



PULMONARY VEIN ISOLATION VS COX –MAZE FOR CONCOMITANT SURGICAL TREATMENT OF PAROXYSMAL ATRIAL FIBRILLATION IN CABG

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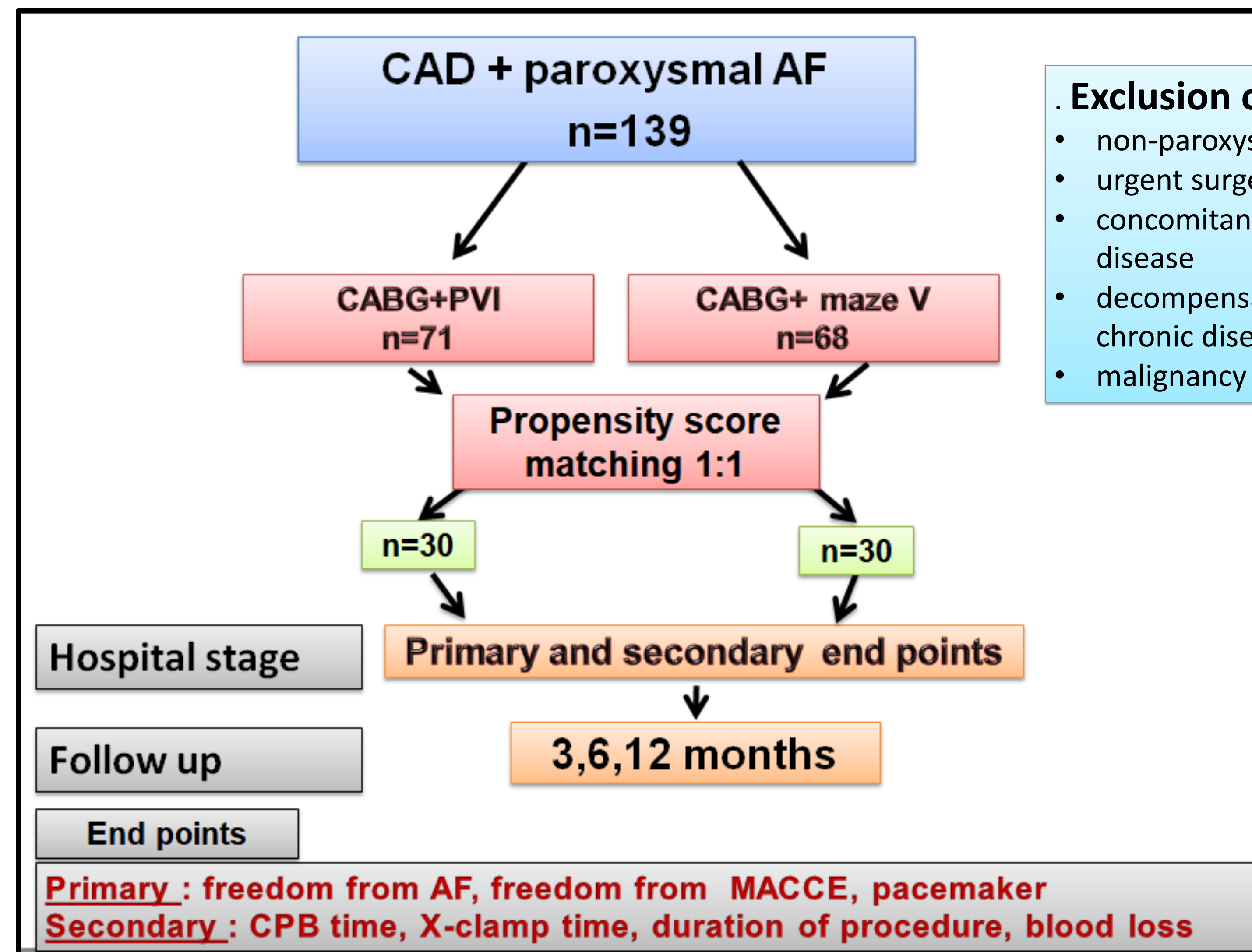
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AIM

To assess the efficiency and safety of RF pulmonary veins isolation (PVI) and “Cox-Maze V” procedure in treatment of paroxysmal atrial fibrillation (AF) in coronary artery bypass grafting (CABG).

Exclusion criteria

- non-paroxysmal AF
- urgent surgery
- concomitant heart valve disease
- decompensation of chronic diseases
- malignancy



PVI

- ✓ On-pump, beating heart
- ✓ Bipolar clamp (PVI)
- ✓ LAA double ligation
- ✓ Exit block testing
- ✓ Convention CABG

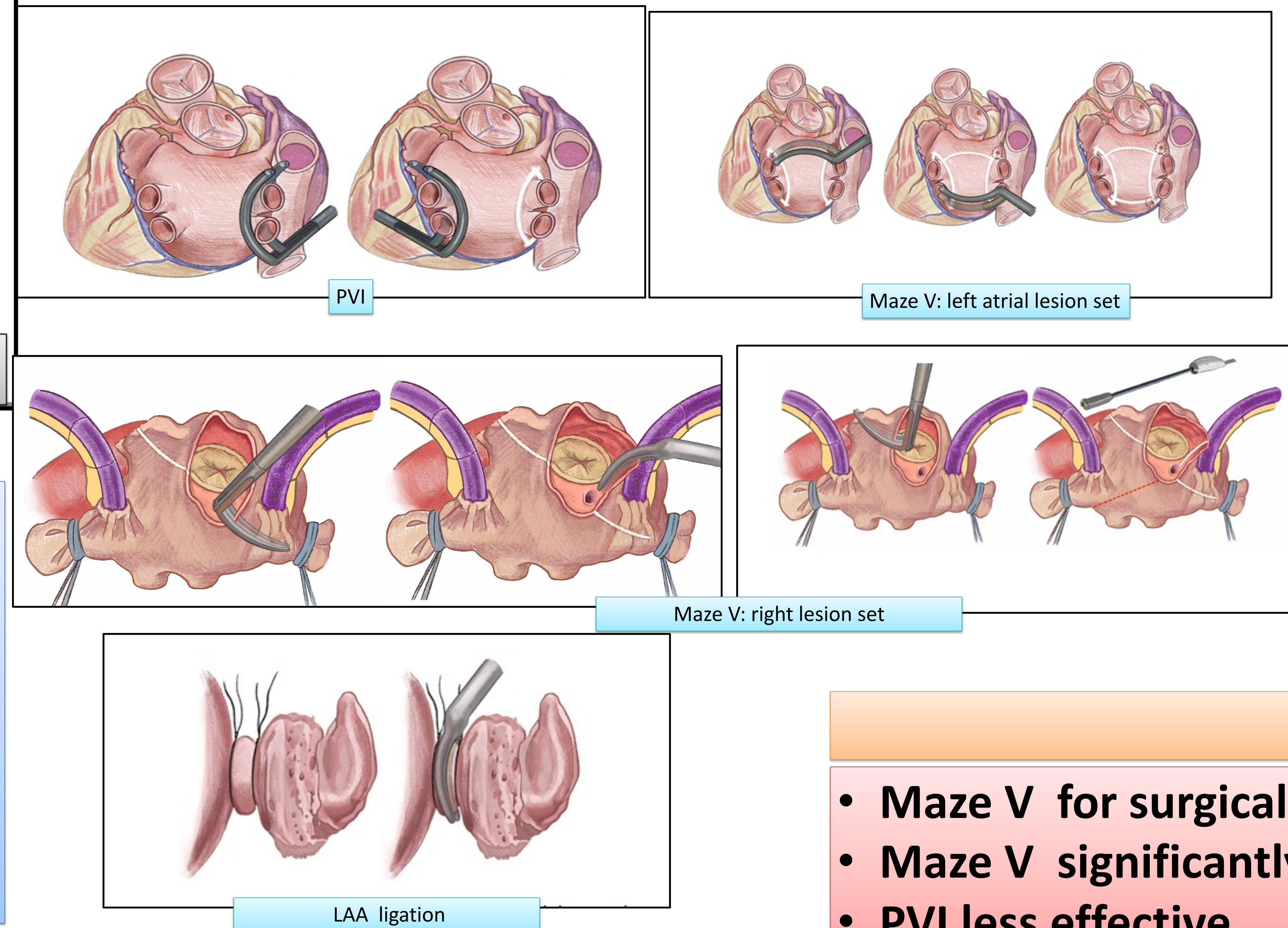
MAZE V

- ✓ RFA lesion set
 - ✓ PVI
 - ✓ Roof line
 - ✓ PS on right superior PV
 - ✓ Inferior LA line
 - ✓ PS on LA below IVC ostium
- ✓ On-pump, beating heart
- ✓ LAA double ligation
- ✓ Exit block testing
- ✓ Controlled restoring of sinus rhythm
- Right stage (5 ablation lines 2 (right AA) 3 (right atrial) RF CTI

Variables

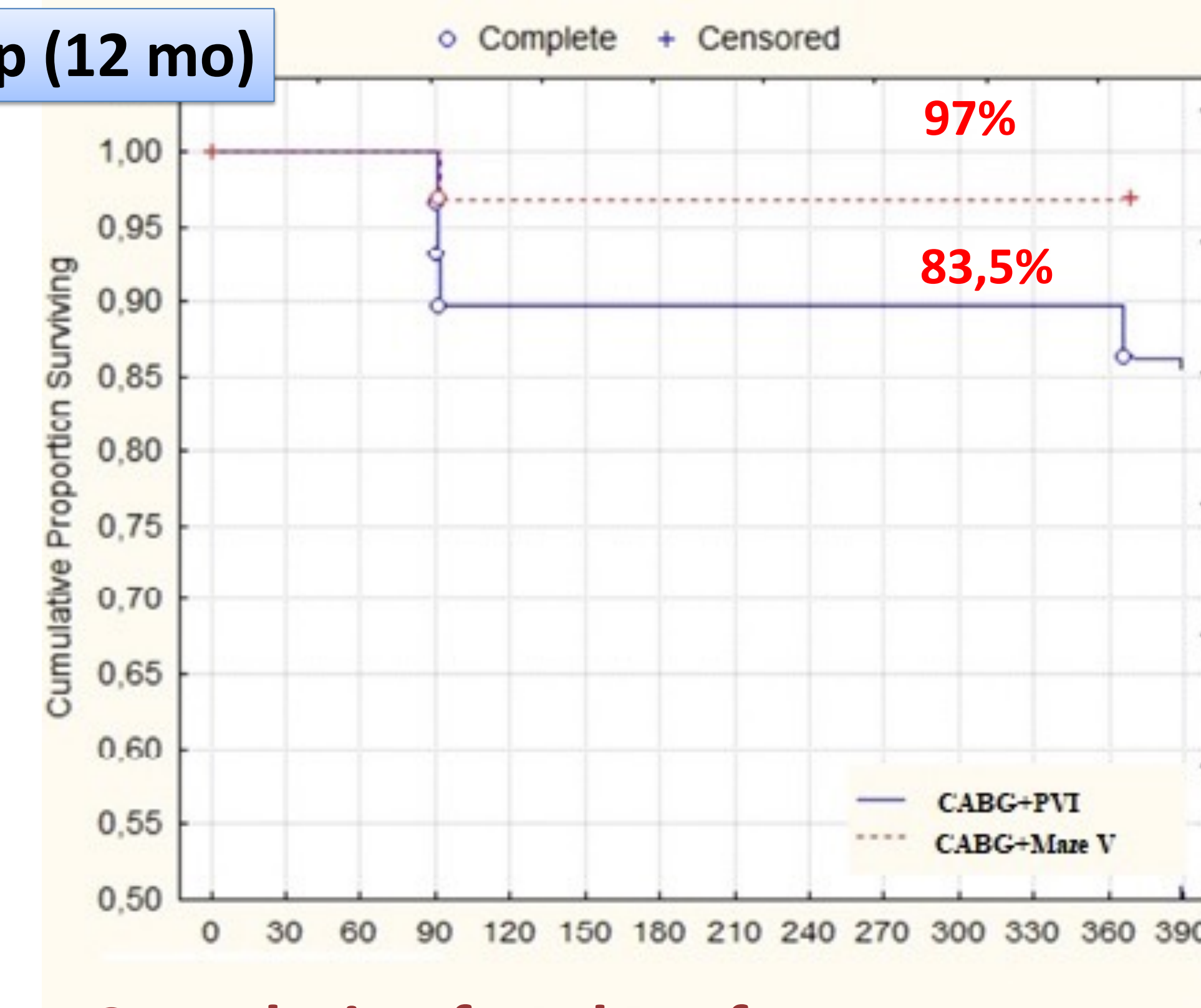
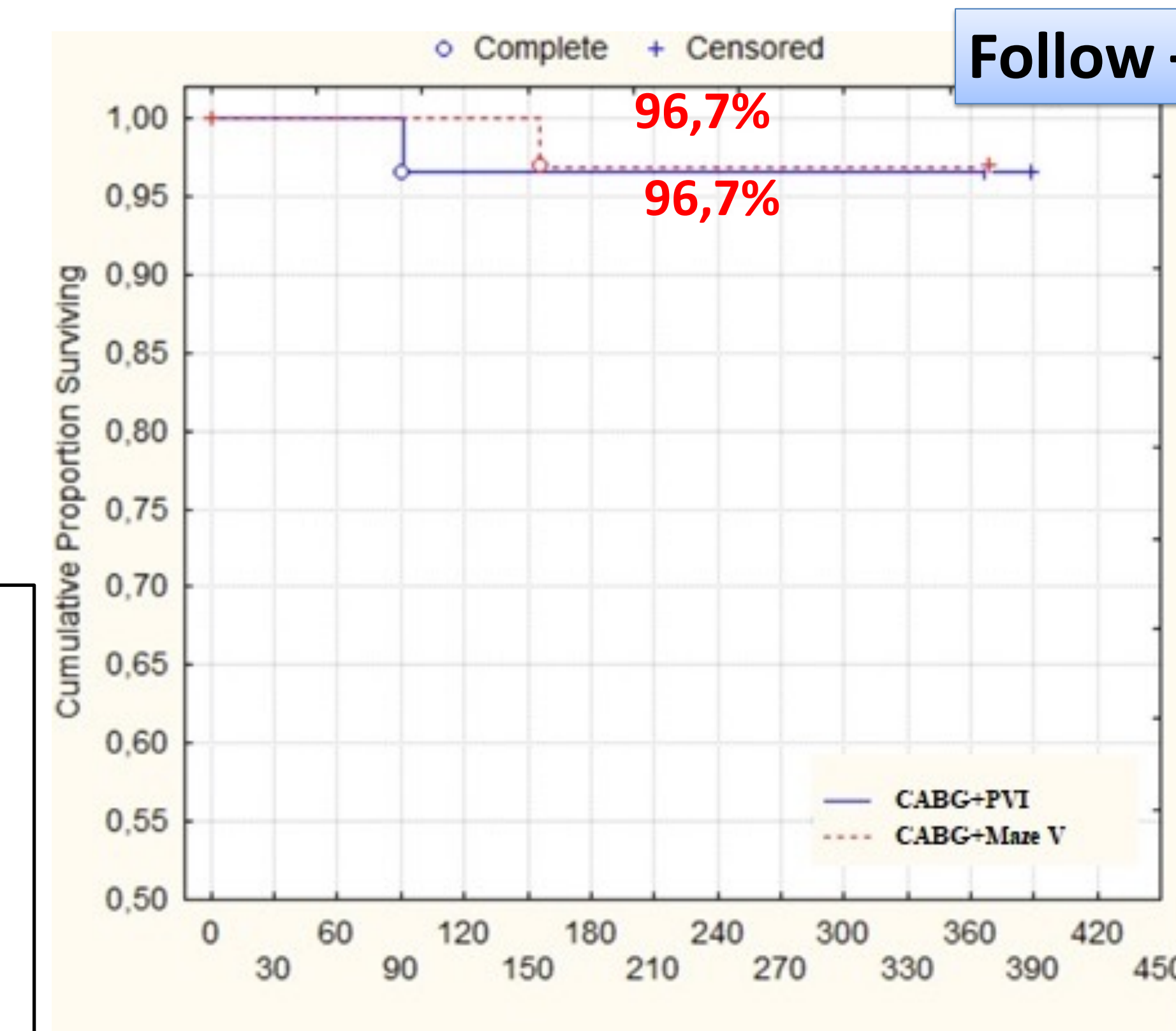
	CABG+PVI n=30	CABG+Maze V n=30	P
Age	61,8±6,2	59,0±8,02	0,132
male, n(%)	23(76,7)	25(83,3)	0,154
female, n(%)	7 (23,3)	5(16,7)	0,212
BMS, kg/m	29,2±3,7	29,03±4,1	0,428
CCS			
II	1 (3,3)	2 (6,7)	0,867
III	28 (93,4)	26 (86,6)	0,689
IV	1 (3,3)	2 (6,7)	0,867
MI, n(%)	19 (63,3)	20 (66,7)	0,981
STROKE, n(%)	3 (10)	4 (13,3)	0,789

BASELINE CHARACTERISTICS: NO STATISTICALLY SIGNIFICANT DIFFERENCE!!!!



Results

Variables	CABG+PVI n=30	CABG+Maze V n=30	P
MV, h.	6,3(5,1;12,5)	11,5 (6,8;16,1)	0,089* *
Length of the ICU stay, h.	18,5 (14,1;20,7)	24 (16,6; 46,5)	0,059* *
lost in drain, mL	200 (127;250)	200 (162; 350)	0,242
Need for inotropic support on day 1, n	19	21	0,583
Recurrent AF / atrial flutter	10 (33,3)	4(13,3)	0,044
- AF	7 (23,3)	3 (10)	0,121
- atrial flutter	3 (10)	1 (3,3)	0,257
Transient SND,n	2 (6,7)	5 (16,6)	0,128
Pacemaker implantation, n	0	0	-



Conclusion

- Maze V for surgical treatment of concomitant paroxysmal AF is a safe procedure.
- Maze V significantly reduces the incidence of AF recurrence
- PVI less effective