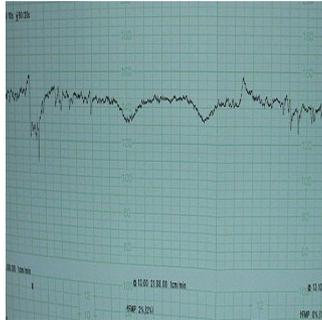


Study: Perioperative AF Impacts Stroke Risk



Patients experiencing atrial fibrillation (AF) while hospitalised for surgery have an increased long-term risk of ischemic stroke, more so following noncardiac surgery, according to results of a study published in the *Journal of the American Medical Association (JAMA)*.

Data show that AF and flutter affect some 33 million people around the world. For those suffering chronic AF, there is a three-fold increased risk of stroke. Perioperative AF (occurring around the time of surgery), according to the *JAMA* article, may be viewed as a transient response to physiological stress. However, the long-term risk of stroke following perioperative AF remains unclear.

In this study involving 1.7 million patients, the researchers investigated the long-term risk of ischemic stroke after perioperative AF of patients undergoing surgery, using data from acute care hospitals in California between 2007 and 2011. Perioperative, as defined in the study, was AF newly diagnosed during the hospitalisation for surgery.

Among the 1.7 million patients, there were 24,711 cases (1.43 percent) of perioperative AF. The study revealed the following:

- 13,952 patients (0.81 percent), after discharge from the index hospitalisation for surgery, experienced an ischemic stroke;
- One year after hospitalisation for noncardiac surgery, cumulative rates of stroke were 1.47 percent in those with perioperative AF (versus 0.36 percent in those without AF);
- One year after cardiac surgery, cumulative rates of stroke were 0.99 percent in those with perioperative AF (versus 0.83 percent in those without AF).

Perioperative AF after noncardiac surgery, the authors noted, was associated with twice the risk of stroke; there was a 30 percent greater risk following cardiac surgery.

Their findings may have important implications for the care of perioperative AF patients. "The associations we found suggest that while many cases of perioperative AF after cardiac surgery may be an isolated response to the stress of surgery, perioperative AF after noncardiac surgery may be similar to other etiologies of AF in regard to future thromboembolic risk," the authors explained.

The research team, led by Dr. Gino Gialdini of Weill Cornell Medical College (New York), thinks future studies should include long-term ambulatory cardiac monitoring to shed more light on the risk associated with transient and persistent perioperative AF. In addition, randomised clinical trials can help determine "optimal strategies for antithrombotic therapy in patients with perioperative AF and a significant burden of other risk factors for stroke," according to Dr. Gialdini's team.

Source: [The JAMA Network](#)

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