Abstract: **P1021**

**Comparison of general anesthesia and conscious sedation in paroxysmal atrial fibrillation catheter ablation: a prospective randomized study**

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Background: Catheter ablation of paroxysmal atrial fibrillation (AF) can be performed under general anesthesia or conscious sedation. The influence of sedation level on procedural characteristics and ablation outcome is not entirely known.

Methods: We have randomized 150 patients to paroxysmal AF catheter ablation under general anesthesia (group 1, n = 77) or conscious sedation (group 2, n = 73). A point-by-point radiofrequency (RF) catheter ablation with isolation of all pulmonary veins and elimination of adenosine-mediated dormant conduction was done in all patients. Antiarrhythmic medication was discontinued before ablation in all patients. During twelve months of follow-up all patients underwent four times 7-day ECG monitoring and at the end of follow-up any episode of atrial fibrillation after ablation was considered as procedure failure.

Results: There was no difference between both groups in AF recurrence (28.6% vs. 31.5%, p=0.695). Group 2 had longer procedure time (160 min ± 32.1 vs. 132min ± 31.5., p ? 0.001), longer time of RF energy application (40 ± 15 vs. 29 ± 11 min., p?0.001) and longer fluoroscopy time (6.2 min±5.3 vs. 4.3min±2.2, p? 0.001).

Conclusion: Catheter ablation of paroxysmal atrial fibrillation performed under general anesthesia is associated with shorter procedure time, shorter time of RF energy application and shorter fluoroscopy time compared to ablation under conscious sedation. However, it is not associated with better ablation outcome.