Abstract 43 Figure 1 Mean and Standard error values for Patient feedback, questions 3,4,7 and 8

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A SIGNIFICANT NUMBER OF PATIENTS WITH ATRIAL FIBRILLATION IN A LONDON MULTI-ETHNIC BOROUGH ARE NOT ANTICOAGULATED DESPITE A HIGH RISK SCORE

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A significant number of patients with Atrial Fibrillation in a London multi-ethnic borough are not anticoagulated despite a high-risk score

Background Atrial fibrillation (AF) is the commonest arrhythmia which, can have severe consequences if left untreated. Individuals with AF are at an increased risk of stroke. In order to minimise risks of any serious events occurring, it is important that patients are given the correct treatment. Oral anticoagulation can reduce the risk of stroke in these patients.

In an audit carried out in 2013, in 8 random GP practices across London borough of Brent, it was found that 51% of patients were not taking anticoagulation. This was a very significant, and extremely worrying finding and so there was a drive to improve patient education and advice to GPs. The audit was then repeated 2 years later and the percentage of patients not taking anticoagulation had dropped to 41%.

After the introduction of the NICE guidelines in 2014, according to which, aspirin could no longer be prescribed on its own to reduce the risk of stroke, we decided to carry out another study.

Purpose To investigate the use of anticoagulation in AF patients in Brent, a multi-ethnic part of London and thus identify the proportion of patients who are at potential risk of developing stroke.

Methods A retrospective study across 8 randomly-selected general medical practices across the London borough of Brent was carried out to study the records of patients on the AF register. The following variables were recorded: age, gender, race, CHA2DS2VASc score and whether they were not taking anticoagulants and the reason why not taking anticoagulants.

Results There were 352 patients (188 males and 164 females) on the AF register. Only 66.2% of those patients were taking anticoagulants, with 47% of them taking a new oral anticoagulant. Of the 119 patients not taking anticoagulation, 73% had a CHA2DS2VASc score of >2. In the 31 patients for

whom anticoagulation was reported as 'not indicated', 29% had a CHA2DS2VASc score of >2. Alongside this, in 13% of the patients who were not taking anticoagulation, no documentation was reported for the reason of not being anticoagulated. 33% of Caucasians, 10% of Afro-Caribbeans, 41% of Indo-Asians, and 44% of Arabs were not receiving anticoagulants.

Conclusion There is a significant proportion of patients who are on the AF register in general medical practice clinics with a CHA2DS2VASc score of >2 but are not taking anticoagulation. This puts many patients with AF at risk of ischaemic stroke. Physicians in general practice need to be made more aware of the high risk of patients with AF and the need for anticoagulation.

Conflict of Interest None

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COMPARING IMPACT OF AN E-LEARNING PACKAGE TO LECTURE-BASED TEACHING IN THE MANAGEMENT OF SUPRAVENTRICULAR TACHYCARDIA(SVT): A RANDOMIZED-CONTROLLED STUDY

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Introduction To compare the impact of e-learning package and theoretical teaching on the ability of both graduate and undergraduate medical students to learn the management of supraventricular tachycardia (SVT).

Methods We conducted a randomized controlled blinded study at two medical schools in Wales, UK. Participants included graduate-entry medical students from Swansea University and undergraduate medical students from Cardiff University. The intervention consisted of one hour of training using an e-learning package versus an hour of lecture based teaching. The outcome was comparison within each groups and between groups of mean scores using a pre-intervention and immediate post-intervention questionnaire. Another questionnaire was e-mailed after 2 weeks and mean scores were again compared to baseline, immediate post intervention between each groups and within each groups. The hypothesis

Abstract 46 Table 1 patient demographics and procedural characteristics

	Planned day case (n=129)	Planned overnight stay, same-day discharge (n=40)	Planned overnight stay (n=283)	P-value
Age/years	59.9 ± 10.2	60.9 ± 9.2	60.3 ± 9.9	0.831
Male	90 (69.8)	29 (72.5)	207 (73.1)	0.778
Distance/miles	29.9 ± 19.0	35.1 ± 25.2	36.8 ± 23.6	0.014
AF type				0.002
Paroxysmal	105 (81.4)	27 (67.5)	182 (64.3)	
Persistent	24 (18.6)	13 (32.5)	101 (35.7)	
Ablation method				0.081
Carto	32 (24.8)	22 (55.0)	160 (56.5)	
Cryo	63 (48.8)	10 (25.0)	64 (22.6)	
PVAC	34 (26.4)	8 (20.0)	49 (17.3)	
Acutus	0	0	10 (3.5)	
Procedure time/ mins	137 ± 36.3	147.3 ± 41.7	160.9 ± 48.6	<0.001
Morning start	110 (85.3)	35 (87.5)	107 (37.8)	<0.001
GA	30 (23.3)	19 (47.5)	173 (61.1)	<0.001
Redo	20 (15.5)	17 (42.5)	82 (29.0)	0.015

Values presented as mean±SD or n (%)

was an improved outcome in the intervention group. Randomization was 1 to 1.

Results Of the 97 participants available for randomization, 46 underwent teaching using the e-learning package and 51 were taught in the lecture group. Mean scores were higher in the e-learning package group than the lecture group, though this difference was not statistically significant (3.63 vs. 3.37; $P = 0.085$) immediately after intervention. At 2-weeks post intervention, mean scores in the e-learning package group was significantly higher than the mean scores in the lecture group (3.59 vs. 2.86; $P = 0.002$). This was despite a sub-analysis of the results demonstrating that subjects in the lecture group had seen more cases which was statistically significant compared to those in the e-learning group (32 vs. 13; $P = 0.002$).

Conclusion E-learning seems to be the preferred method of learning and the method that confers longer retention time for both post-graduate and undergraduate medical students.

Conflict of Interest None

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FEASIBILITY AND ECONOMIC IMPLICATIONS OF AMBULATORY AF ABLATION: A SINGLE-CENTRE EXPERIENCE

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Introduction The widely accepted model for AF ablation involves overnight hospital stay post-procedure. Given the rising incidence of AF and number of AF ablations performed, streamlining of practice to minimise overnight stay could

result in a significant reduction in waiting list times and procedure-related healthcare expenditure.

Day case AF ablation has been carried out at Royal Papworth Hospital (RPH) since early 2017. We evaluated the feasibility, safety and efficacy of day case AF ablation at RPH.

Method Retrospective, single-centre study of 452 consecutive AF ablations in 448 patients at RPH between March 2017 and April 2018. Ablation method was selected at the operator's discretion. Vitamin K antagonists were continued and direct oral anticoagulants withheld for one dose pre-procedure in line with departmental policy. Ultrasound was not routinely used for femoral venous puncture. Haemostasis post-sheath removal was achieved with manual pressure. The consultant listing the patient at initial assessment subjectively determined suitability for day case.

Complications were defined as any adverse procedure-related event. Success was defined as freedom from symptoms or demonstrable arrhythmia after 6 months following an initial 3-month blanking period.

Results Over the study period 129 out of 452 (28.5%) were planned day cases. Of these 128 (99.2%) were discharged on the same day; one patient was admitted due to late finish. 40 were performed as day cases despite being originally listed as inpatient procedures. Demographic and procedural data are summarised in table 1. There was no significant difference in age or sex between the groups. Of note, day case procedures were significantly shorter, more likely to commence in the morning and less likely to require general anaesthetic than overnight stays. Patients listed as day cases also had less far to travel.

Procedural outcomes are summarised in table 2. Overall complication rate was 3.3%, with no significant difference between groups. One planned day case was complicated by intraprocedural phrenic nerve palsy from which a full recovery