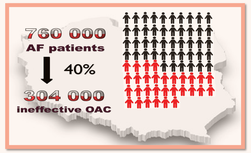
Electro Heart Team: a modern approach for old problem

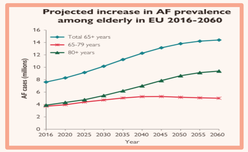
Artur Bartoszcze, Radoslaw Litwinowicz,
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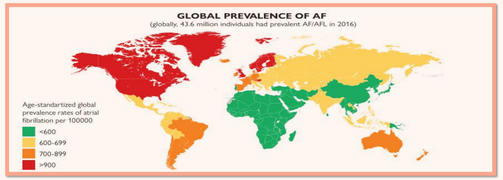
HEALTTHCARE SYSTEM

AFib costs the USA health care system an annual $ 26 000 000 000 000









- **Complex rhythm control therapy**
- **Complex stroke prevention**
- **Electrocardiologist, cardiac surgeon and cardiologist**
- **Hybrid ablation approaches**
- **Reduction of ineffective endocardial ablation**

SURGICAL ABLATION

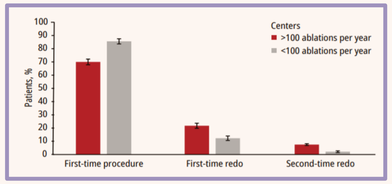
Recommendations	Class[a]	Level[b]
Concomitant AF ablation should be considered in patients undergoing cardiac surgery, balancing the benefits of freedom from atrial arrhythmias and the risk factors for recurrence (left atrial dilatation, years in AF, age, renal dysfunction, and other cardiovascular risk factors).[461,843,857–859]	IIa	A
Thoracoscopic—including hybrid surgical ablation—procedures should be considered in patients who have symptomatic paroxysmal or persistent AF refractory to AAD therapy and have failed percutaneous AF ablation, or with evident risk factors for catheter ablation failure, to maintain long-term sinus rhythm. The decision must be supported by an experienced team of electrophysiologists and surgeons.[860,861]	IIa	B
Thoracoscopic—including hybrid surgical ablation—procedures may be considered in patients with persistent AF with risk factors for recurrence, who remain symptomatic during AF despite at least one failed AAD and who prefer further rhythm control therapy.	IIb	C

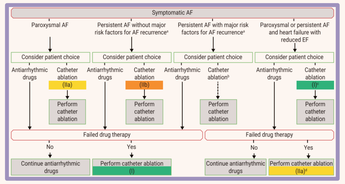
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Surgical Ablation	Success rate
Pulmonary Vein Isolation	PAF - 50-90 % NPAF -60%
Box Set Lesion	NPAF 55-70 %
Left Atrial Lesion Set	NPAF - 73-86%
Bi-Atrial Lesion Set (Maze IV)	NPAF- 80-90%

CATHETER ABLATION

Patient and procedural characteristics **		High-volume (n = 20)	Low-volume (n = 18)	*P* value
Type of AF in patients undergoing ablation for the first time, %, median (IQR)	Paroxysmal AF	70 (10)	70 (22.5)	0.4
	Persistent AF	25 (10)	27.5 (10)	0.63
	Long-lasting persistent	10 (3.75)	5 (12.5)	0.13
Percentage of ablations	First time, mean (SD)	70 (10)	86 (8)	<0.001
	First redo, mean (SD)	22 (9)	12 (7)	<0.001
	Second redo, median (IQR)	5 (5)	1 (5)	<0.001





Jagiellonian University
Department of Cardiovascular Surgery and Transplantology

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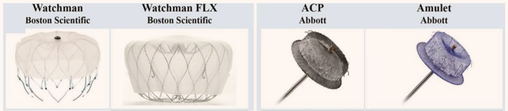
STROKE PREVENTION

Recommendations for occlusion or exclusion of the LAA		
LAA occlusion may be considered for stroke prevention in patients with AF and contraindications for long-term anticoagulant treatment (e.g. intracranial bleeding without a reversible cause).[448,449,481,482]	IIb	B
Surgical occlusion or exclusion of the LAA may be considered for stroke prevention in patients with AF undergoing cardiac surgery.[459,483]	IIb	C

Epicardial – DO NOT require antiplatelet therapy



Endocadrial –requires antiplatelet therapy



**Wojdyła - Hordyńska, Agnieszka, et al. "Results of a survey concerning atrial fibrillation ablation strategies in Poland." Kardiologia Polska (Polish Heart Journal) 78.10 (2020): 974-981.