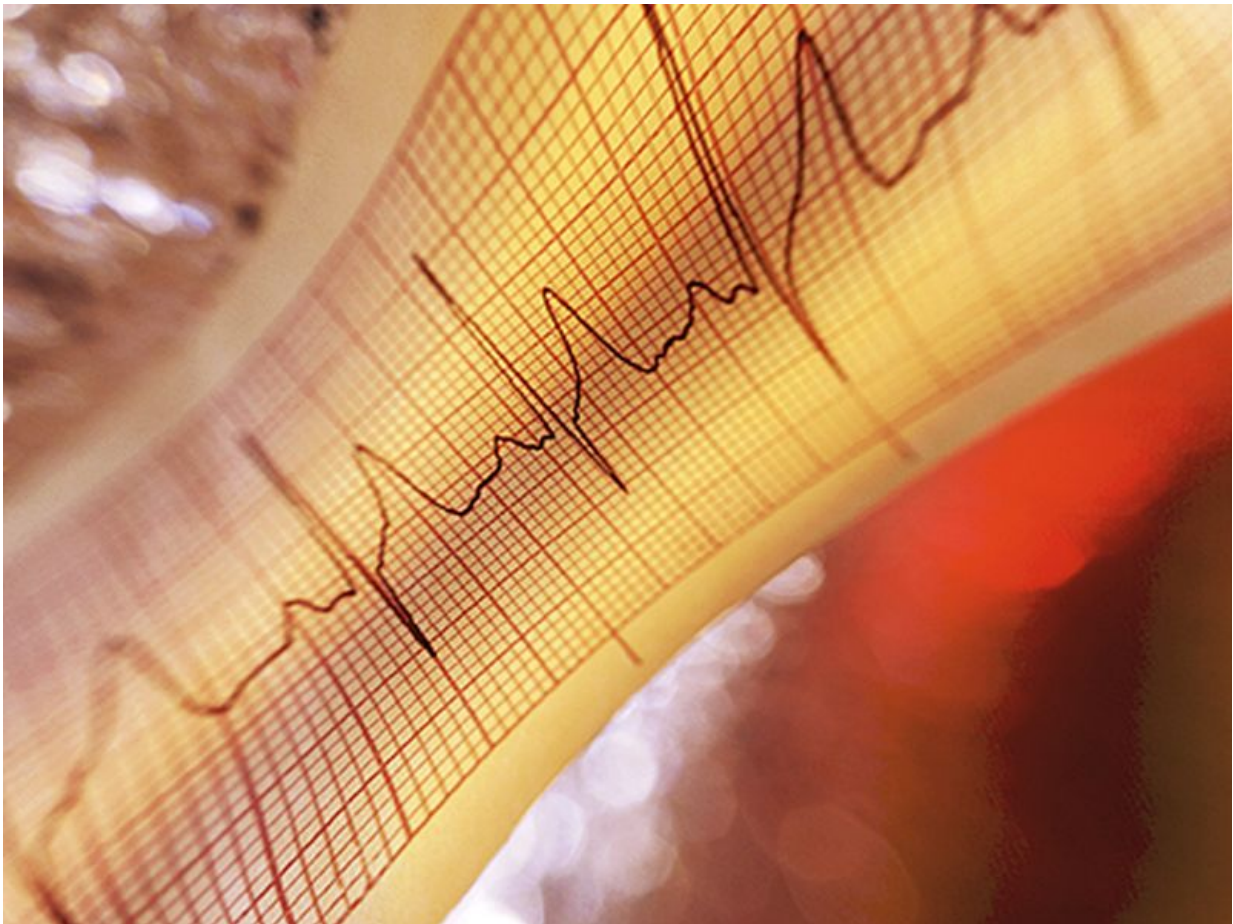


Ablating non-pulmonary vein triggers improves A-fib outcome

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(HealthDay)—For patients with atrial fibrillation (AF) with two or more

failed pulmonary vein isolation (PVI) procedures, ablating non-PV triggers is associated with improved outcomes, according to a study published online Aug. 25 in the *Journal of Cardiovascular Electrophysiology*.

Sanghamitra Mohanty, M.D., from St. David's Medical Center in Austin, Texas, and colleagues reported procedural findings and [ablation](#) outcome in 305 AF patients referred after two or more failed PVI procedures. PV reconnection and non-PV triggers were identified using high-dose isoproterenol challenge. Based on the operator's discretion, non-PV triggers were ablated during the index procedure; non-PV triggers were ablated in all at the repeat procedure.

The researchers found that 226 patients had PV reconnection, and non-PV triggers were identified or empirically isolated in 285 patients during the index procedure. Sixty percent of patients were recurrence-free off antiarrhythmic drugs (AAD) at follow-up. The success rate was 81 percent with and 8 percent without non-PV ablation (P procedure, the success rates of empirical [left atrial appendage](#) and coronary sinus isolation were 78.5 and 82 percent, respectively.

"In [patients](#) experiencing AF recurrence after multiple failed PVI, despite PV reconnection, non-PV triggers were found to be responsible for AF maintenance in the majority and ablating those triggers increased ablation-success," the authors write.

More information: [Abstract](#)
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