ARRHYTHMIAS

DOES LEFT ATRIAL APPENDECTOMY PROTECT AGAINST STROKE IN PATIENTS UNDERGOING THE MODIFIED MAZE PROCEDURE?

Poster Contributions
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Background: We aim to evaluate whether performing a left atrial appendectomy in the context of the modified Maze procedure reduces the long-term risk of stroke even after stopping oral anticoagulation.

Methods: This is a cohort study of all patients who underwent the Maze procedure from June 2005 to January 2012, excluding patients who received a mechanical valve replacement. All patients also received concomitant cardiac surgery along with amputation of the left atrial appendage. Data was prospectively collected at 3 months, 6 months, 1 year, 2 years and 3 years after the surgery with an interview and Holter monitoring. All patients received anticoagulation for 3 months, after which time, anticoagulation was decided by the treating physician's preference. Patients were divided at the 6 months time point into two groups: those on and off of anticoagulants.

Results: In total, there were 96 patients, of whom 61 were treated with anticoagulation (Group A) and 35 were not (Group B). There were no significant differences between the two groups in terms of stroke or bleeding risk, in particular, the persistence or recurrence of atrial fibrillation (A:13.1%, B:14.3%, p=1.0), CHADS2 score (A:1.36±0.13, B:1.14±0.19, p=0.28), left atrial size (A: 48.3±1.0 mm, B: 47.1 ± 1.4 mm, p=0.41), HASBLED score (A:1.98±0.12, B:2.26±0.20, p=0.31) or duration of atrial fibrillation (A:31±6 mo, B:77±22 mo, p=0.29). The follow up for all patients was 264 patient-years, with an average of 2.8 years per patient. Over this follow-up period, only one patient in Group A experienced a fatal stroke at two years post-operatively (p=0.48). There were 4 bleeding events, 3 of which occurred in the first 3 months while on anticoagulation and the remaining event occurred in Group A at 3 years post-operatively (p=0.10). A lower mortality rate was observed in Group B, which was not significant (A:2.3 per 100 patient-years, B:1.1 per 100 patient-years, p=0.51).

Conclusions: Due to the remarkably low stroke risk following the Maze procedure regardless of anticoagulation strategy and the presence of atrial fibrillation, it may be safe to stop anticoagulation 3 months after surgery provided that amputation of the left atrial appendage is performed.