**Table 3.** Amplatzer Piccolo Occluder Learning Points

1. APO is suitable for the closure of large PDAs of up to 4 mm in preterm babies and newborns and small-medium sized PDAs in other age groups. It is suitable for all types of PDAs including Type F.
2. The low profile and soft device structure enables advancing through the 4F delivery system and retrieving the device without injury to cardiac structures even if it is not placed in the delivery sheath during snare retrieval.
3. It is approved by the FDA for use in preterm babies weighing > 700 g through the venous route.
4. In older children, with considerably thin PDAs, it is a safe alternative to pushable coils which are rather unsafe and pose a high risk of embolization. The fact that the 4F catheter can even fit into a PDA measuring <1 mm is enough to achieve closure.
5. In cases of aortic coarctation that require balloon angioplasty or bare-metal stents, the discs of the device can be used without protruding into the aorta as in our patients.
6. The availability of the devices of 2 mm length (3/2, 4/2 and 5/2) lead to reduced risk of iatrogenic coarctation of the aorta.
7. Use of the shortest device possible, particularly in preterm babies, leads to a lower risk of complications.
8. In preterm babies, iatrogenic coarctation of the aorta and left pulmonary artery stenosis can be treated with the transcatheter approach as in our patients. Intraductal placement of the device is preferred to prevent complications.
9. Selection of device size should not be solely based on the pulmonary end in large PDAs, especially in a type A PDA which is the most common type. Devices with shorter and wider discs should be preferred since either the waist or the discs will be in the ampulla.
10. Not only the waist diameter but also the height of discs should be considered in closure of PDA or logically in coronary fistula closure.