A 24-year-old woman underwent percutaneous closure of a secundum-type atrial septal defect. The next day, the patient was reported to have acute onset of chest discomfort and dyspnea. An immediate echocardiography was performed, and the 21 mm Amplatzer septal occluder (ASO) device was not found in the heart chamber. She was brought back to the cardiac catheterization laboratory for percutaneous device retrieval under conscious sedation. Pulmonary arteriography was taken and the device was found in the right pulmonary artery (Fig. A and Video 1*). A pre-beveled 12F Flexcath™ delivery sheath (Mediotronic) was positioned across the tricuspid valve into the right ventricle followed by a pre-curved 0.035-inch Amplatz Super Stiff™ guidewire (Boston Scientific, Natick, MA). Next, a 20-mm Amplatz GooseNeck Snare (ev3 Endovascular Inc, Plymouth, MN) pre-loaded into a 6F Judkins right catheter was advanced through the 12F delivery sheath and used to capture the screw mechanism on the connector pin of the ASO device (Fig. B). The embolized ASO device was then successfully retrieved into the delivery sheath and extracted (Fig. C, D and Video 2*). After successful extraction, complete transthoracic echocardiography was performed, demonstrating no apparent damage to the ventricle or the pulmonary and tricuspid valves.

**Figures**— Embolized ASO device in the right pulmonary artery (white arrow). (A) Anteroposterior projection on fluoroscopy. (B) Capture of the ASO device with gooseneck snare (20 mm) loaded into a 6 French Judkins right catheter. ASO device (white arrow) retrieval. (C) ASO device transitioning into the delivery sheath during recapture. (D) After retrieval, the Amplatzer device was snared by the connector pin.

*Supplementary video files associated with this presentation can be found in the online version of the journal.*