HEART CARE WESTERN AUSTRALIA

COASTAL CARDIOLOGY

CARDIOLOGY IN A MINUTE - FACTS AND INFORMATION FOR THE BUSY GP

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Ablation for Atrial fibrillation

Who should be considered for AF ablation?

- Patients who are increasingly troubled by paroxysmal AF that is rapid and unsettling despite medical therapy. Ideal candidates are young [<55yo] with no structural heart disease or significant left atrial enlargement [LA diameter <4.5cm]
- Patients are less likely to benefit if the AF is long standing [>3 years duration], they are older at onset [>65yr], have marked LA enlargement [>4.5cm] or if they have underlying structural heart disease.
- There is NO role of AF ablation in patients who are asymptomatic, because although AF ablation improves symptoms it does not improve prognosis. Ablation does not reduce the need for Warfarin in patients considered to be at high risk for thrombo-embolic events.

What is involved?

- All patients require a CT scan to define their atrial anatomy and to exclude thrombus. The procedure is usually performed under GA and the left atrium is accessed via transeptal puncture. Potential trigger sites of increased ectopic activity within the pulmonary veins are electrically isolated from the LA by inducing a local lesion using either radiofrequency or cryotherapy. Most procedures take about 2 hours to perform. Patients are required to stay overnight but are usually fully active and can resume normal activities the next day.

What are potential procedural complications?

- Significant procedural complications occur in 2% of patients and include pericardial tamponade and thromboembolic events. Post procedure some patients describe breathlessness which usually settles over a few weeks. Pulmonary vein stenosis is now rare with current techniques. Because oesophageal damage and atrial-oesophageal fistula formation have been reported, and are potentially fatal, any dyspeptic symptoms post ablation requires prompt investigation.

What is the primary success rate?

- The primary success rate for the restoration of sinus rhythm is up to 70-80% in ideal cases however in patients with longstanding AF the success rate is in the order of 50-60% even if the heart is otherwise structurally normal. Rates are lower in older patients, with larger left atria and structural heart disease. Hence the need for a repeat procedure is not uncommon.
- In patients with symptomatic rapid AF of long duration, especially in the presence of a markedly dilated LA, a pace and [AV nodal] ablate strategy may be preferable to AF ablation.

What are the longer term results?

- In patients who have had a successful ablation and maintained SR for 1-2 years the rate of relapse to AF is about 2% per year.

Useful websites:
www.atrialfibrillationassociation.org.uk, www.virtualmedicalcentre.com, www.afanswers.com

Phone: 08 9480 3000 E-mail: info@heartcarewa.com.au www.heartcarewa.com.au
Dr Bernard Hockings • Dr Mark Ireland • Dr Michael Muhlmann • Dr Mark Nidorf •
Dr Peter Purnell • Dr Nigel Sinclair • Dr Isabel Tan • Dr Peter Thompson

Phone: 08 9311 4600
Dr Randall Hendriks • Dr Donald Latchem • Dr Vince Paul • Dr Alan Whelan • Dr Xiao-Fang Xu