Ablation increases survival for adults with atrial fibrillation

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Adults who undergo catheter ablation are 60 percent less likely to die from heart attack or heart failure later on, according to a University of Michigan Health System study. Credit: University of Michigan Health System

Adults who undergo a minimally invasive technique to treat atrial fibrillation are significantly less likely to die from a heart attack or heart failure, according to a long-term study by the University of Michigan Frankel Cardiovascular Center.

More than 4 million people have atrial fibrillation, an age-related heart rhythm disorder that can cause a fluttering sensation in the chest and

impair the heart's ability to pump blood.

The study published in *Heart Rhythm* shows cardiovascular mortality dropped by 60 percent among adults who had their normal heart rhythm restored through catheter ablation.

"The study findings show the benefit of catheter ablation extends beyond improving quality of life for adults with atrial fibrillation. If successful, ablation improves life span," says lead study author Hamid Ghanbari, M.D., M.P.H., an electrophysiologist at the U-M Cardiovascular Center.

Even older patients and those with diabetes, a history of stroke and heart disease, sleep apnea and low ejection fraction saw the cardiovascular survival benefits of ablation, according to the study.

An accompanying editorial, characterizing atrial fibrillation ablation as a death-defying endeavor, says the thought-provoking study provides encouraging results for those involved in treating atrial fibrillation.

Researchers evaluated the 10-year medical history of 3,058 adults who had catheter ablation—most of them men averaging 58 years old with paroxysmal atrial fibrillation that comes and goes on its own.

The study is one of the first and longest looks ever at the clinical outcome of ablation treatment.

Catheter ablation is a common procedure that has evolved through innovations in catheter technology and development of antiarrhythmic and anticoagulant drugs.

The procedure requires insertion of a catheter into an upper chamber of the heart and delivery of radiofrequency energy to disrupt the short circuits causing atrial fibrillation.

The U-M Electrophysiology Program has performed more than 4,000 ablation procedures and participated in studies to perfect ablation tools.

Provided by University of Michigan Health System