



Controversies in Surgical Treatment of Atrial Fibrillation: An Interactive Discussion

Friday, June 9, 2006

11:30AM – 1:00PM, Crystal Room, Lobby Level, Fairmont San Francisco

Target Audience

This activity has been designed to meet the educational needs of surgeons involved in the care of patients with atrial fibrillation.

Moderator: John D. Puskas, MD

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Faculty:

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Associate Professor, Division of Cardiothoracic Surgery, Chairman, Division of Cardiothoracic Surgery
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Educational Objectives

After completing this activity, the participant should be better able to:

- Discuss efficacy of surgical ablation therapy in the management of atrial fibrillation
- Compare the efficacy of surgical ablation therapy versus catheter ablation therapy in the treatment of atrial fibrillation
- Discuss treatment options for the "failed catheter ablation" population of patients with atrial fibrillation
- Describe the clinical benefit of surgical ablation of the left atrial appendage in reducing risk of stroke

Program Overview

Atrial fibrillation remains the most common arrhythmia seen in clinical practice, and its incidence is only increasing. Atrial fibrillation is a significant health concern because it increases the risk of stroke, heart failure, and death, in addition to decreasing patients' quality of life. Paradoxically, pharmacologic strategies which are still the most widely used and intended to maintain sinus rhythm in patients with atrial fibrillation, are well known to be limited by their modest efficacy and concern about side effects and safety.

The importance of the pulmonary veins and surrounding left atrium in the initiation of atrial fibrillation is now widely accepted by electrophysiologists. The use of more extensive ablation procedures that modify the electrical substrate as well as the initiators of atrial fibrillation is often necessary to prevent chronic atrial fibrillation. Recently there has been renewed interest in applying the principles of the Maze procedure in a less invasive manner so that a wider group of patients with atrial fibrillation can be treated safely and effectively, fueled by technological advances and demonstration that the pulmonary veins and left atrium are the drivers of atrial fibrillation in most patients.

Advances in the understanding of the pathogenesis of atrial fibrillation and development of new ablation technologies enable surgeons to perform pulmonary vein ablation and create strategically placed, linear left atrial lesions rapidly and safely, replacing surgical incisions of the Maze procedure. New technologies and energies include radiofrequency, microwave, ultrasound, cryotherapy, and laser. Procedures using these ablation tools cure atrial fibrillation in approximately 80% of patients, and are being adapted to offer thoroscopic and minimally invasive atrial fibrillation ablation to patients with lone atrial fibrillation.

Accreditation Statement

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Americans with Disabilities Act (if applicable)

Event staff will be glad to assist you with any special needs (ie, physical, dietary, etc). Please contact Imprint Science prior to the live event at (212) 614-4665.

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