WOMEN HAVE A HIGHER COMPLICATION RATE WHEN UNDERGOING ABLATION FOR ATRIAL FIBRILLATION

ACC Poster Contributions
Georgia World Congress Center, Hall B5
Sunday, March 14, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Clinical Electrophysiology--Supraventricular Arrhythmias
Abstract Category: Clinical Electrophysiology--Supraventricular Arrhythmias
Presentation Number: 1079-130

Authors: Aysha Arshad, Naga Vamsi Garikipati, VijayaPraveena Paruchuri, Akshay Avula, Suneet Mittal, Jonathan S. Steinberg, St. Luke’s and Roosevelt Hospitals, New York, NY

Introduction: Gender has proved to be important in the presentation, management and outcomes of many cardiovascular conditions including atrial fibrillation (AF). Advances in the management of AF have lead to an increasing number of symptomatic patients being referred for catheter ablation, yet, there is limited data on the gender difference in procedure outcomes.

Methods: A retrospective analysis of 567 consecutive patients referred for AF ablation was performed. All patients underwent complete pulmonary vein isolation with/without linear lesions depending on type of AF. Antiarrhythmic drugs were discontinued at 3 mos following the procedure unless AF continued. Male and female patients were treated identically. Procedure success was defined as freedom of AF without drugs at 12 mos.

Results: Ablation was performed on 164 (29%) females and 403 (71%) males. Females were older (61±10 vs. 56±11 yrs; p<0.001) and more likely to have HTN (47% vs. 39%; p=0.04) and DM (14% Vs 8%; p=0.01) but less likely to have LV dysfunction (8% vs. 18%; p=0.02). Duration of AF symptoms was median 5.5 years for females and 3.5 years for males (p=0.25). The AF patterns were similar, paroxysmal in 86% of females and 80% of males. The complication rate was 4-fold higher in females (2.3% vs. 0.6%; p=0.05), largely due to increased femoral vascular complications. Successful outcomes were similar in females and males, 67% and 68% (p=0.7) respectively and there was no difference in the need for repeat procedure (24% vs. 23%; p=0.8). Adjusting for age, gender was the only significant variable predicting complications. (HR= 4.6, p=0.04; CI 1.1-20.5).

Conclusions: This is the largest series of AF ablation that examined gender and procedure outcomes. Women tend to be referred later in their AF course, and have more comorbidities. Women had an excellent long-term response, similar to men, but a higher procedural complication rate.