# Study suggests atrial fibrillation should be surgically treated when performing cardiac surgery

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A recent study conducted by Northwestern Medicine® researchers published in the *Journal of Thoracic and Cardiovascular Surgery*, reveals that patients with an abnormal heart rhythm known as atrial fibrillation (A-fib) who are undergoing cardiac surgery, have a lower long-term survival rate compared with patients who are in sinus rhythm, which is the normal beating of the heart. The data also suggests that when surgeons successfully treat A-fib during the previously planned cardiac surgery, the patients' survival rate levels out and becomes the same as someone who never had A-fib.

"This study indicates that atrial fibrillation should be surgically treated when a patient is undergoing another cardiac surgery procedure," said Richard Lee, MD, surgical director of the Center for Heart Rhythm Disorders at Northwestern Memorial's Bluhm Cardiovascular Institute. "By fixing two issues at once, we can improve patient outcomes."

Currently, only 38 percent patients with A-fib receive simultaneous treatment at the time of cardiac surgery. At the Bluhm Cardiovascular Institute, 90 percent of patients with a history of A-fib are treated when they undergo cardiac surgery.

There are a number of risk factors for A-fib, including high blood pressure, heart failure, diabetes, advanced age and heart disease. Some people with A-fib have no symptoms and are unaware of their condition

until it's discovered during a physical examination. Those who do have A-fib symptoms may experience palpitations or sensations of a racing, irregular heartbeat, shortness of breath, chest pain or lightheadedness.

Although A-fib itself usually isn't life-threatening, it is a very serious medical condition that occurs when the heart doesn't beat effectively and may not be able to pump enough blood out to the body. Over time, A-fib can lead to increased risks of congestive heart failure, stroke and death. Treatment for A-fib can include medications, minimally invasive procedures or surgery.

"Not all patients require surgery for atrial fibrillation. However, this study suggests that it should be strongly considered when the patient is already undergoing another cardiac surgery procedure, as addressing both issues simultaneously may positively impact long-term heart health," said Brad Knight, MD, medical director for the Center for Heart Rhythm Disorders.

Knight adds that it's important that patients with complex heart rhythm disorders, such as A-fib, be evaluated by an experienced heart rhythm specialist who can offer patients a comprehensive set of treatment options, such as the heart surgery.

Surgeons address A-fib through an ablation procedure that has been shown to be safe and effective. Results from this study showed no differences in mortality rates at one, three and five years between the two groups of patients. At one year, 68 percent of patients were free of A-fib and antiarrhythmic medication.

"Patients with atrial fibrillation have increased rates of stroke, heart failure and mortality," said Lee. "It is important to properly address the problem before it causes serious complications. By addressing it at the time of surgery, we can help patients feel better, experience fewer

symptoms and increase their life expectancy in a safe way that doesn't add any risk to the operation when performed by an experienced surgeon."

Provided by Northwestern Memorial Hospital

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