Abstract: P806

5-year prognosis of patients with atrial fibrillation that developed after cardiac surgery with sternotomy

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Background. Paroxysms of atrial fibrillation (AF) are the most common complication of cardiac surgery with sternotomy: their frequency reaches 30% of cases with coronary artery bypass grafting (CABG), 40% with heart valve surgery, and up to 50% with combined interventions and associated with a twofold increase in the risk of death, a 5-fold increase in stroke and increases the duration of in-patient rehabilitation by 1.5-2 times. The long-term prognosis, the duration of antiarrhythmic and anticoagulant therapy in case of development of postoperative AF requires clarification.

Purpose. To evaluate the 5-year prognosis and practice of outpatient management of patients with AF paroxysm, which developed for the first time after cardiac surgery with sternotomy.

Methods. The study included 110 patients (63.6% - men, 65.5 ± 9.4 years) in whom cardiac surgery with sternotomy (CABG - 70%, prosthetic heart valves - 11.8%, combined surgery (18.2%) was complicated by the development of AF. The source of information on cardiovascular events, drug therapy in the long-term period (58.4 ± 6.8 months) was medical documents, face-to-face survey data and patient examinations or telephone interviews.

Results. The single AF paroxysm in the early postoperative period occurred in 75.5%, repeated AF in 24.5% of the operated patients. The average developmental period of AF was 4.8±1.9 days (1-5 days), duration - 11.2±4.5 hours, 56.4% of paroxysm was stopped with amiodarone infusion, 1.8% with cardioversion. Amiodarone was prescribed orally for 22.7% of the patients before discharge, 3.6% - sotagexal, and 73.7% - beta-blockers. After 3 months, amiodarone was taken 2%, sotagexal - 1.8%, beta-blockers - 79.3%, by the end of the observation period - 8%, 6.3% and 85.7% of patients, respectively. 92% of patients were constantly monitored by a cardiologist for 3 months, 56% - during the entire observation period. AF recurrence developed in 32.7% of patients: in 7.3% after 1-3 months, in 13.7% during the first and in 19.2% the second year after surgery. The average AF recurrence rate was 6.5% per year according to a 5-year follow-up. Anticoagulant therapy at discharge was prescribed to 38.2% of patients, 27.5% of patients took it regularly after 12 months, 15.4% - after 24 months. and 9% at the end of the observation period. 1.8% of patients underwent stroke, 10% - recurrence of angina pectoris, 2% - myocardial infarction, 27% were hospitalized urgently. Conclusion. The frequency of AF recurrence in patients after cardiac surgery with sternotomy was 6.5% per year according to a 5-year follow-up. The highest probability of recurrence of AF (13.7%) was observed at 1 year after surgery. Stroke developed in 1.8% of patients with recurrent AF who did not receive anticoagulants. The rationale for the duration of anticoagulant and antiarrhythmic drugs at the outpatient stage, the principles of the dynamic observation and adherence to treatment of these patients require further study.