

Concomitant Maze V Procedure in CABG

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AIM

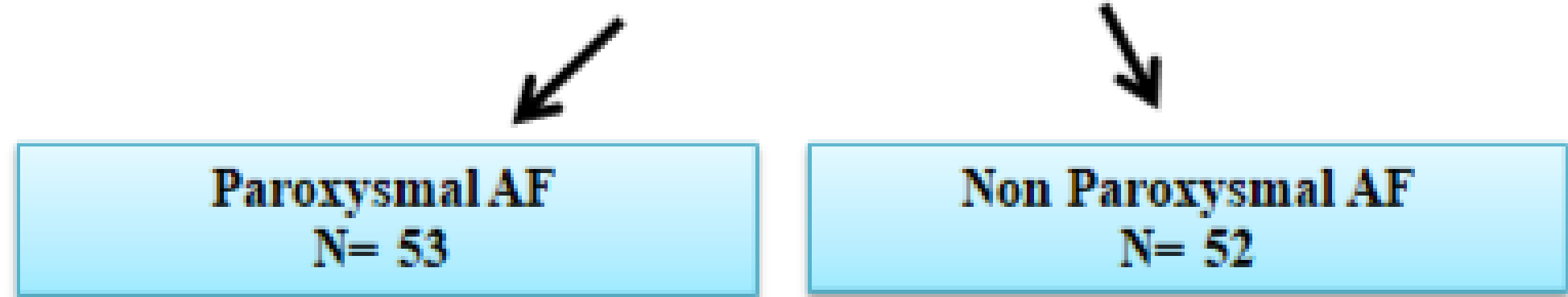
To evaluate the results of the Cox-Maze V procedure for the treatment of concomitant atrial fibrillation during CABG

Materials and methods

Design of study



Maze V + CABG
N=105



Hospital stage

Primary and secondary endpoints

Follow up

3,6,12, 24,36 mo postop

End points

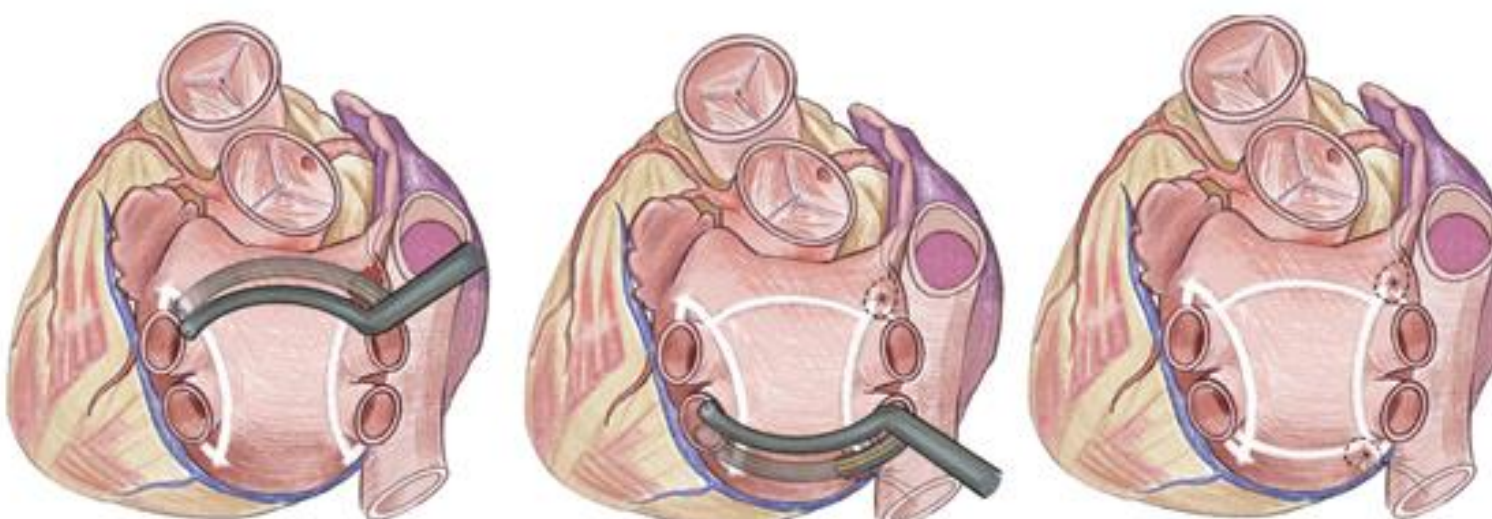
Primary: Freedom from AF, freedom from MACCE, synus rhythm at dischrge, pacemaker
Secondary: CPB time, X clamp time, duration of procedure, complications

Surgical technique

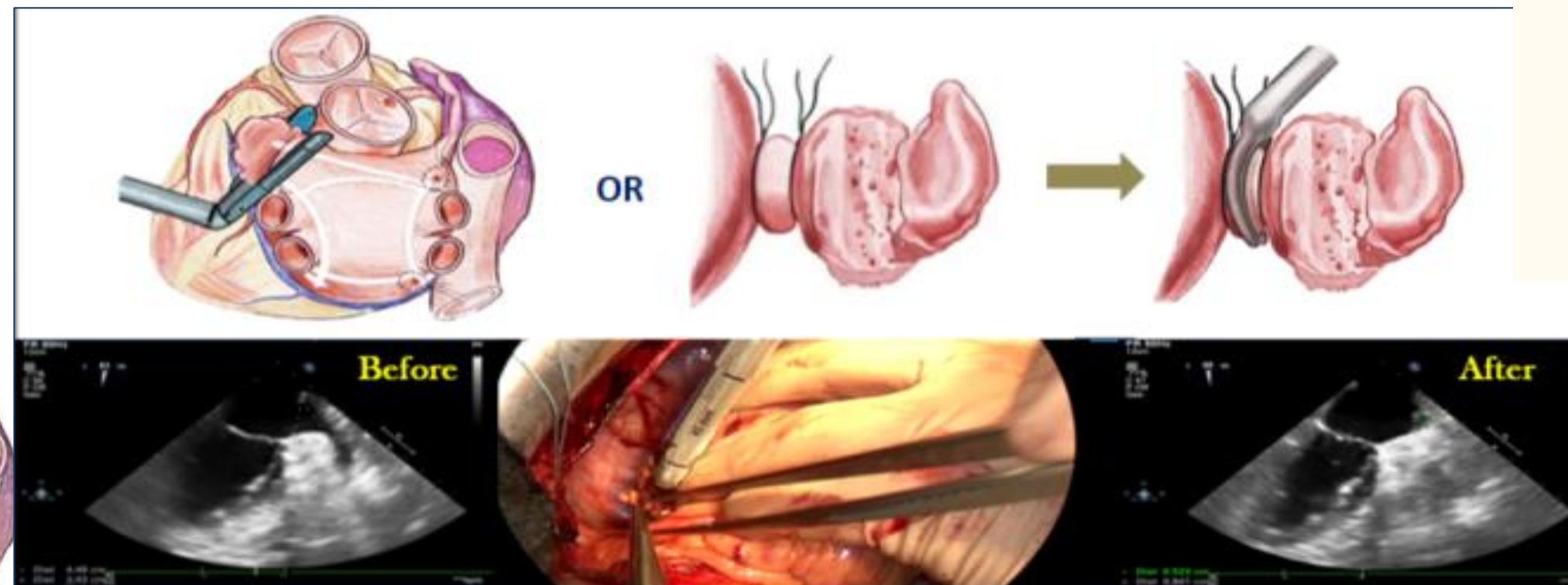
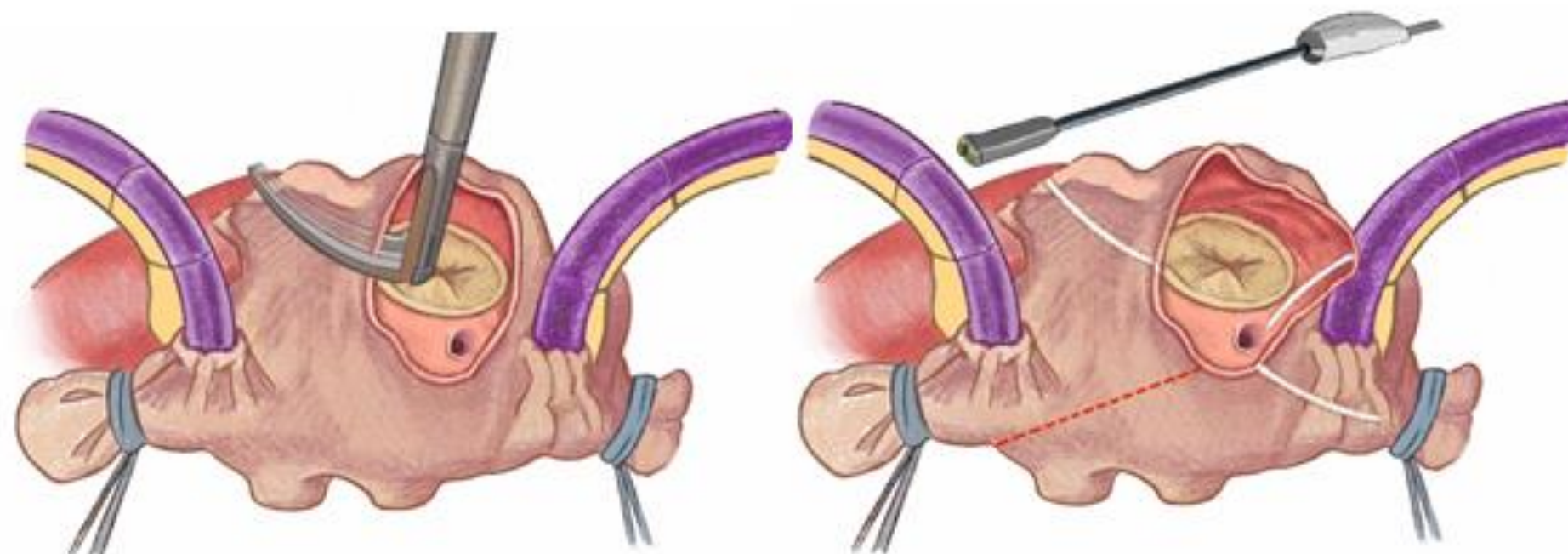
- ✓ On-pump, beating heart
- ✓ Bipolar clamp
- ✓ bRFA lesion set clues
 - ✓ PVI
 - ✓ Roof line
 - ✓ PS on right superior PV
 - ✓ Inferior LA line
 - ✓ PS on LA below IVC ostium
- ✓ LAA double ligation
- ✓ Exit block testing
- ✓ Controlled restoring of sinus rhythm
- Right stage
- (5 ablation lines 2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



Maze V: right atrial stage



Maze V: left atrial stage



Maze V: ligation and ablation or amputation of the left atrial appendage.

BASELINE CHARACTERISTICS:

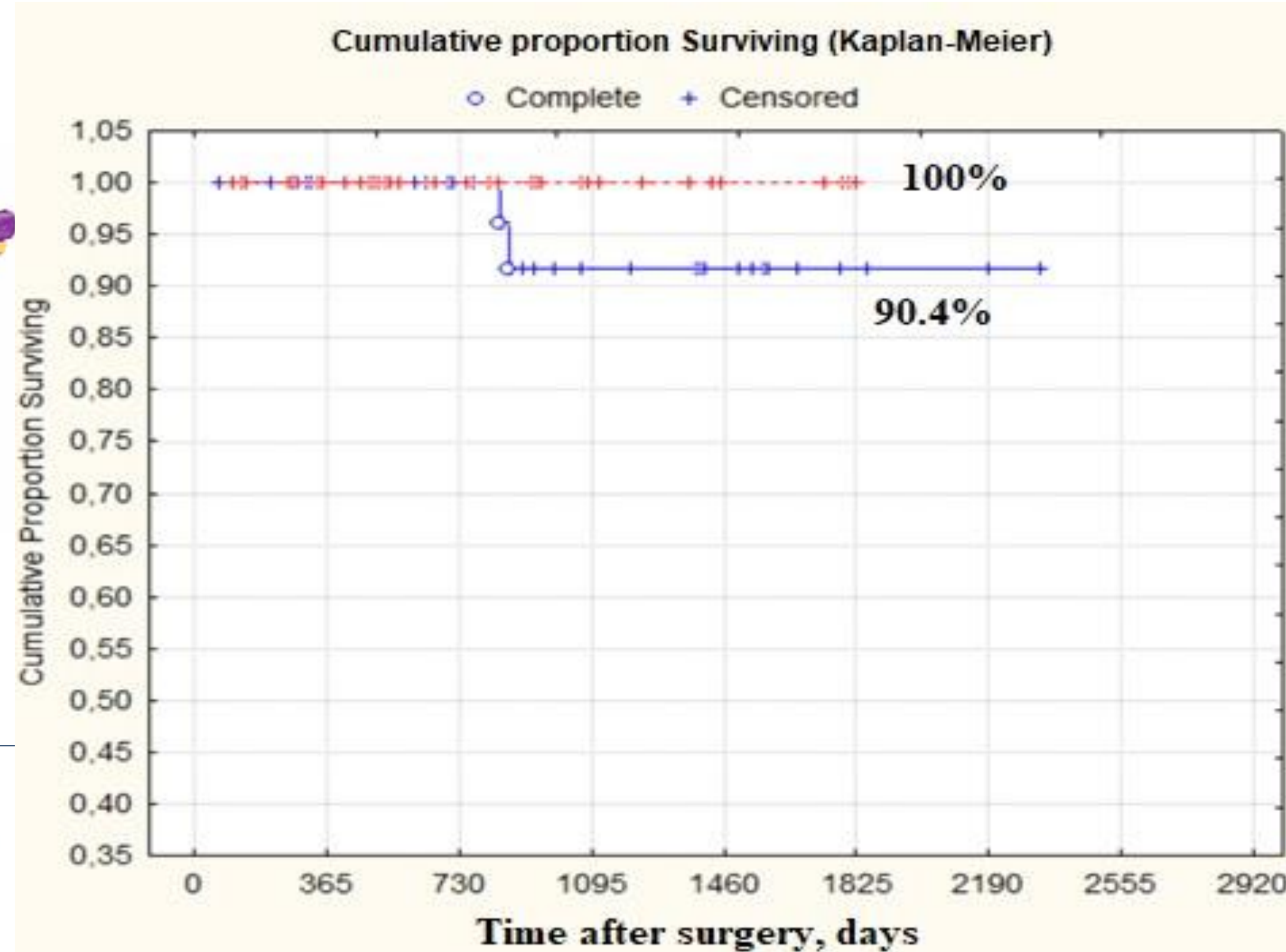
Variable	Paroxys AF n=53	Non Paroxys AF n=52	P
Age	61,7±7,7	62,3±6,7	0,657
male, n(%)	46(86,7)	45(86,5%)	0,969
female, n(%)	7(13,2%)	7(13,5%)	0,969
BMS, kg/m	29,7±4,08	29,7±4,2	0,978
CCS			
II	10(18,9%)	10 (19,2%)	0,827
III	34(64,1%)	30 (57,7%)	0,889
IV	9 (17%)	12 (23%)	0,877
MI, n(%)	28(52,8%)	21(40%)	0,201
STROKE, n(%)	4(7,5%)	5(9,6%)	1

NO STATISTICAL DIFFERENCE!!!

Results

Variable	Paroxys AF n=53	Non Paroxys AF n=52	P
MV, h.	8(5;14,2)	7,75 (5;13)	0,511
Length of the ICU stay, h.	19(15,8;47,2)	19(17,40)	0,894
lost in drain, mL	272±173	267,8±125,8	0,887
Recurrent AF / atrial flutter	7(13,3%)	15(28,8%)	0,05
- AF	6(11,3%)	14(26,9%)	0,049
- atrial flutter	1(1,9%)	1(1,9%)	1
Transient SND,n	2(3,8%)	1(1,9%)	0,986
SR at discharge	0	5(9,6%)	0,026
Pacemaker implantation, n	0	0	-

Follow –up (36 mo)



The 36-months cumulative freedom from MACCE The 36-months cumulative freedom from AF/atrial flutter

Conclusion

The outcomes of the Maze V procedure in this trial allow us to recommend this strategy for simultaneous treatment paroxysmal and non-paroxysmal AF in patients undergoing CABG.