DO SOMETHING



Do Something

Concomitant Surgical Ablation has a Class I Recommendation



A wealth of data led the Surgical Thoracic and Heart Rhythm Societies to make a Class I recommendation that patients with Afib undergoing valve or coronary surgeries receive surgical Afib treatment.¹⁶

Cox Maze IV yields the highest efficacy for Afib treatment, but literature shows progressive efficacy for each additive lesion set of the Cox Maze IV.

Lesion Set Options

of surgical ablation

procedures

Reported Experiences: 1–5 year retro and prospective peerreviewed publications both on and off AADs

Approach	Reported Experiences w/ Surgical Ablation	Ablation Duration	Endocardial PVI Outcomes (Lone Afib)
Pulmonary Vein Isolation (PVI)	PAF ~ 50-90 % ^{2,14,19}	Note: + = Time +	PAF ~70% – meta-analysis ¹¹
	nPAF ~ 60 % ^{2,15}		nPAF ~50% – meta-analysis ⁿ
Box Set Lesion (Box)	nPAF ~55-70% ^{16,20}	++	Reported Experiences: 1–5 year retro and prospective peer- reviewed publications both on and off AADs
Left Atrial Lesion Set (LAL) nPAF ~73-86% ^{17,18,21}	+++	
Bi-Atrial Lesion Set (Maze)	nPAF ~80-90% ^{7.9}	++++	
Left Atrial Appendage Management (LAAM) Effectiveness of LAAM Modalities		LAA exclusion has always been a part of the Maze procedure.	
LAAM is often part	Epicardial Clip Exclusion: 97% (93-100%) ²²⁻³²		

The success of various procedures may be influenced by several factors, which may predict the outcome, such as duration of pre-procedural Afib, type of Afib, lesion set performed, left atrial size, patient's age, atrial fibrillation wave <1.0mm, experience of the operator, left atrial reduction, and device used.

Excision: 74% (45-100%) successful closure^{33,34,36}

Staple Ligation: 56% (0-71%) successful closure³³⁻³⁵

Suture Ligation: 36% (23-49%) successful closure³³⁻³⁶



*AVR/CABG concomitant ablation Class I LDR for symptomatic persistent and long-standing persistent "refractory or intolerant to at least one Class I or III antiarrhythmic medication. AADs: antiarrythmic drugs

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