STS/EACTS Latin America Cardiovascular Surgery Conference September 21-22, 2017 | Cartagena, Colombia

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Standalone and Concomitant Ablation: Challenges and Progress Javier D. Maldonado, MD



The Society of Thoracic Surgeons







Disclosures

Inc.,

• Speakers Bureau/Honoraria: Atricure, Edwards Lifesciences,

• From July 2007 to March 2017

- 2963 patients at Clinica Universitaria Colombia
- 187 atrial fibrillation ablations (all concomitant)
 - Same surgeon, same team, same line ablations for each group

- PHONE SURVEY TO 20 CARDIAC CENTERS IN COLOMBIA:
 - None lone ablations for permanent/persistent Afib







Five Groups

- MAZE III
 - Left & Right atrial ablations all with RF energy (bipolar)
- MAZE IV
 - Left & Right atrial ablations: mitral and tricuspid annulus ablations with cryo and the rest with RF energy (bipolar)
- MICS
 - Left atrial ablations with cryo
- LEFT MAZE:
 - Only left atrial ablations with RF energy (bipolar)
- Pulmonary Vein isolation
 - Bipolar RF energy

LEFT ATRIAL APPENDAGE:

2007 – 2013 Double running 5/0 prolene After 2013 Atriclip

Total group

Atrial Fibrillation (To

Gender (F/M)

Age

EF VI

CDI/PM (preoperative

Concomitant procedu

- Valve (mitral, ao
- CABG
- Ascending aorta
- ASD closure

Surgical technique:

- PV isolation
- Maze III
- Maze IV
- Left Maze
- MICS (Cryo)

MICS procedures

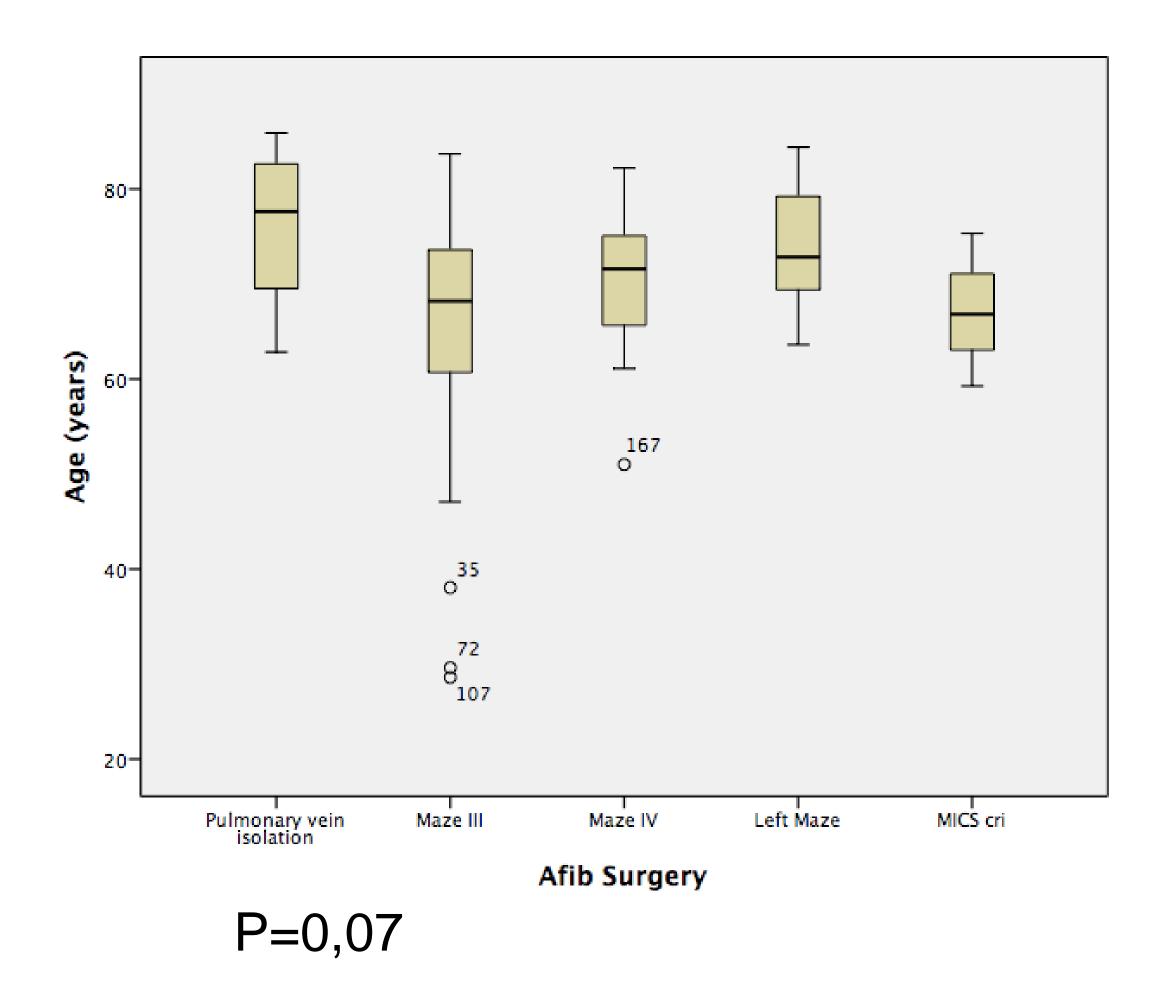
Cross clamp (min)

CPB (min)

ICU LOS

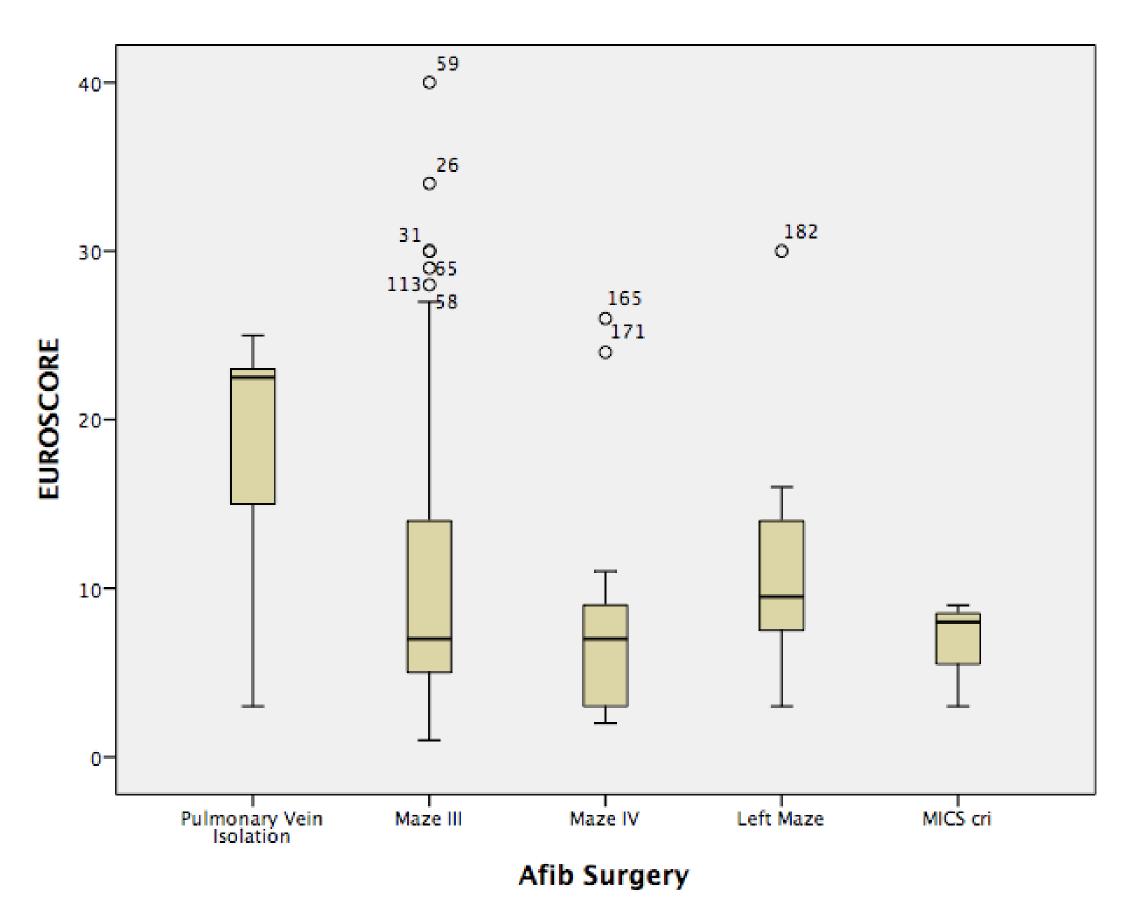
TOTAL LOS

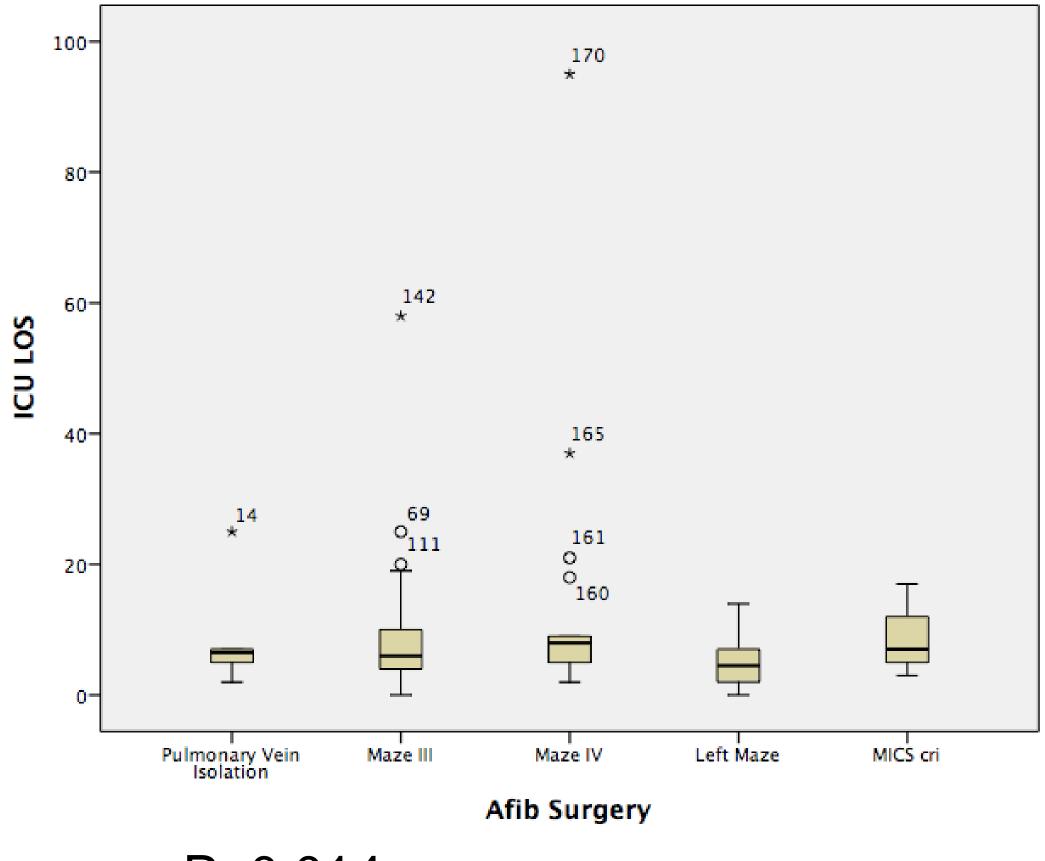
Total)	n = 187
	104 (55.6%) / 83 (44.4%)
	68,3 (± 9,77)
	50,59 (± 13,9)
/e)	8 (4,3%)
ure ortic, tricuspid) A	159 (85%) (23 (65,8%), 40 (21,4%), 92 (49,2%)) 47 (25,1%) 11 (5,9%) 17 (9,1%)
	24 (12,8%) 126 (67,4%) 19 (10,2%) 15 (8%) 3 (1,6%)
	9 (4,8%)
	87,71 (± 24,6)
	100,87 (± 43,5)
	7,93 (±9,09)
	16,83 (±16,97)



Age & EuroScore

P=0,217

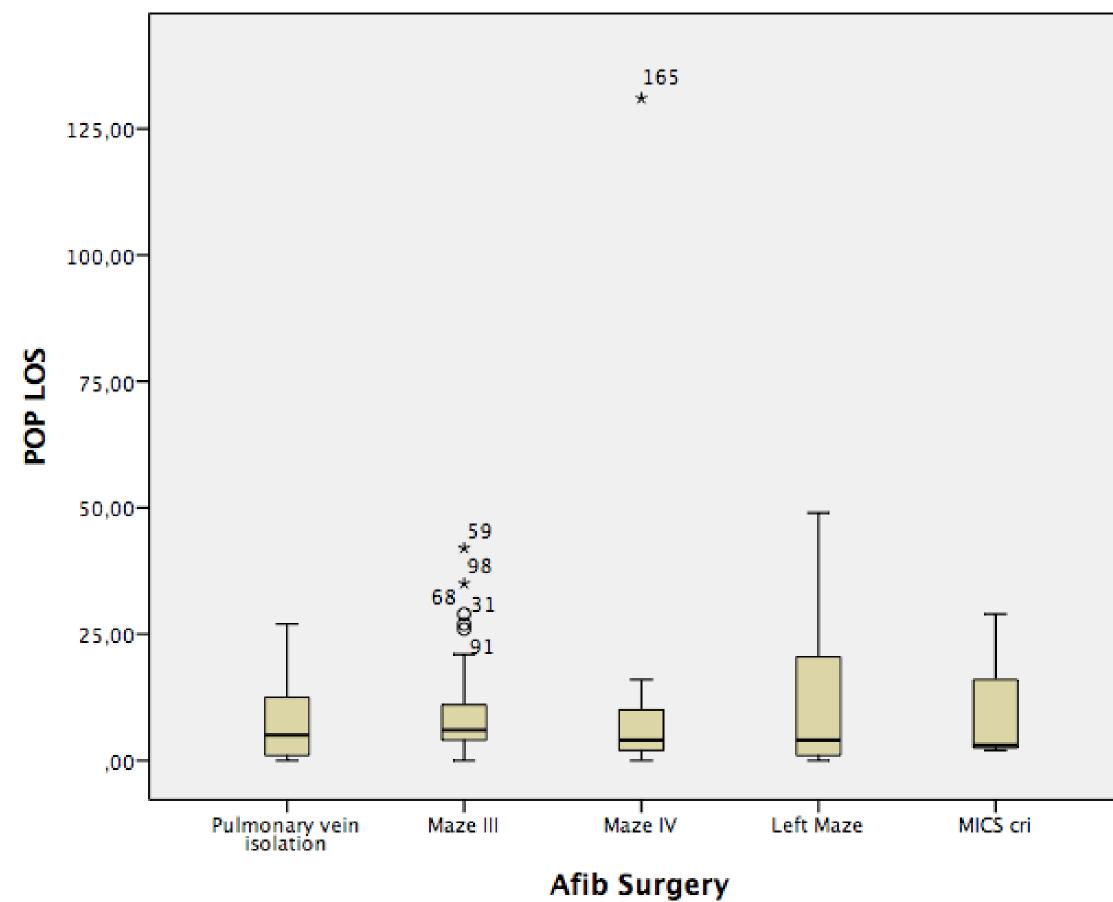


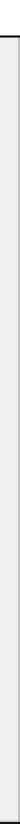


P=0,014

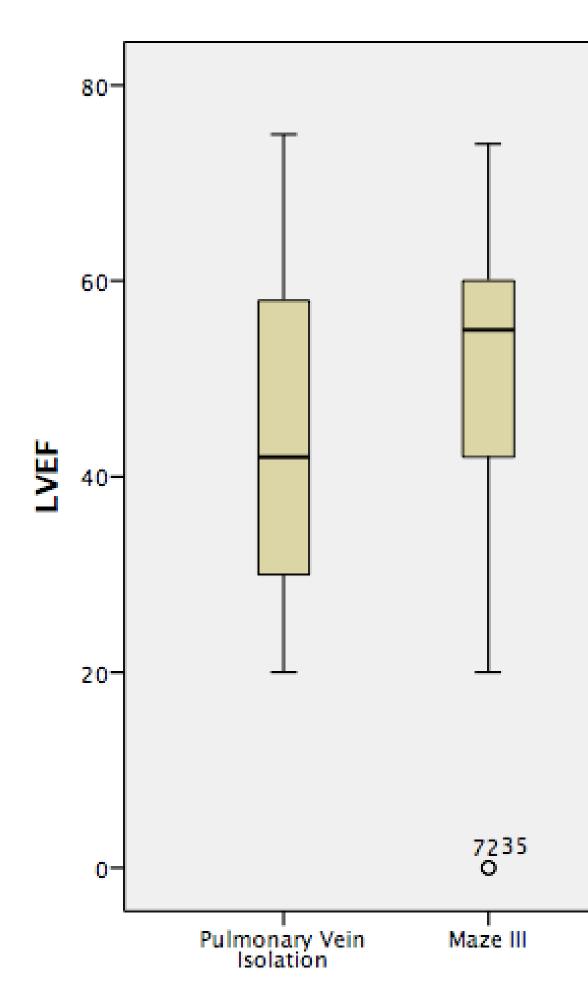
Lenght of Stay (LOS)

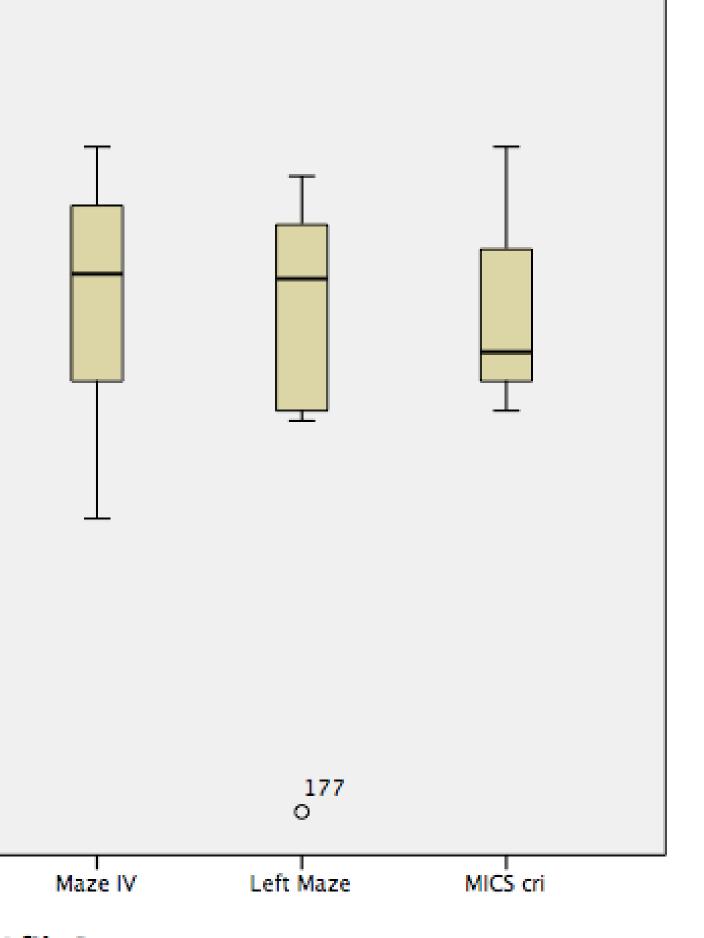
P=0,138





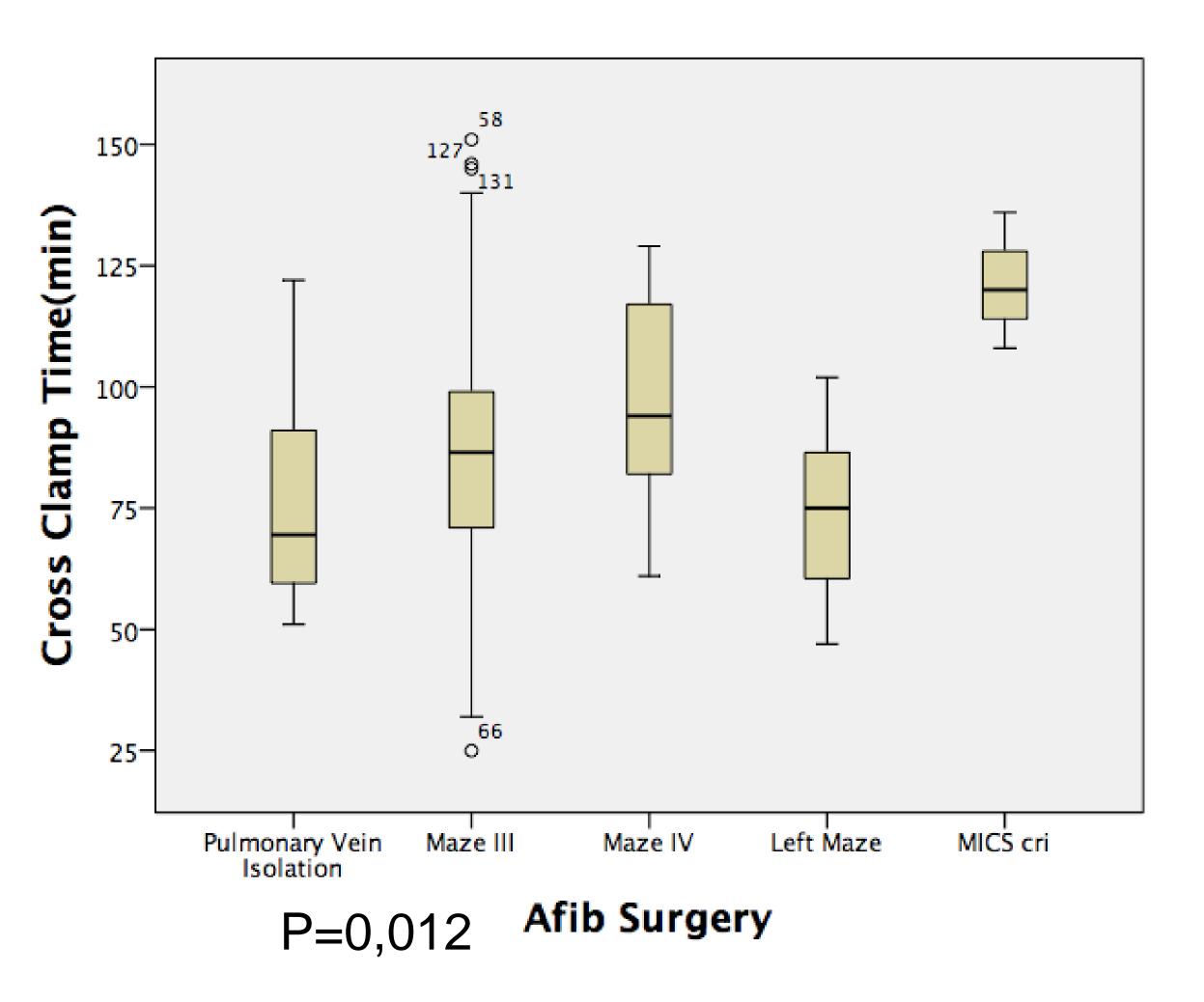
Left Ventricular Eyection Fraction





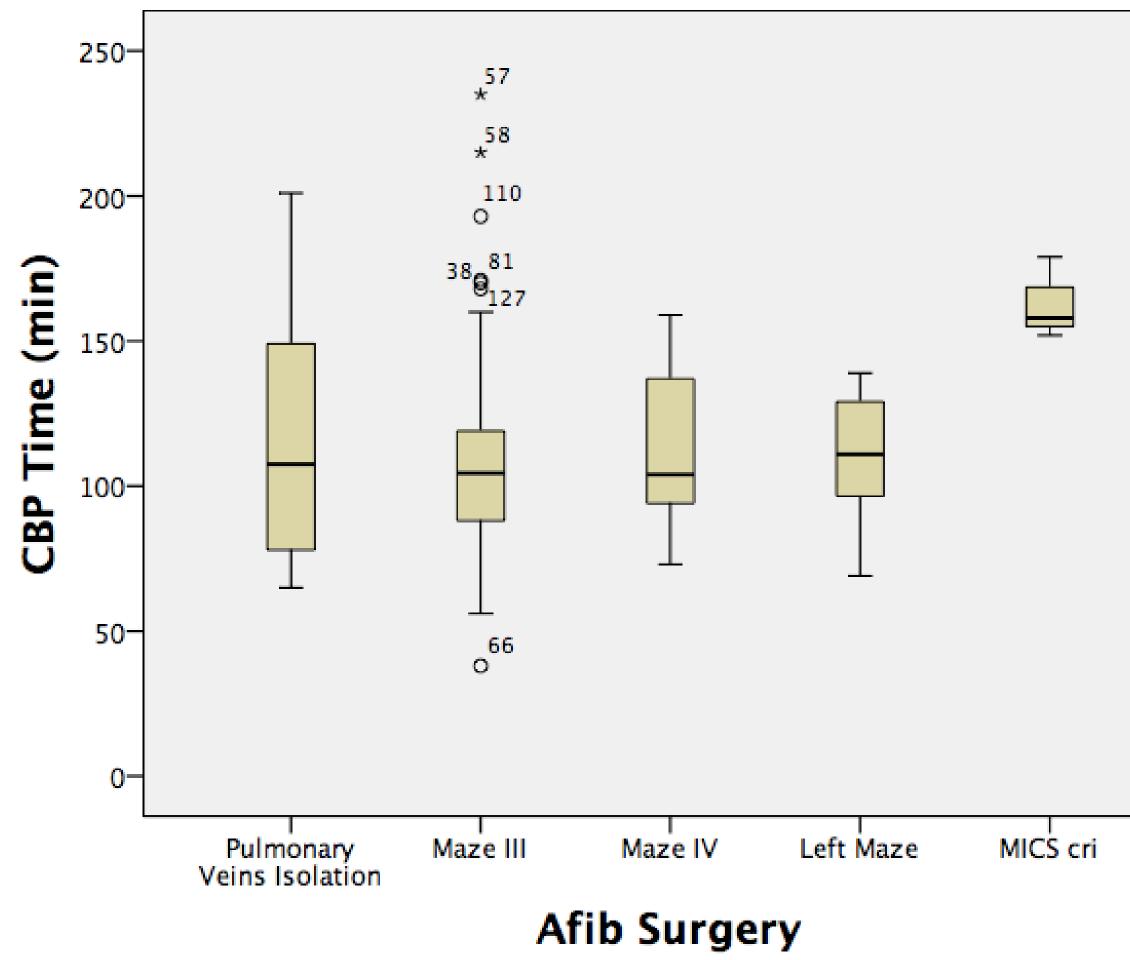
P=0,748

Afib Surgery



CPB times

P=0,001





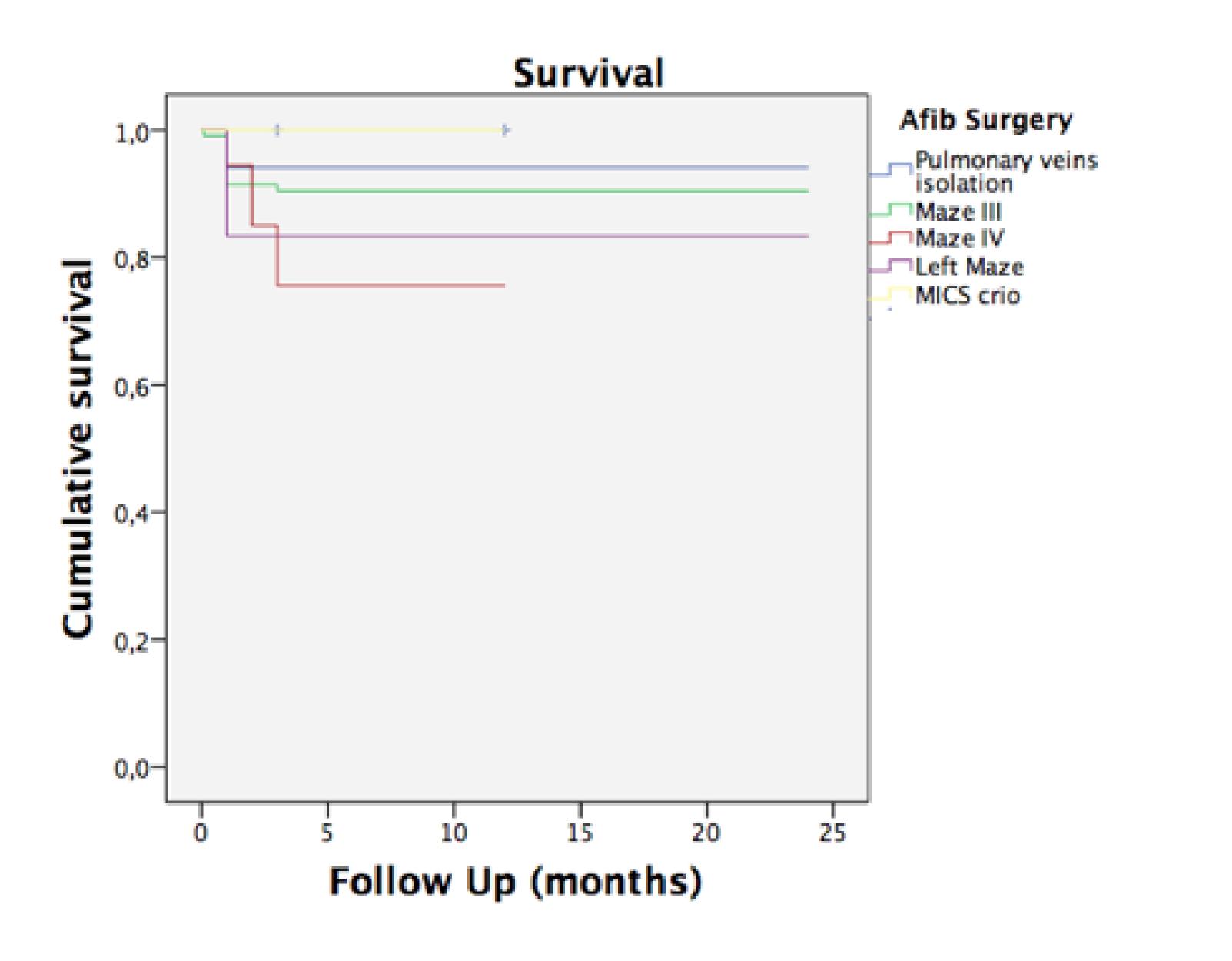
POP Permanent Pacemaker

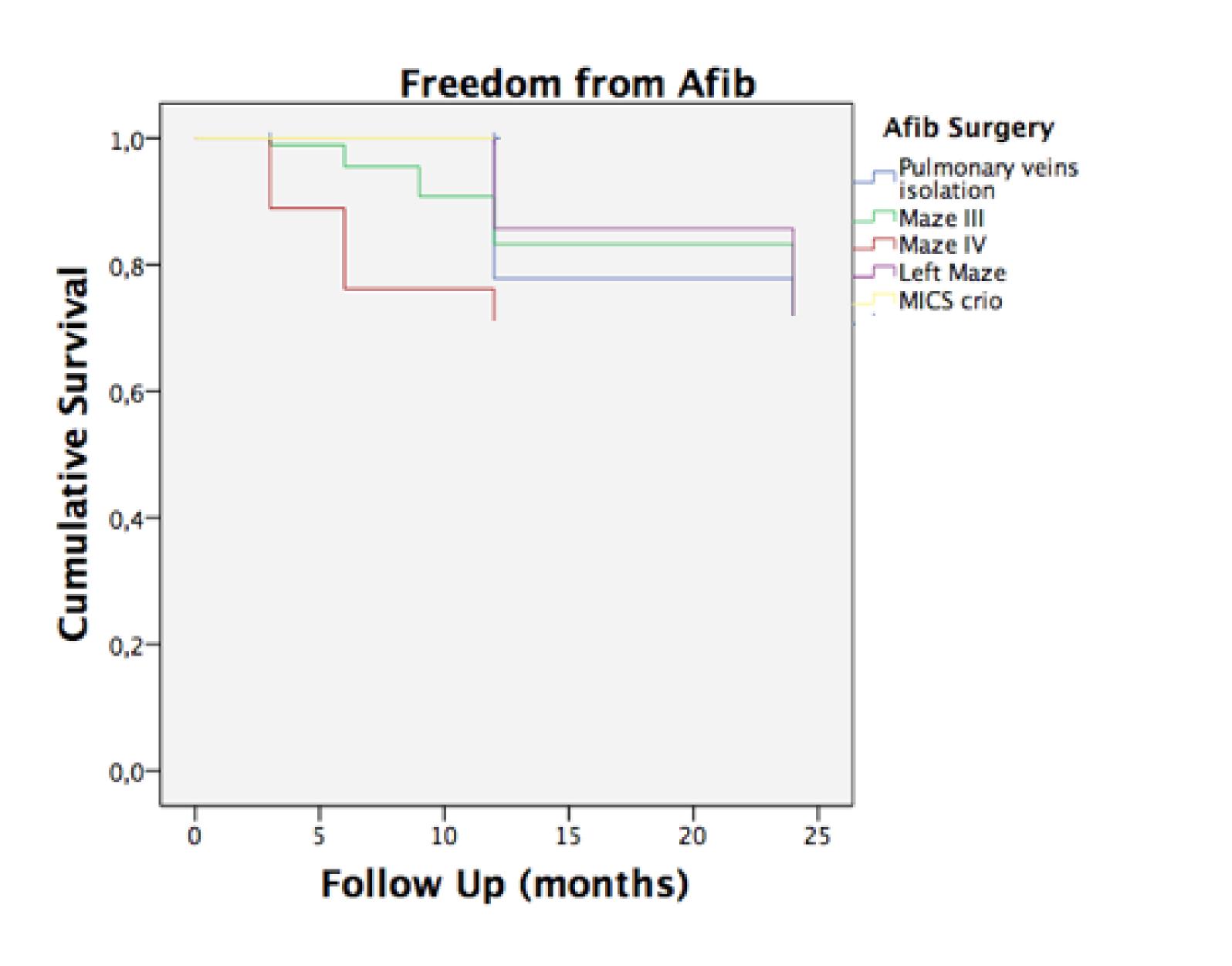
- Maze III:
- Maze IV:
- MICS:
- Left Maze:
- PV isolation:
- 34/126 4/19 0/3 1/15 0/24

p=0,019

(26.9%) (21.0%) (0%)(6.7%) (0%)







Conclusion

- Maze III has significantly more need of POP PM implant
 At 2 years follow up, Maze III and left Maze have 70,7 and
- At 2 years follow up, Maze III 70,0% freedom from Afib
- Althought follow up for Maze IV is still short (12 months), they have less need for PM and appear to have at least the same freedom from Afib as the rest of the groups (80%)
- As we are a national reference center our patients are a very sick population in need of our Heart Failure Clinic. This is reflected by the very high EuroScore, low EF and highincidence of double and triple valve procedures.

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Thank You



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