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CATHETER ABLATION OF WOLFF-PARKINSON WHITE SYNDROME: 14-YEAR TRENDS IN UTILIZATION AND COMPLICATIONS IN THE UNITED STATES

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 10:00 a.m.-10:45 a.m.

Session Title: Epidemiology of Arrhythmias and Arrhythmia Syndromes
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Background: The aim of this study was to determine the temporal trends in utilization of catheter ablation of Wolff-Parkinson White syndrome (WPW) in the United States.

Methods: All patients aged ≥18 years with a primary diagnosis of WPW syndrome (International Classification of Diseases, Ninth Edition, Clinical Modification [ICD-9-CM] code 426.7) from 1998-2011 were included in the analysis. Patients with supraventricular and ventricular arrhythmias were excluded. Patients who underwent catheter ablation were identified using ICD-9-CM procedure code 37.34. Temporal trends in catheter ablation were analyzed using chi2 test. Census data were used for population estimates in order to calculate time trends in utilization rates.

Results: Mean age in our study population was 37.3 ± 14.2 years. A total of 2,329 catheter ablations were performed from 1998 to 2011. The utilization trends of catheter ablation has steadily declined from 3.04 procedure/million population in 1998 to 2.24 procedure/million population in 2011 (p trend <0.001)(figure). The overall rate of any complications was 4.4%, cardiac complications 2.2 %, postoperative hematoma 1.33 %, complete heart block 1%, and pericardial complications 0.9%. There was no in-hospital mortality.

Conclusion: Catheter ablation for WPW syndrome is a relatively safe procedure associated with low burden of morbidity and mortality.