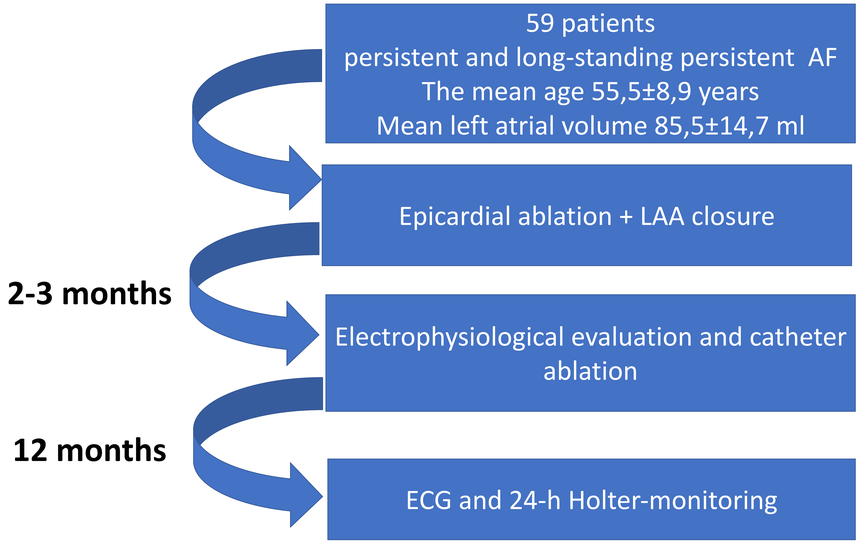
Hybrid approach in patients with persistent and long-standing persistent atrial fibrillation: one year of follow up.

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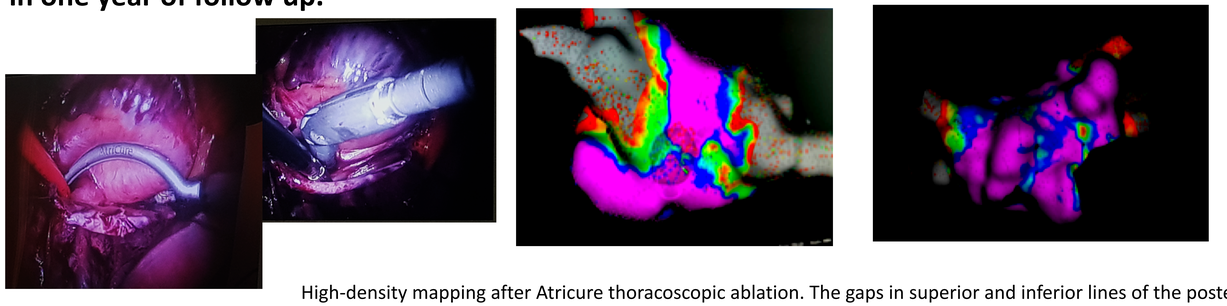
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Introduction: Hybrid ablation is an effective technology for patients with persistent and long-standing persistent atrial fibrillation. The aim of current study was to evaluate the efficacy and safety of hybrid ablation in patients with persistent and long-standing persistent atrial fibrillation.

Materials and methods:



Results: The Dallas lesion set was successfully performed in 54 patients and box lesion set was made in 5 cases. LAA closure/resection was performed using surgical stapler. Mean time of procedure was 141,3±33,3 min. Conversion to sternotomy was needed in one case. Six (6) patients (10,2%) had atrial flutter. Total efficacy of surgical ablation was 76,3%. In three months of follow-up 14 patients underwent electrophysiological evaluation and catheter ablation. The gaps in left atrial ablation lines were closed in 7 patients; cavotricuspid isthmus ablation was performed in 7 patients. **Total efficacy of two stage hybrid ablation was 88,1% in one year of follow up.**



High-density mapping after Atricure thoracoscopic ablation. The gaps in superior and inferior lines of the posterior wall.

Conclusion: Hybrid ablation is an effective strategy for patients with persistent and long-standing persistent AF. Over 80% of patients had no AF recurrences in one year of follow up. Catheter ablation was needed mostly in patients with atrial flutter.

Conflict of interest: non declared.

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