Atrial Fibrillation Ablation

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01 AF

- Very common
- Abnormal electrical activity originating from pulmonary veins
- **Risk fx** - older age, male sex, HTN, structural heart disease, rheumatic heart disease, heart failure

02 AF Ablation

- Can achieve arrhythmia-free survival in >90%.
- Highest benefit in paroxysmal AF with no structural heart disease
- Patient selection can be difficult = increasingly done as day case

03 Pulmonary vein isolation

- Venous femoral access - Trans-septal puncture (TOE guided)
- Coronary sinus reference catheter = Heparin for ACT >300s
- Differential pacing to confirm ablation

04 RF ablation vs Cryoballoon

- RF ablation - 2 transeptal punctures, slower procedure
- Cryoballoon - 1 larger trans-septal puncture, -40 degrees

05 Risks

- **Trans-septal puncture** - tamponade, aortic puncture
- Peri-procedural stroke - Bleeding = Groin haematoma
- Damage to cardiac structures - MV - Gastroparesis
- Phrenic nerve injury - **Atrio-oesophageal fistula**

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