

Guidance for listing patients for ablation of persistent AF

The majority of patients listed for persistent AF ablation should meet the following criteria:

- Symptomatic **or** with clear evidence of deteriorating LV function attributable to AF
- Continuous AF duration < 2years
- Left atrial diameter (measured in the parasternal long-axis view on 2D echo) < 50mm
- No more than 1 previous ablation **for AF**

It is acknowledged that some patients outside of this group might be suitable for ablation (including hybrid ablation). It is expected that such cases are discussed in an MDM format. The composition of the MDT should include at least one non-EP cardiologist e.g. a heart failure specialist and, where a hybrid approach is being considered, a cardiac surgeon and, ideally, an anaesthetist. If a patient has heart failure, consideration should be given to discussing the case at a heart failure MDM.

Points for consideration:

- If symptomatic status is in doubt, clarification should be sought by means of electrical cardioversion. Where AF has persisted for longer than 6 months, this should be assisted by amiodarone (treatment to begin four weeks prior to cardioversion and to be reviewed no later than three months post cardioversion).
- The same principle applies if the effect of AF on LV impairment is not clear.
- Patients exhibiting clear symptomatic benefit (or improvement in LV function) with restoration of sinus rhythm should be referred to an interventional electrophysiologist to discuss stopping Amiodarone with a view to undertaking ablation.
- If the waiting list for an AF ablation is likely to extend beyond 3-6 months, it is reasonable to offer patients amiodarone-assisted cardioversion whilst waiting for their ablation.
- Patients being considered for more than their second ablation for atrial fibrillation should be discussed in an MDM (composition as described above).
- Patients presenting with clear evidence of post AF ablation atrial tachycardia/flutter should be treated on their individual merits, however, patients being considered for more than their second post-AF atrial tachycardia ablation should be discussed in a MDM.