**MIDAZOLAM MAY HAVE THE CARDIOVERSION EFFECTIVENESS IN SOME PATIENTS WHO UNDERWENT EXTENSIVE ABLATION FOR PERSISTENT ATRIAL FIBRILLATION**

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Songwen Chen, Shaowen Liu. Department of Cardiology, Shanghai First People’s Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China

**Objectives** This study described and analysed the termination of persistent atrial fibrillation (AF) by an intravenous bolus of common dosage midazolam in patients who underwent extensive catheter ablation.

**Methods** Radiofrequency catheter ablation was performed in 210 consecutive persistent AF patients (156 males, mean age 58.1 ±10.5 years), who under sedation with a bolus of midazolam and analgesia with a continuous infusion of fentanyl. An intravenous bolus of midazolam was used for inducing sedation for electrical cardioversion in patients whose atrial arrhythmias were not terminated by ablation.

**Results** After extensive ablation, inducing sedation for electrical cardioversion was attempted in 99 patients (47.1%, 74 males, mean age 57.9±10.3 years). Termination of atrial arrhythmias and restoration of sinus rhythm were observed in five patients (5.1%, all male, mean age 53.0±9.9 years old), 16.0±4.2 s after the administration of midazolam (1–2 mg) without antiarrhythmics or electrical cardioversion. Two patients encountered the recurrence of atrial flutter (AFL), and one of them had a second ablation. During 32.8±16.7 months post the last procedure, 4 (80%) patients were free of arrhythmias without the use of antiarrhythmics and one patient remained in drug-refractory persistent AFL.

**Conclusions** In patients who underwent extensive ablation for persistent AF an intravenousbolus of common dosage midazolam may have the cardioversion effectiveness.