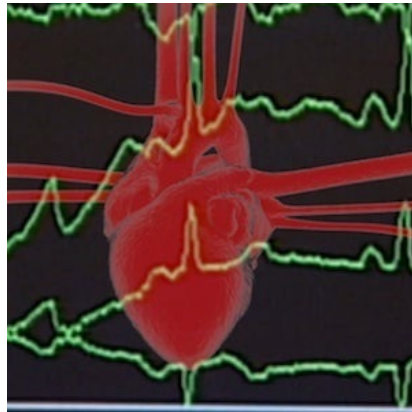




Over 50% of AF Patients Become Asymptomatic After Ablation



More than half of patients with atrial fibrillation (AF) become asymptomatic after catheter ablation, according to the largest study of the procedure published in *European Heart Journal*. The article details the in-hospital and one-year outcomes and management of 3,630 AF patients treated with catheter ablation in Europe, the Middle East and North Africa.

See Also: [New Guidelines: Surgical Ablation Can Reduce Afib](#)

AF, the most common heart rhythm disturbance, increases the risk of death by two-fold in women and 1.5-fold in men. It also reduces quality of life because of palpitations, shortness of breath, tiredness, weakness, and psychological distress.

Catheter ablation is the recommended treatment for AF patients with symptoms who still have an abnormal heart rhythm despite taking anti-arrhythmic drugs. During the procedure, a long wire is threaded through the blood vessels into the heart and used to burn or freeze small areas of the atrium. This creates a scar and destroys or fences off abnormal electrical signals to stop them causing AF.

The observational study of real-life clinical practice was conducted by the European Heart Rhythm Association (EHRA) of the European Society of Cardiology (ESC) under the EURObservational Research Programme (EORP). Data show that the typical AF patient who undergoes ablation has symptoms, is around 60 years old, male, has paroxysmal AF (AF that comes and goes), and does not have underlying structural heart disease.

The investigators found that symptoms were significantly reduced after ablation. "This is good news for patients," says lead author Dr. Elena Arbelo, a senior specialist in the Arrhythmia Unit – Cardiovascular Institute, Hospital Clínic de Barcelona, Spain. "According to our registry, 91 percent of patients choose to undergo an ablation for relief of symptoms and 66 percent to improve their quality of life."

After the procedure, patients with two or more stroke risk factors should be prescribed oral anticoagulants, while those with no risk factors should not receive them. However, the study found that 27 percent of patients with two or more risk factors were not anticoagulated, while one-third of low risk patients were receiving the drugs. This is a serious issue because high risk patients who do not receive oral anticoagulation have a greater chance of a stroke, Dr. Arbelo points out. "Patients receiving unnecessary treatment are in danger of intracranial and other types of bleeding."

Other key findings of the study include:

- Catheter ablation was successful in 74 percent of patients, meaning that they had no atrial arrhythmias between three and 12 months after the procedure.
- Post-ablation monitoring: 83 percent of patients had at least one cardiology evaluation and 86 percent had at least one electrocardiogram (ECG). However, only 60 percent of patients had the recommended serial ECGs and multiday ECG recordings to check for recurrent AF.
- Complication rates were 8 percent in-hospital and 11 percent during the one-year follow up.

Source: [European Society of Cardiology \(ESC\)](#)

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