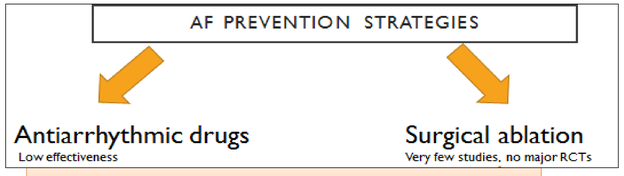
Is It Possible to Prevent New-Onset Atrial Fibrillation After Coronary Surgery?

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STRATEGIES OF POAF PREVENTION

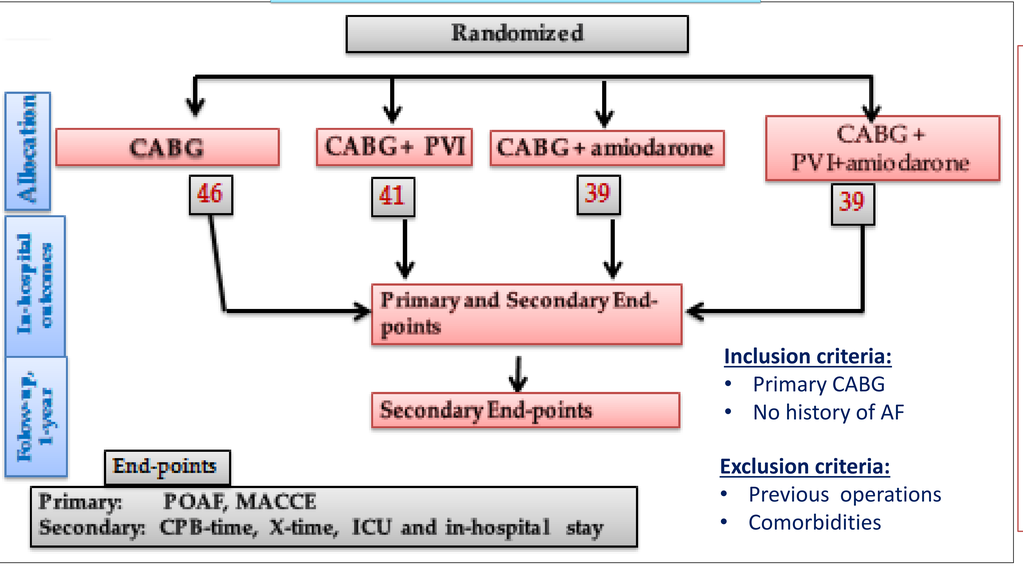


AIM

To compare different prophylactic strategies for POAF after coronary surgery

PULVAB RCT

ClinicalTrials.gov Identifier: NCT 03857711



Inclusion criteria:

- Primary CABG
- No history of AF

Exclusion criteria:

- Previous operations
- Comorbidities

BASELINE CHARACTERISTICS:

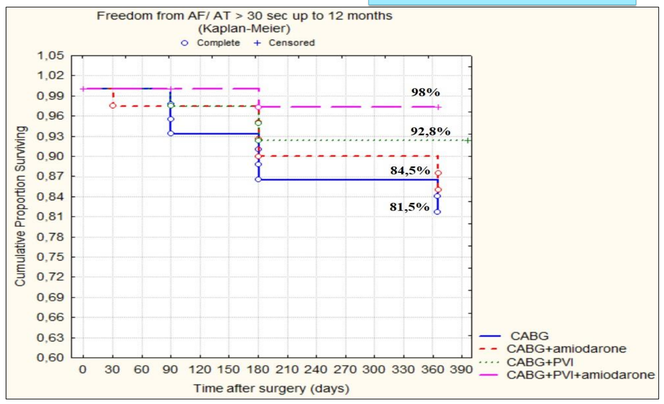
NO STATISTICAL DIFFERENCE!!!

RESULTS

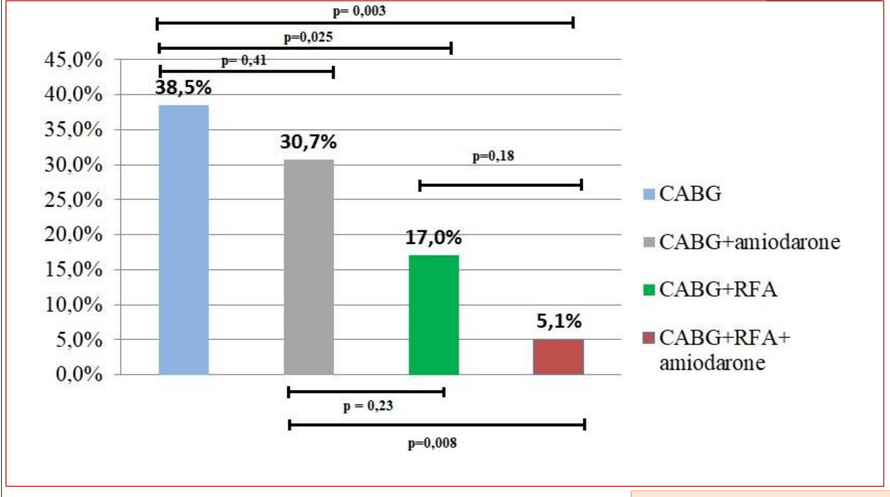
END-POINTS (postop)

	CABG (n=46)	CABG + RFA (n=41)	CABG + RFA+ amiodarone (n=39)	CABG + amiodarone (n=39)	P-value
Primary endpoints:					
POAF, (n)	18 (38.5%)	7 (17.0%)	2 (5.1%)	12 (30.7%)	0,005
MACCE, (n)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1,000
Secondary endpoints:					
Vent.time(h)	13,1±7,2	12,6±7,24	9,4±11,2	12±10,1	0,001
ICU-stay (h)	29,6±17,7	22,7±15,5	20,1±14,1	21,1±12,1	0,003
In-Hospital stay, (d)	21,2±5,0	18,1±7,6	19,2±4,8	20,2±4,2	0,016
Oper. time(min),	253 ± 37.7	250.4 ± 42.5	249.2 ± 29.1	248.2 ± 31	0,114
CBP time (min)	88.6 ± 19.2	92.1 ± 18.4	91.8 ± 17.3	88.1 ± 17.3	0,081
Sinus rhythm at discharge (%)	95.6%	97.5%	97.4 %	**94.8%**	0,213

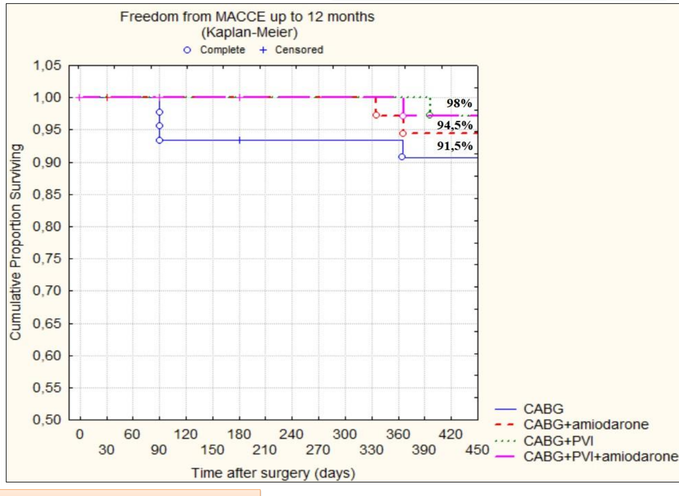
Freedom from AF



POAF



Freedom from MACCE



CONCLUSION

- **PVI + amiodarone is the most effective strategy in the prevention of new-onset POAF**