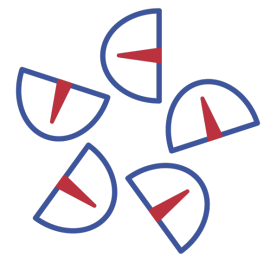


# Atrial Fibrillation Ablation

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01	AF	<ul style="list-style-type: none"><li>- Very common</li><li>- Abnormal electrical activity originating from pulmonary veins</li><li>- <b>Risk fx</b> - older age, male sex, HTN, structural heart disease, rheumatic heart disease, heart failure</li></ul>
02	AF Ablation	<ul style="list-style-type: none"><li>- Can achieve arrhythmia-free survival in &gt;90%.</li><li>- Highest benefit in paroxysmal AF with no structural heart disease</li><li>- Patient selection can be difficult = increasingly done as day case</li></ul>
03	Pulmonary vein isolation	<ul style="list-style-type: none"><li>- Venous femoral access = Trans-septal puncture (TOE guided)</li><li>- Coronary sinus reference catheter = Heparin for ACT &gt;300s</li><li>- Differential pacing to confirm ablation</li></ul>
04	RF ablation vs Cryoballoon	<ul style="list-style-type: none"><li>• RF ablation - 2 transeptal punctures, slower procedure</li><li>• Cryoballoon - 1 larger trans-septal puncture, -40 degrees</li></ul>
05	Risks	<ul style="list-style-type: none"><li>- <b>Trans-septal puncture</b> - tamponade, aortic puncture</li><li>- Peri-procedural stroke = Bleeding = Groin haematoma</li><li>- Damage to cardiac structures - MV = Gastroparesis</li><li>- Phrenic nerve injury = <b>Atrio-oesophageal fistula</b></li></ul>



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