

MEETING ABSTRACT

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Quality of life changes: a prospective evaluation after surgery ablation atrial fibrillation

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Background/Introduction

Atrial fibrillation (AF) is a chronic condition that increases the risk of patient mortality and morbidity and often requires life-long treatment, including long-term oral anticoagulation. Therefore, quality of life (QoL) is an important treatment outcome when measuring patients' physical, emotional, and social functioning, as well as their perceived health.

Aims/Objectives

Compare the quality of life (QoL) of patients with persistent atrial fibrillation (pAF) and coronary artery disease (CAD) after modified mini-maze (MM) procedure or pulmonary vein isolation (PVI) using irrigated radio-frequency ablation (irrRA) compared with patients in the control group (CABG alone).

Method

In this prospective randomized study, we included 95 patients with pAF and CAD who underwent CABG combined with intraoperative irrRA. Patients were randomly assigned to 3 groups: CABG and PVI (CABG+PVI, n = 31), CABG and MM procedure (CABG+MM, n = 30), and isolated CABG (CABG alone, n = 34). All patients received implantable loop recorders (ILRs). Patient QoL was assessed using the Short Form 36 (SF-36) preoperatively, and 1 and 2 years postoperatively. The study primary end point- freedom from AF 1 year postoperatively, measured by ILRs; secondary end point - long-term outcomes, QoL, mortality, cardiovascular events.

Results

No reoperations or hospital mortalities were recorded. Mean follow-up was 14.4 ± 9.7 months. The freedom from AF were 80%, 86.2%, and 44.1% in the CABG+PVI, CABG+MM, and in the CABG alone groups, respectively. The QoL significantly improved in CABG+PVI and CABG+MM groups compared with CABG alone group in most domains.

Discussion/Conclusion

Effective elimination of AF during CABG surgery improves QoL in all physical health domains of the SF-36 and the role-emotional functioning domain. Thus, patients with concomitant AF and CAD may benefit from intraoperative irrRA to prevent relapse of the arrhythmia.

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