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Thoracoscopic ablation of pulmonary veins in treatment standalone atrial fibrillation: First experience in Kazakhstan

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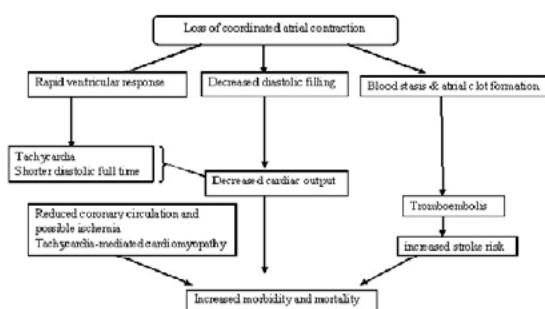
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Aim: To estimate results of thoracoscopic radio-frequency ablation pulmonary veins in standalone atrial fibrillation.

Methods and materials: In our hospital during 2015-2017 years thoracoscopic ablation of pulmonary veins was done in 13 patients with paroxysmal and long standing persistent atrial fibrillation (AF). Operation technique included ablation of pulmonary veins, Marshall's ligament coagulation, resection of left atrial appendage and epicardial mapping to identify exit block and entrance block. Contraindications were: left atrial appendage thrombosis (for monopolar ablation), weakness of the sinus node, adhesive process in pericardium, adhesive process in pleural cavity, chronic obstructive bronchitis of the lungs (difficult long term one lung ventilation), atrium size less than 55mm. 13 patients: 9 men, 4 women, mean age 58 years (33-74 years), long standing persistent AF-12 patients, paroxysmal AF-1 patient, mean time of AF-4.2 years (3 month-20 years), mean size of left atrium 4.3±0,9cm, primary catheter ablation were done in 5 patients, EF LV 54% (36-67%), mitral regurgitation was in 3 patients, LV EDV-148 ml (101-223ml). After operation all patients were treated with amiodarone 200 mg per day and anticoagulation therapy with warfarine 6 months. Control efficacy of the treatment were done by 24-Hour Holter Monitor during 1,3,6 months after operation, mean time of follow-up 180 ±19 days.

Findings: All patients were on sinus rhythm after operation and up to 6 months. Average time of hospital stay is 8 days. One patient was readmitted to the hospital due to atrial flutter which was treated in CatLab by ablation of cava-tricuspid isthmus. Recurrent atrial fibrillation after 6 months was in 1 patient.

Conclusion: Thoracoscopic ablation of pulmonary veins is a perspective method of treatment standalone atrial fibrillation, accompanied with high efficiency 90.9% in mid-term follow-up, especially in non-effective catheter ablation, with low complications and fast recovery period. Our clinic has the first experience in Kazakhstan on the treatment of atrial fibrillation of thoracoscopic radio-frequency ablation pulmonary veins.



Biography

Raushan Sadykova graduated from the Kazakh National Medical University in 2009. In 2016, she completed residency in cardiology at the Meshalkin Clinic, the Russian Federation. She works as a cardiologist in the cardiology department of the National Surgical Center named after A. Syzganov, in Almaty. My work includes examination, treatment in pre-operative and post-operative period, observation of patients in the long-term postoperative period, checkup in dynamics. She is interested by the results of early and long-term follow-up of patients with hypertrophic obstructive cardiomyopathy. Her heart team includes: the head of the department, cardiac surgeons and cardio-anesthetists. The department performs all types of cardiac surgery. We follow the latest information of the world experience of surgical, drug treatment of cardiac patients. The work of our team is constantly analyzed by an individual approach to the diagnosis, observation and treatment of each patient. The experience of European countries is interesting for us too. This conference will be the first experience of international speech.

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