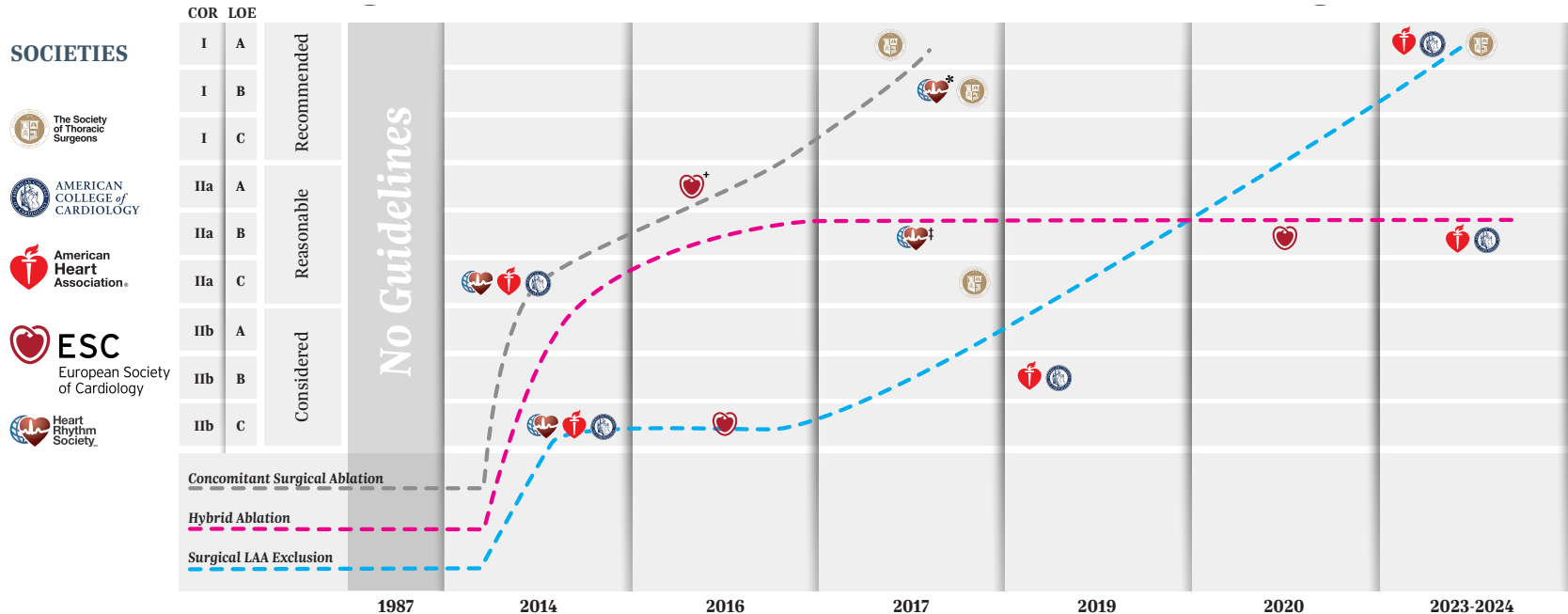


DO SOMETHING

ACT  
against Afib

# Do Something

Concomitant Surgical Ablation has a **Class I** Recommendation



A wealth of data led the Surgical Thoracic and Heart Rhythm Societies to make a Class I recommendation that patients with Afib undergoing valve or coronary surgeries receive surgical Afib treatment.<sup>1-6</sup>

# Cox Maze IV yields the highest efficacy for Afib treatment, but literature shows progressive efficacy for each additive lesion set of the Cox Maze IV.

## Lesion Set Options

Reported Experiences: 1–5 year retro and prospective peer-reviewed publications both on and off AADs

Approach	Reported Experiences w/ Surgical Ablation	Ablation Duration	Endocardial PVI Outcomes (Lone Afib)
Pulmonary Vein Isolation (PVI)	PAF ~50–90% <sup>2,14,19</sup>	+	PAF ~70% – meta-analysis <sup>11</sup>
	nPAF ~60% <sup>2,15</sup>		nPAF ~50% – meta-analysis <sup>11</sup>
Box Set Lesion (Box)	nPAF ~55–70% <sup>16,20</sup>	++	
Left Atrial Lesion Set (LAL)	nPAF ~73–86% <sup>17,18,21</sup>	+++	
Bi-Atrial Lesion Set (Maze)	nPAF ~80–90% <sup>7-9</sup>	++++	

Left Atrial Appendage Management (LAAM)	Effectiveness of LAAM Modalities
LAAM is often part of surgical ablation procedures	Epicardial Clip Exclusion: 97% (93-100%) <sup>22-32</sup> Excision: 74% (45-100%) successful closure <sup>33,34,36</sup> Staple Ligation: 56% (0-71%) successful closure <sup>33-35</sup> Suture Ligation: 36% (23-49%) successful closure <sup>33-36</sup>

The success of various procedures may be influenced by several factors, which may predict the outcome, such as duration of pre-procedural Afib, type of Afib, lesion set performed, left atrial size, patient's age, atrial fibrillation wave <1.0mm, experience of the operator, left atrial reduction, and device used.

\*AVR/CABG concomitant ablation Class I LDR for symptomatic persistent and long-standing persistent "refractory or intolerant to at least one Class I or III antiarrhythmic medication."

AADs: antiarrhythmic drugs

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