

Alternate Strategies to Antiarrhythmic Therapy: The Role of Ablation
Outline, Key Points, and References
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Outline:

1. Introduction/Classification of Atrial Fibrillation
 - a. Paroxysmal, Persistent, Chronic/Permanent
2. Current treatment strategies
 - a. Rate control vs. Rhythm Control
 - b. How to choose
3. Antiarrhythmic therapy and drug choice
 - a. Selecting the appropriate agent, side effects, and monitoring
4. Ablation: Radiofrequency vs. Cryoballoon
 - a. Patient selection, how the procedures are performed, complications, and success rates
5. Monitoring following ablation and recurrence of arrhythmia
6. AV (atrioventricular) Node Ablation

Key Points:

1. Type of atrial fibrillation
 - a. Paroxysmal, Persistent, Chronic/Permanent
2. Two treatment strategies
 - a. Rate vs. Rhythm control
 - b. Individualized care is essential when treating atrial fibrillation
3. Two types of ablation
 - a. Radiofrequency vs. Cryoballoon
4. Ablation does not cure atrial fibrillation.

References:

Calkins, H., Kuck, K.H., Cappato, R. et al. J Interv Card Electrophysiol (2012) 33: 171.
doi:10.1007/s10840-012-9672-7

Kuck K-H, Brugada J, Fürnkranz A, et al. Cryoballoon or radiofrequency ablation for paroxysmal atrial fibrillation. N Engl J Med 2016;374:2235-2245

2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation:
Executive Summary VOL. 64, NO. 21, 2014 ISSN 0735-1097
<http://dx.doi.org/10.1016/j.jacc.2014.03.021>

Test Questions:

True/False: Ablation is a cure to atrial fibrillation.

True/False: Prior to initiation of antiarrhythmic medication it is vital to assess for the presence or absence of coronary artery disease, sinus node dysfunction, heart failure, and/or cardiomyopathies.

True/False: Pulmonary vein stenosis is a well-recognized complication of atrial fibrillation ablation.