 Exercise and Sports in EP Diseases – What is the Current Stance on Screening, Treatment and Post Therapy – Dr. Douglas Darden
- 1720-1730 **Discussion & Adjourn**



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COURSE PROGRAM

SUNDAY, AUGUST 17, 2025

Session 10: Appendageology – Moderators: Dr. Bradley Knight and Dr. Amit Koduri

- 0750-0800 Updates from HRS – Mr. Timothy Gregory
- 0800-0810 Novel Tools and Trials in LAAO – Dr. Jared Bunch
- 0810-0820 Mitigating Intra-Procedural Complications During LAAO Procedures – Dr. Jalaj Garg
- 0820-0830 The Tale of Two Threats After LAAO - Peri-Device Leaks & Device Related Thrombus – Prevention and Management – Dr. Devi Nair
- 0830-0840 Do you Still Need LAA Closure After AF Ablation – Who, When and How? – Dr. Moussa Mansour
- 0840-0850 Is DCCV Safe After LAAO? How Do You Manage a Preexisting Thrombus? - Dr. Andrea Natale
- 0850-0855 Case Based Learning – The Story of Skinny Lariat! - Dr. Rahul Doshi
- 0855-0900 **Panel Discussion**

Session 11: Digital Health & Innovations in Electrophysiology – Moderators: Dr. Christine Albert and Dr. Dhanunjaya Lakkireddy

- 0900-0920 **Trail Blazer Award and Presentation:** The Ascending Future of ICD – Dr. Mark Kroll
- 0920-0930 Evolution of Implantable Cardiac Monitors – From Diagnostic Monitoring to Chronic Disease Management – Dr. Daniel Morin
- 0930-0940 Remote Cardiac Device Monitoring – Evolution and Nuances of a conventional Device Clinic to a Robust Remote Management – Dr. Niraj Varma
- 0940-0950 Innovations in Wearable External Defibrillators – Dr. Rahul Doshi
- 0950-0955 Case Based Learning – Medium Sized Sphere PFA Catheter Ablation with Epicardial LAA Ligation – Dr. Amit Koduri
- 0955-1005 **Panel Discussion**
- 1005-1010 **Break**

Session 12: Managing Ventricular Arrhythmias – Moderators: Dr. Malini Madhavan and Dr. Chandra Bomma

- 1010-1020 What is the Most Practical Approach to Performing VT Ablation? – Dr. Edward Gerstenfeld
- 1020-1030 Ablating VF Substrate in Managing Recurrent VF – Dr. Francis Marchlinski
- 1030-1040 Uncovering Various Stages of Myocarditis – Appropriating Risk Stratification and Management – Dr. Dhanunjaya Lakkireddy
- 1040-1050 Tackling Difficult Anatomic Substrates in VT/PVC Ablation – ETOH, Bipolar Ablation and More – Dr. Sanjay Dixit
- 1050-1055 Case Based Learning – Mitral Valve Uncoupling and SCD - Dr. Krishna Pothineni
- 1055-1110 **Panel Discussion**

Session 13: Electrophysiology Practice Concepts – Moderators: Dr. Douglas Packer and Dr. Rakesh Gopinathannair

- 1110-1120 CPR Education and AED Access Campaign. The HRS-HRA's promise to the Nation – Dr. Rakesh Gopinathannair
- 1120-1130 The Real Value of Large Clinical Registries – Solving the Existing Gaps – Dr. Dhanunjaya Lakkireddy
- 1130-1140 The Impact of Atrial Fibrillation on Organ Perfusion and How Rhythm Control May Improve Outcomes - Dr. Jared Bunch
- 1140-1150 Novel Technologies for Clot and Vegetation Removal During Electrophysiology Procedures – Dr. Andrea Natale
- 1150-1200 Cardioneural Ablation or Pacing for VVS? - Dr. Paari Dominic
- 1200-1205 Case Based Learning – Integrating 3D Mapping in PFA Ablation - Dr. Poojita Shivamurthy
- 1205-1225 **Panel Discussion**
- 1225-1230 **Adjourn**



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ACKNOWLEDGEMENTS

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EXHIBITORS

We wish to acknowledge and sincerely thank the following organizations for exhibiting.

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WARNING: LIFE THREATENING PROARRHYTHMIA

Sotalol can cause life threatening ventricular tachycardia associated with QT interval prolongation. To minimize the risk of drug induced arrhythmia, initiate or up-titrate intravenous sotalol in a facility that can provide continuous electrocardiographic monitoring and cardiac resuscitation [see Dosage and Administration (2.3) and Warnings and Precautions (5.1)]

Do not initiate intravenous sotalol therapy if the baseline QTc is longer than 450 ms. If the QTc prolongs to 500 ms or greater, reduce the dose or discontinue.

CONTRAINDICATIONS

- Bradyarrhythmia, sick sinus syndrome or 2nd or 3rd degree atrioventricular (AV) block without a pacemaker (4)
- Congenital or acquired long QT syndrome (4)
- Cardiogenic shock or decompensated heart failure (4)
- Serum potassium < 4mEq (4)
- Bronchial asthma or related bronchospastic conditions (4)
- Hypersensitivity to sotalol (4)

WARNINGS AND PRECAUTIONS

- Risk of life-threatening ventricular arrhythmias, particularly torsade de pointes (TdP). The risk of TdP can be reduced by adjustment of the sotalol dose according to renal function and by monitoring the ECG for excessive increases in QTc. (5.1)
- Bradyarrhythmia, AV block, sick sinus syndrome. Sotalol-induced bradycardia increases the risk of Torsade de Pointe, particularly following cardioversion. In general, sotalol is not recommended in patients with sick sinus syndrome associated with symptomatic arrhythmias, because it may cause sinus bradycardia, sinus pauses, or sinus arrest. (5.2, 5.3)
- Negative inotropy: hypotension, heart failure. Monitor hemodynamics during administration. New onset or worsening heart failure may occur during initiation or up-titration of sotalol because of its beta-blocking effects. Monitor for signs and symptoms of heart failure and discontinue treatment if symptoms occur. (5.4, 5.5)
- Bronchospasm. Avoid sotalol use in patients with bronchospastic diseases. If sotalol is required, use the smallest effective dose. (5.6)
- Hypoglycemia. Beta-blockade may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. Diabetic patients may experience elevated blood glucose levels and increased insulin requirements. (5.7)
- Thyroid Abnormalities. Avoid abrupt withdrawal of beta-blockade which might be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Beta-blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. (5.8)
- Anaphylaxis. While taking beta-blockers, patients with a history of anaphylactic reaction to a variety of allergens may have a more severe reaction on repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat the allergic reaction. (5.9)
- Anesthesia. The impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. (5.10)

ADVERSE REACTIONS

- Proarrhythmia (5.1, 5.2)
- Negative inotropy (5.3, 5.4)

Adverse reactions related to sotalol use are those which are typical of its Class II (beta-blocking) and Class III (cardiac action potential duration prolongation) effects. The common documented beta-blocking adverse reactions (bradycardia, dyspnea, and fatigue) and Class III effects (QT interval prolongation) are dose related.

To report SUSPECTED ADVERSE REACTIONS, contact AltaThera Pharmaceuticals LLC at 1-800-524-1985 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Antiarrhythmic and other QT-prolonging Drugs – Concomitant use is not recommended due to the risk of additive QTc prolongation. (7.1)

- Negative chronotropes – Concomitant use with digitalis glycosides and beta-blockers increases the risk of bradycardia. (7.2)
- Calcium blocking drugs – Sotalol and calcium blocking drugs can be expected to have additive effects slowing atrioventricular conduction, ventricular function, and blood pressure. (7.3)
- Catecholamine-Depleting Agents – Concomitant use with catecholamine-depleting drugs may produce an excessive reduction of resting sympathetic nervous tone. Monitor for hypotension and marked bradycardia which may produce syncope (7.4)
- Insulin and Oral Antidiabetics – Hyperglycemia may occur, and the dosage of insulin or antidiabetic drugs may require adjustment. Symptoms of hypoglycemia may be masked. (7.5)
- Beta-2-Receptor Stimulants – Beta-agonists may have to be administered in increased dosages when used concomitantly with sotalol. (7.6)
- Clonidine – Concomitant use with sotalol increases the risk of bradycardia. (7.7)
- Drug/Laboratory Test Interactions – The presence of sotalol in the urine may result in falsely elevated levels of urinary metanephrine when measured by fluorimetric or photometric methods. (7.8)

USE IN SPECIFIC POPULATIONS

- Pregnancy (8.1)
 - Fetal/Neonatal Adverse Reactions – Sotalol has been shown to cross the placenta and is found in amniotic fluid.
 - Labor or Delivery – Risk of arrhythmias increases during the labor and delivery process. Patients treated with sotalol should be monitored continuously during labor and delivery.
- Lactation (8.2)
 - Sotalol is present in human milk in high levels.
 - Advise women not to breastfeed while on treatment with sotalol.
- Females and Males of Reproductive Potential (8.3)
- Infertility – Based on the published literature, beta blockers (including sotalol) may cause erectile dysfunction.
- Pediatric Use (8.4)
 - Sotalol is indicated for:
 - The treatment of documented, life-threatening VT in pediatric patients
 - The maintenance of normal sinus rhythm (delay in time to recurrence of atrial fibrillation/atrial flutter (AFIB/AFL)) in pediatric patients with highly symptomatic AFIB/AFL who are currently in sinus rhythm.
 - Side effects from use of other sotalol-containing drug products in pediatric patients are those typical of a beta blocking agent.
 - Bradycardia may require emergency pacemaker implantation. Close inpatient monitoring is recommended until steady state drug levels are achieved.
- Renal Impairment (8.5)
 - Sotalol is eliminated predominantly via the kidney. Sotalol exposure increases with decrease in renal function. Sotalol dose should be reduced and interval between doses should be increased based on the patient's renal function.

These highlights do not include all the information needed to use sotalol hydrochloride injection safely and effectively. See full Prescribing Information for sotalol hydrochloride injection at www.sotaloliv.com/pi, including boxed warning, contraindications, and dosing. For more information about Sotalol IV (sotalol hydrochloride injection) please visit our website at www.sotaloliv.com.

REFERENCES: 1. Sotalol IV [package insert]. Chicago, IL: AltaThera Pharmaceuticals; 07/2025
2. BetaPace AF (sotalol hydrochloride) [Full Prescribing Information]. Zug, CH: Covis Pharma; 06/2023.

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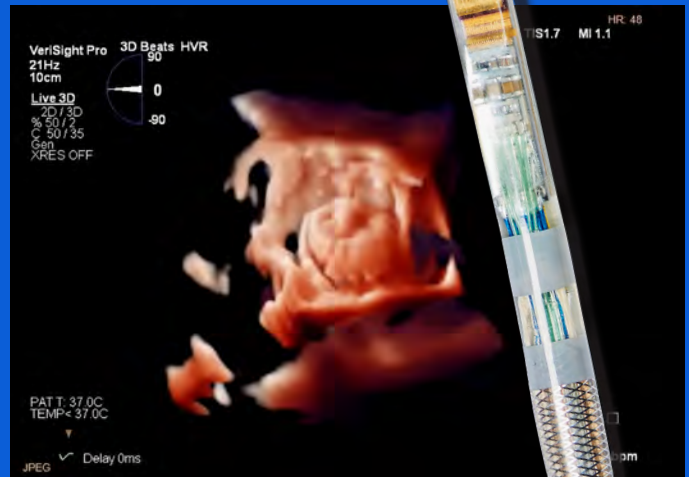


Image courtesy: Dr. Andrea Natale, St. David's Medical Center

1. Diaz JC, Bastidas O, Duque M, et al. Impact of intracardiac echocardiography versus transesophageal echocardiography guidance on left atrial appendage occlusion procedures: A meta-analysis. J. Cardiovasc. Electrophysiol. 2024; 35(1):44-57.

2. Amin, AK, Robinson, A, Gundrum E, et al. Intracardiac echocardiography guided left atrial appendage closure contributes to significant cost savings and reduced length of stay. Heart Rhythm. 2019; 16(5) May Supplement:S128.

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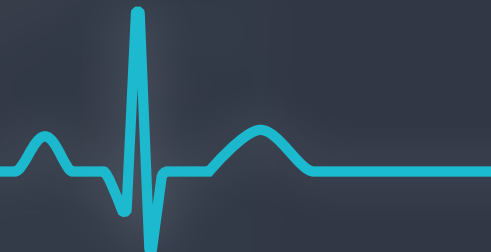
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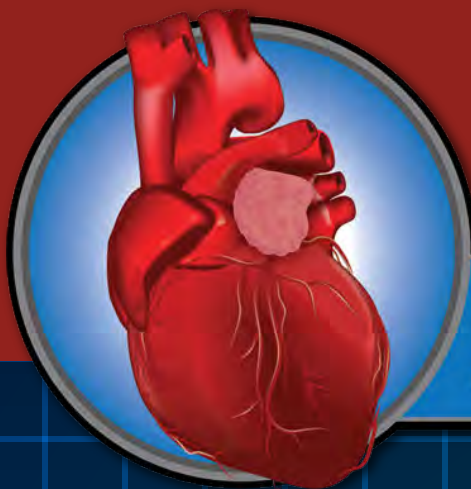
COURSE OVERVIEW

The primary goal of EPLive Austin is to focus on practicing electrophysiologists, EP fellows in training and associated professionals to help meet the educational needs of practicing groups. Our focus will be in arrhythmia treatment including: atrial fibrillation, ventricular arrhythmias, implanting cardiac devices and new technologies regarding advances in electrophysiology

HIGHLIGHTS INCLUDE

- Live Cases
- Expert Discussion
- Interactive Sessions

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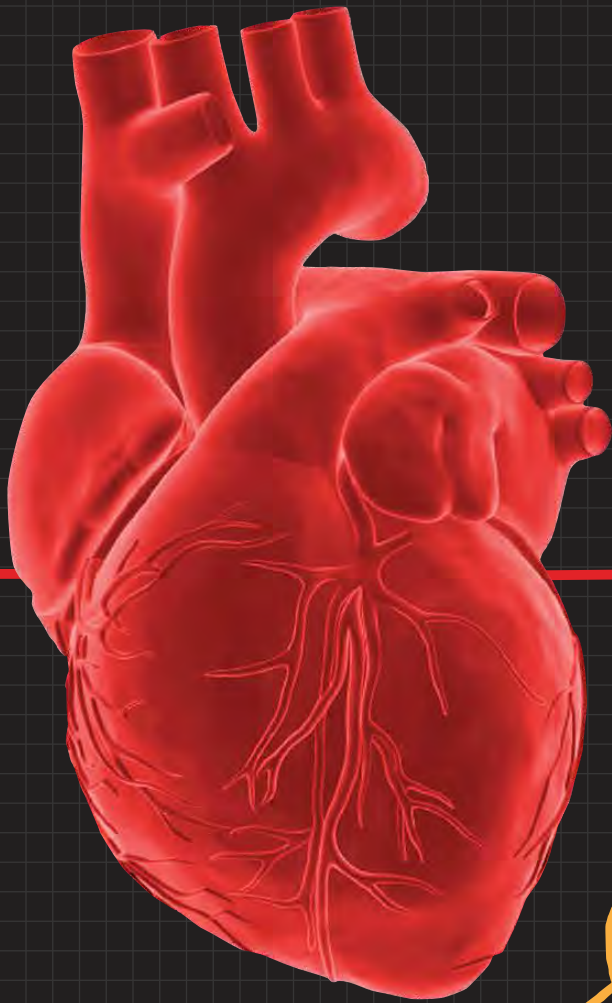
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