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Implantable loop recorders for long-term monitoring of patients undergoing typical right atrial flutter ablation to detect atrial fibrillation and its implications for long-term oral anticoagulation therapy

In patients who have no documented Atrial Fibrillation (AF) and are undergoing Atrial Flutter (AFL) ablation, current guidelines suggest discontinuation of oral anticoagulation (OAC) one month after successful AFL ablation if there is no documented AF. A considerable number of patients have subsequent atrial fibrillation (AF) and maybe at risk for thromboembolism (TE). We conducted a retrospective study at Washington Hospital Center in a group of 29 patients who are being monitored, post catheter ablation for AFL, with implantable loop recorders (ILR). We investigated their OAC regimen, their CHA2DS2-Vasc score, recurrence of AFL, episodes of subsequent AF, and any complications related to TE or bleeding. Among these 29 patients, 19 of them (67.85%) had subsequent AF. Among the patients who had subsequent AF, 1 had a CHADS-VASc of <2 and 18 had 2 or greater. No bleeding or ischemic complications was reported. Among the 19 patients who had subsequent AF which: 8 patients (42.11%) were on OAC and 11 pt (57.89%) were not on OAC when AF was detected, 14 patients (73.69%) were symptomatic and 5 (26.31%) were not. A considerable number of patients with AFL may develop AF with its concomitant risks of TE. Our retrospective analysis suggests, patients with high CHA2DS2-VASc score (>2) may be best served with implantation of ILR for long-term monitoring of subclinical AF after flutter ablation. Prospective studies are needed to come up with clear guidelines about long-term monitoring of patients post-ablation of AFL, both for occurrence of AF and the risk of TE.

Biography

Sarfraz Durrani is the Director of Technology in Electrophysiology at MedStar Heart Institute & Cleveland Clinic. He finished his Electrophysiology fellowship at Duke University Medical Center. His areas of expertise are complex catheter based ablations of cardiac arrhythmias, including atrial fibrillation, ventricular tachycardia, WPW and atrial tachycardia and other SVT's, epicardial (VT and SVT) ablations, pioneered new techniques for epicardial ablations, cryo-ablations and radiofrequency ablations for atrial fibrillation and left atrial appendage occlusion implants (Watchman).

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