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Cover Photographs

Left: From Treatment of Anastomotic Leaks After Esophagectomy With Endoscopic Hemoclips.

This Endoscopic picture shows the closure of an anastomotic leak with hemoclips.

Center: From Left Atrial Hybrid closure of muscular VSD’s with Amplatzer device.

Superior left atrial approach for hybrid closure of a muscular VSD. Via a right atriotomy, the right ventricle is inspected for the muscular VSD. A right angle is then passed through the anterior superior portion of the left atrium into the left ventricle and through the VSD into the right ventricle. An exchange guide wire is passed through the tricuspid valve to the right angle and pulled up through the mitral valve and out the left atriotomy. A sheath is passed over the guidewire from the right atrium through the muscular VSD into the left ventricle, the wire and dilator are removed, and the devise is deployed under direct vision.

Right: From Minimally Invasive Bipolar Radiofrequency Ablation of Lone Atrial Fibrillation: Early Multicenter Results.

This illustration depicts the left superior and inferior pulmonary veins in relation to areas densely populated by Autonomic Ganglionic Plexi (AGP). M1 denotes medial station 1, L1 denotes lateral station 1, M2 denotes medial station 2, L2 denotes lateral station 2, and so on. These stations allow the surgeon to systematically map the presence of AGP by stimulating them with high-frequency energy; all positively identified AGP are then ablated. The adjunctive ablation of AGP in association with pulmonary vein isolation, during minimally invasive surgical ablation of atrial fibrillation, has been shown to improve the overall success in restoring normal sinus rhythm in patients suffering from lone atrial fibrillation.