

SURGICAL RADIO FREQUENCY ABLATION FOR ATRIAL FIBRILLATION: A SINGLE CENTRE EXPERIENCE.

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Objectives: To report the preliminary results of surgical ablation of Atrial fibrillation in patients undergoing valvular and nonvalvular cardiac operations.

Methods: From February 2004 to March 2006 forty three patients underwent surgical ablation of Atrial fibrillation (AF) simultaneously with valve or coronary bypass grafting. All the patients were in chronic Atrial fibrillation. Mean age was 66.71 years (SD+/- 6.6). Ablation was combined with isolated mitral valve surgery (n =30, 69.7%) or mitral ± other valves ± coronary bypass grafting (n = 13, 30.3%). Surgical ablation was restricted to left atrium using Bipolar radio frequency. All patients received post-operative oral amiodarone.

Results: There were 4 (9.3 %) in-hospital deaths unrelated to device complications. Of the surviving patients a total of 17 (43.5%) patients were discharged in sinus rhythm and 26 (56.5 %) patients in AF. A pacemaker was implanted in 1 patient. At six weeks follow up 54%(n=20) patients were in sinus rhythm. Patients in Atrial fibrillation at 6 weeks (n=8) were cardioverted. At three months follow up 83% (n=25) patients were in sinus rhythm. Isolated Mitral repair with RF has 75%, the most conversion to sinus rhythm (87.5%). Isolated AVR with RF has only 20%, the least conversion to sinus rhythm

Conclusions: Intraoperative surgical ablation can be a curative procedure for chronic AF. Bipolar radiofrequency facilitates rapid and safe AF ablation in patients undergoing valvular or combined procedures.

