Use of the VADO Steerable Sheath: Interview with Farhat S. Khairallah, MD, FHRS, FACC

Interview by Jodie Elrod

In this feature interview, EP Lab Digest speaks with Dr. Farhat Khairallah, an electrophysiologist with Tallahassee Memorial HealthCare in Tallahassee, Florida, about his use of the VADO Steerable Sheath (Terumo).
Tell us about your EP program.

I’m a partner with Southern Medical Group, PA, a prominent cardiology group in Tallahassee, Florida. We have five interventional cardiologists, four electrophysiologists, six general and imaging cardiologists, one heart failure specialist, and three cardiothoracic and vascular surgeons. We are affiliated with Tallahassee Memorial Hospital. The EP procedures we perform include ablation of atrial fibrillation (RFA, cryo, and hybrid approaches), ventricular tachycardia (including epicardial ablations), supraventricular ventricular tachycardia (SVT) ablations, device implants (including pacemakers, AICDs, and CRT devices, implantable loop recorders, Micra leadless pacemaker (Medtronic), LAA occlusion procedures such as the WATCHMAN device (Boston Scientific) and Amulet (St. Jude Medical) on an investigational basis. We are also a high extraction center including laser extraction (Spectranetics) and other mechanical lead management tools. In addition, we own a research company, Tallahassee Research Institute, and have participated in multiple national multicenter trials with high enrollment rates.

How long have you been using the VADO sheath? In about how many cases have you utilized the VADO sheath?

We have been using the VADO for approximately 18 months, in about 116 cases thus far.
What does the VADO sheath do for you when crossing transseptal?

When you do a procedure in the left atrium, the location of the transseptal puncture is very important. For example, if you want to do an atrial fibrillation ablation, your puncture should be more anterior and inferior. If you want to do a WATCHMAN or left atrial appendage occlusion procedure, your puncture should be posterior and inferior. The VADO sheath allows me to guide my transseptal puncture to where it should go, and that is why I use it.

Discuss the design of the VADO sheath.

It’s a long sheath with a curve. The VADO sheath features a torqueing mechanism, so the tip of the sheath can torque up and down, depending on the need. The other aspect of the VADO is that when you torque it, only the tip curves. Unlike other sheaths where you can see the entire sheath doing a curve, only the tip of the VADO sheath curves. That is why I like it, because it’s a relatively predictable curve.

Provide some specific examples of when a VADO sheath has allowed for better control in your cases.

In patients with an interatrial septum or who have a patent foramen ovale (PFO), you want to go posterior and inferior, and if you use a regular sheath without deflection, it’s going to keep dragging you into the PFO. However, with the VADO sheath, I’m able to guide it away and point to where I want to do the puncture.

What sheaths were you using previously? How does the VADO differ from other sheaths that you have tried?

We were using the Agilis, SR0, and SL0 sheaths (St. Jude Medical). One of the benefits of the VADO sheath is that it is deflectable, so I can point the tip to where I need it to go. Also, only the tip of the VADO sheath deflects — not the entire sheath. When I turn the entire sheath with my hand, it has a predictable torque (1:1).
When upsizing to a larger French sheath, how does VADO help you?
The sheath is tapered, so when you cross the septum, it creates a smooth opening and allows for easy access for upsizing into larger sheaths.

Is there anything else you’d like to add?
I recommend the VADO, because it can significantly reduce the procedure time and minimize the risk of needing to repeat the transseptal puncture.