close to prevent thrombosis in patients with atrial fibrillation (AF) in China.

**METHODS** We selected non-valvular atrial fibrillation patients with the age \( \geq 18 \); CHADS\(_2\) score \( > 1 \); not suitable for long-term use of warfarin; warfarin anticoagulant drug allergies and long-term use of poor compliance, and oral administration of aspirin and clopidogrel may be at least 3 months after procedure. Transcatheter implantation of LAmbre was performed in LAA to prevent thromboembolism.

**RESULTS** The cohort included 21 consecutive patients who underwent LAA closure with the LAmbré system. The mean age of the patients enrolled was 66.9 \( \pm \) 8.7 years. These patients accumulated 6.7 person-years of follow-up, and with an average follow-up of 6.0 \( \pm \) 2.9 months. The mean CHADS\(_2\) score was 2.4 \( \pm \) 1.0, CHA\(_2\)DS\(_2\)-VASc score was 3.6 \( \pm \) 1.3, and HAS-BLED score was 2.0 \( \pm \) 0.6. Acute procedural success and discharged success were achieved in 100% of patients. Mean procedure duration was 59.3 \( \pm \) 14.6 minutes, however, there were 2 cases in patients with replacement of LAA occluder. Transesophageal echocardiography demonstrated LAA leakage in 4 patients. Early pericardial effusion was noted 6 patients (28.6%) and late pericardial effusion was diagnosed in 2 patients (9.5%). The 8 patients who had early or late pericardial effusion were not found obvious clinical symptoms and were treated with conservative therapy and did not require percutaneous drainage. One patient had a right cerebellar hemisphere infarction.

**CONCLUSIONS** This single-center experience revealed that LAA closure with LAmbré system to prevent thrombosis in patients with AF in China is safety and feasibility.

**GW26-e4428** Relative risk factors of atrial fibrillation in Xinjiang Uygurs and Hans patients

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**OBJECTIVES** To investigate the risk factors of atrial fibrillation (AF) in Xinjiang Uygurs and Hans patients, and compare differences in clinical characteristics and associated risk factors between Uygurs and Hans patients.

**METHODS** 207 cases were collected, which involved Hans and Uygurs patients. To investigate the risk factors of atrial fibrillation in Xinjiang Uygurs and Hans patients, and arterio-venous fistula (RAV) and left atrial appendage occlusion were performed in all patients. Furthermore, the incidence of complications with the use of CF sensing catheter and standard non-force sensing catheter. Compared with standard non-force sensing catheter group, ablation time (SMD = 0.49, 95% CI = 0.27–2.90, \( P = 0.83 \)), groin hematomas (RR = 0.85, 95% CI = 0.19–3.4, \( P = 0.83 \)), and arterio-venous fistula (RR = 0.63, 95% CI = 0.08–4.92, \( P = 0.66 \)) were no statistically significant difference between the use of CF sensing catheter and standard non-force sensing catheter. Compared with standard non-force sensing catheter group, ablation time (SMD = 0.49, 95% CI = 0.27–2.90, \( P = 0.83 \)), and radiation dose (SMD = 0.38, 95% CI = 0.65–0.11, \( P < 0.01 \)) of CF sensing catheter group were significantly shortened.

**CONCLUSIONS** This systematic review and meta-analysis indicates that ablation for paroxysmal AF with the use of CF sensing catheter produces a better outcome compared to using standard non-force sensing catheter during the 12-month follow-up period. The major findings are of a significantly higher first time procedural success rate with CF sensing catheter following paroxysmal AF ablation, and a significant reduction in ablation time, procedure duration, fluoroscopy duration and radiation dose with CF sensing catheter in all patients. Furthermore, the incidence of complications with the use of CF sensing catheter was not higher than using standard non-force sensing catheter.

**GW26-e0088** Long Term Efficacy of Enhanced Ablation on PVA isolation using Remote Magnetic Navigation in Patients with Atrial Fibrillation

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**OBJECTIVES** The aim of this study is to assess the long-term efficacy of enhanced ablation in PVA guided by remote magnetic navigation (RMN) in patients with AF.

**METHODS** Forty consecutive patients with refractory non-valvar AF were randomized into a conventional ablation group (CAG, \( n = 20 \)) or an enhanced ablation group (EAG, \( n = 20 \)). PVA isolation was achieved by creating a single ablation circle at the PVA in the CAG and closely spaced multiple ablation circles in the EAG. Left and right sided PVA were isolated successively within 12 months, which was significantly improved by the use of CF sensing catheter, compared with standard non-force sensing catheter (RR = 0.49, 95% CI = 0.22–0.76, \( P < 0.01 \)).

**RESULTS** A total of six studies involving 265 patients in CF group and 465 patients in non CF group were included. The primary efficacy parameter was AF recurrence within 12 months, which was significantly improved by the use of CF sensing catheter, compared with standard non-force sensing catheter (RR = 0.49, 95% CI = 0.27–2.90, \( P = 0.83 \)), groin hematomas (RR = 0.85, 95% CI = 0.19–3.4, \( P = 0.83 \)), and arterio-venous fistula (RR = 0.63, 95% CI = 0.08–4.92, \( P = 0.66 \)) were no statistically significant difference between the use of CF sensing catheter and standard non-force sensing catheter. Compared with standard non-force sensing catheter group, ablation time (SMD = 0.49, 95% CI = 0.27–2.90, \( P = 0.83 \)), and radiation dose (SMD = 0.38, 95% CI = 0.65–0.11, \( P < 0.01 \)) of CF sensing catheter group were significantly shortened.

**CONCLUSIONS** This systematic review and meta-analysis indicates that ablation for paroxysmal AF with the use of CF sensing catheter produces a better outcome compared to using standard non-force sensing catheter during the 12-month follow-up period. The major findings are of a significantly higher first time procedural success rate with CF sensing catheter following paroxysmal AF ablation, and a significant reduction in ablation time, procedure duration, fluoroscopy duration and radiation dose with CF sensing catheter in all patients. Furthermore, the incidence of complications with the use of CF sensing catheter was not higher than using standard non-force sensing catheter.