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New aspects of management of patients with long-term persistent atrial fibrillation before extracardiac interventions.

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Surgery in patients with atrial fibrillation is always an additional risk of thromboembolic complications. In the modern era of direct oral anticoagulants, the risk of bleeding is much lower, due to the lack of need for a Bridge, but at the same time, there is no clear position on the strategy of management of patients with long-term current atrial fibrillation in the tactics of rhythm control or heart rate control.

In our clinic we examined 772 before surgical intervention high risk. Of these, atrial fibrillation was diagnosed in 366 patients. 121 patients had a persistent or long-persistant form of arrhythmia. To determine the tactics, we performed a transesophageal echocardiographic study to assess intracardiac hemorheology. 109 studies were performed. 35 patients received rivaroxaban, 29 dabigatran, 19 apixaban, 26 patients did not receive anticoagulant therapy. Disorders of intracardiac hemorheology that do not allow to perform a planned cardioversion, such as blood clots and spontaneous contrast 3-4 degrees, were detected in 78% of patients not receiving anticoagulant therapy, 56% of patients receiving dabigatran, 52% of patients receiving rivaroxaban and 38% of patients receiving apixaban. Among patients with disorders of intracardiac hemorheology, unreasonably reduced doses were taken by 78% of patients. Patients with thrombotic disorders proposed to enter the perioperative period in accordance with the strategy of heart rate control and correction doses of anticoagulant therapy.

Thus, based on our observations, we recommend transesophageal echocardiography before elective surgery in all patients with persistant AF to determine the feasibility of restoring the sinus rhythm before surgery.