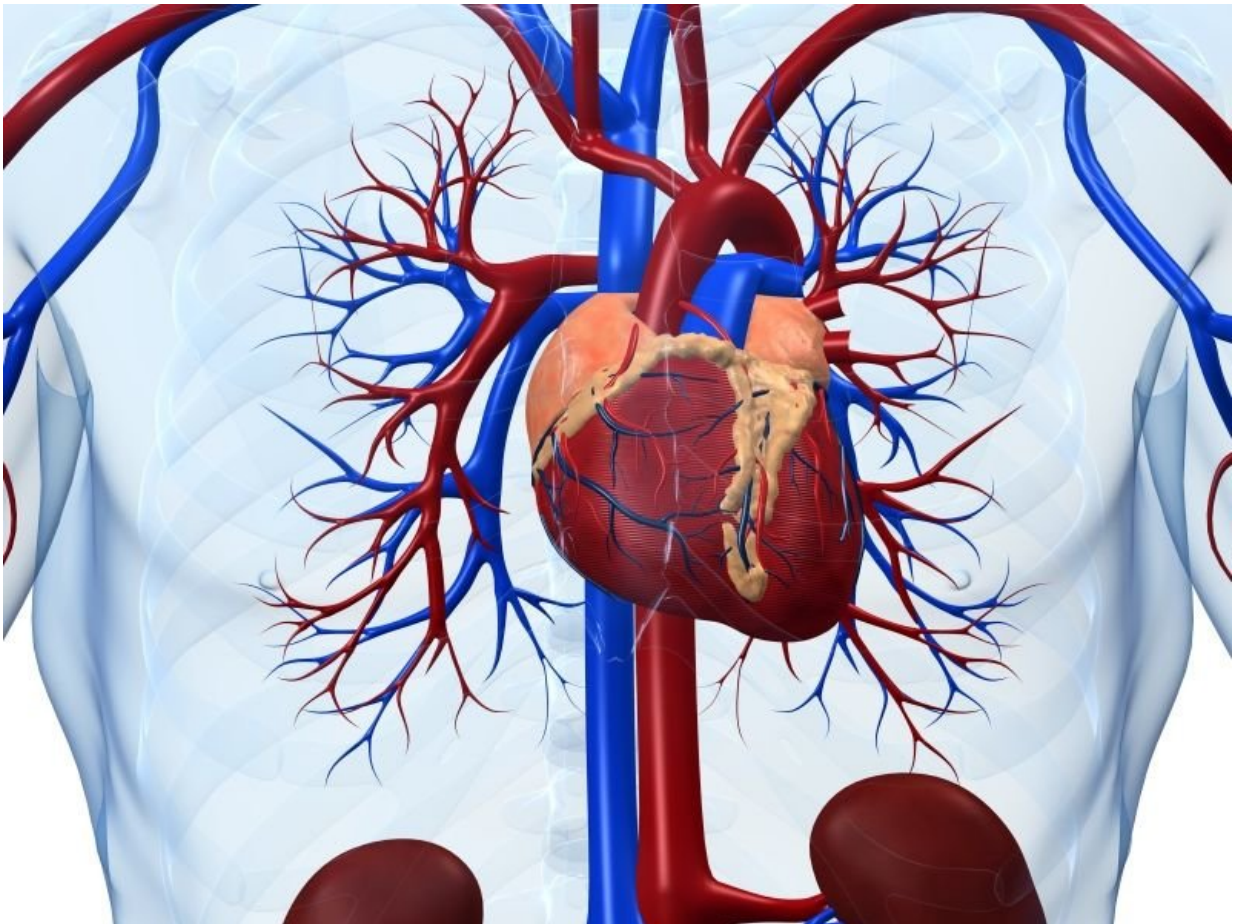


Lower thromboembolic risk with new A-fib after CABG versus NVAf

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(HealthDay)—For patients post coronary artery bypass graft (CABG)

surgery, new-onset postoperative atrial fibrillation (POAF) is associated with lower long-term thromboembolic risk than that seen among patients with nonvalvular atrial fibrillation (NVAF), according to a study published online March 28 in *JAMA Cardiology*.

Jawad H. Butt, M.D., from Copenhagen University Hospital in Denmark, and colleagues used data from a clinical cardiac surgery database and Danish nationwide registries to identify patients undergoing first-time isolated CABG surgery who developed new-onset POAF. A total of 2,108 patients who developed POAF were matched to 8,432 with NVAF.

The researchers found that oral [anticoagulation](#) therapy was initiated within 30 days post-discharge in 8.4 and 42.9 percent of those with POAF and NVAF, respectively. The POAF group had a significantly lower risk of thromboembolism (18.3 versus 29.7 events per 1,000 person-years; adjusted hazard ratio, 0.67). In both patients with POAF and NVAF, anticoagulation therapy during follow-up was associated with reduced risk of thromboembolic events (adjusted hazard ratios, 0.55 and 0.59, respectively) compared to patients who did not receive any [anticoagulation therapy](#). The risk of thromboembolism was not significantly higher in [patients](#) with POAF versus those who did not develop POAF.

"These data do not support the notion that new-onset POAF should be regarded as equivalent to primary NVAF in terms of long-term thromboembolic [risk](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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