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ATRIAL FIBRILLATION ABLATION UNDER THERAPEUTIC WARFARIN IS SAFE WITH IMPROVED PATIENTS' EXPERIENCE AND POTENTIALLY COST-SAVING COMPARED TO BRIDGING LOW MOLECULAR WEIGHT HEPARIN

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Introduction Atrial fibrillation (AF) ablation under therapeutic warfarin reduces periprocedural risk of complications, compared to periprocedural bridging with low molecular weight heparin (LMWH). The aim of study was to compare the safety of an uninterrupted warfarin protocol in patients undergoing AF ablation without intracardiac echocardiography and to assess the experience of patients who had previous ablation with bridging protocol on the change of anticoagulation protocol.

Method Two anticoagulation regimes for patients undergoing AF ablation were evaluated—uninterrupted warfarin group (120 in Group 1) and bridging LMWH group (100 in Group 2). Bleeding complications were compared between the two groups. Patients in Group 1 who had had previous ablation on bridging LMWH were asked to comment on their experience with the change of protocol at 4 weeks post discharge. Drug cost comparison in two groups was performed.

Results Preprocedural INR in Group 1 was 2.48 ± 0.42 compared to 1.08 ± 0.16 in Group 2 (95% CI 1.38 to 1.41, $p < 0.005$). Only nine patients required trans-oesophageal echocardiographic guidance for trans-septal puncture. Bleeding was observed in 24% in the Group 2 compared to 9.2% in the Group 1, mainly due to increased incidence of minor groin haematoma (18% vs 5%, 95% CI -0.21 to -0.48 , $p = 0.002$). One patient in each group required pericardiocentesis for cardiac tamponade (95% CI -0.27 to 0.024 , $p = 0.89$). Those in Group 1 ($n = 22$) who have previously had AF ablation with bridging LMWH stated a better experience with the change of anticoagulation protocol. The average total drug cost per person in Group 1 was $\pounds 8.53 \pm 4.5$ compared to $\pounds 108.89 \pm 2.3$ in Group 2 ($p < 0.001$).

Conclusions AF ablation under therapeutic warfarin is safe without echocardiography guidance, associated with improved patients' experience and potentially cost saving in long term.