Abstract: P2835

**Feasibility and safety of same day discharge after radiofrequency catheter ablation for paroxysmal atrial fibrillation**

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**Background**
Atrial fibrillation catheter ablation (CA) is the most frequent arrhythmia ablation and accounts for a significant proportion of treatment cost. Same day discharge (SDD) after paroxysmal atrial fibrillation (PAF) ablation is an attractive strategy for both patients and hospitals.

**Objective**
To understand the eligibility criteria and outcomes for PAF patients who can safely undergo same day discharge after radiofrequency catheter ablation.

**Methods**
Patients undergoing CA for PAF were evaluated for SDD at a pre-procedure visit to assess the risk of groin, respiratory, cardiac or bleeding complications. Eligibility criteria for SDD were stable anticoagulation and absence of bleeding history, systolic/diastolic heart failure, or interventional procedures within 60 days, with recommended BMI <35. Patient proximity to the hospital was also considered. Anesthesia included propofol with endotracheal intubation and all patients were ablated with a porous tip contact force catheter (STSF). Patients were on bed rest for 6 hours post-procedure, then ambulated intermittently for 1-2 hours. Discharge followed if they were stable with no evidence of vascular access complications or bleeding. A dedicated RN telephoned patients the following morning to ask a series of standard questions designed to elicit evidence of any complications.

**Results**
52 procedures were identified for SDD, with 7 patients declining. 45 planned SDD procedures for 43 patients occurred 4/17-6/18. Average age was 57 ± 11 years and CHA2DS2-VASc was 1.5 ± 1.1 at procedure. Procedure time was 69 ± 26 min (IQR: 49 - 84 min) with maximum fluoroscopy usage of 0.2 min and 508 ± 149 mL of fluid infused through the catheter. Two patients stayed overnight due a groin bleed and atelectasis with fever, and one chose to stay for comfort. The remaining 42 discharges occurred after 7.2 ± 1.0 hours in recovery, with no SDD-related complications and no required return visits after the follow-up call. There were 3 AF recurrences (6.7%) as of the 10 week visit.

**Conclusion**
Appropriate low risk patients identified by simple clinical criteria can be safely discharged the same day after CA of PAF. Further evaluation is required for higher risk patients.