

Researchers reveal benefits and risks of continuing oral anti-coagulation therapy after catheter ablation

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Key Question

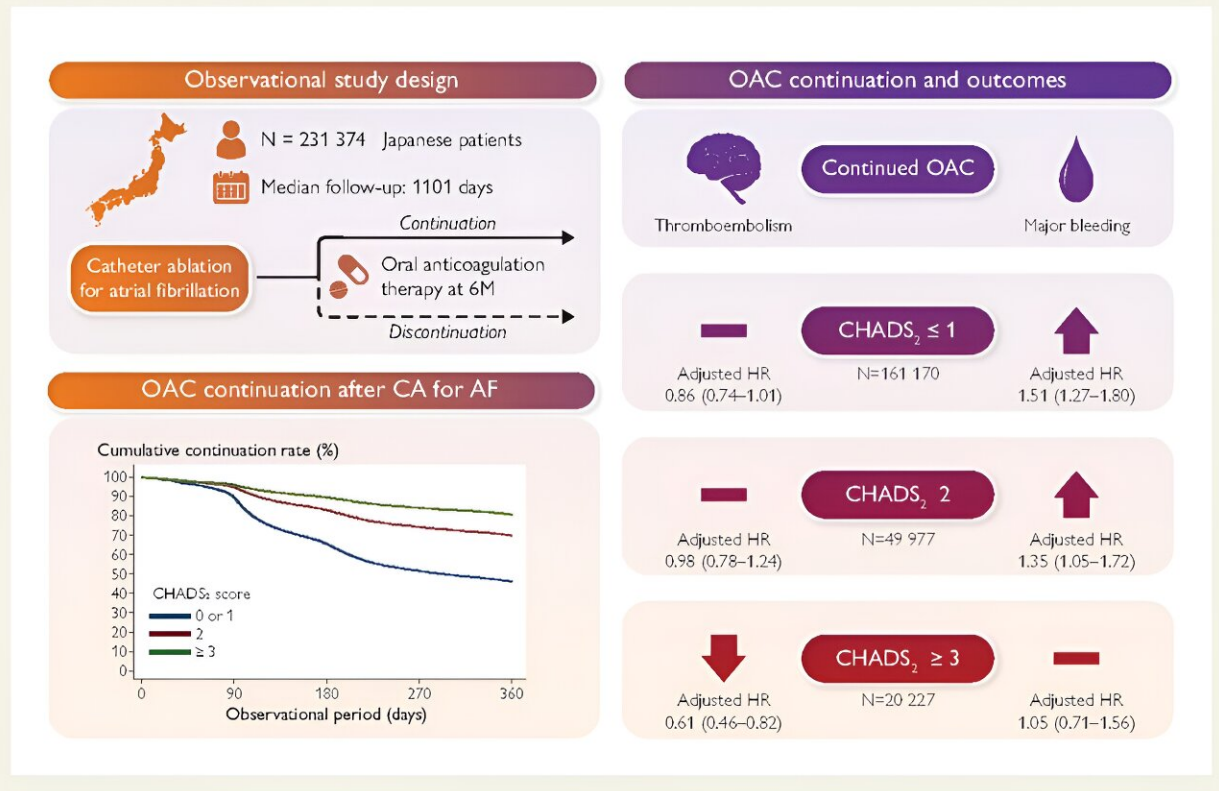
What are the risks and benefits of continuing oral anticoagulant (OAC) therapy after atrial fibrillation (AF) catheter ablation?

Key Finding

Continuing OAC therapy 6 months after a first AF catheter ablation was associated with a higher risk of major bleeding in patients with a CHADS₂ score ≤ 2 , and a lower risk of thromboembolism in patients with a CHADS₂ score ≥ 3 .

Take Home Message

The benefits and risks of continuing OAC therapy after catheter ablation for atrial fibrillation may differ based on the patient's CHADS₂ score. The risk of major bleeding due to OAC continuation seems to outweigh the risk reduction of thromboembolism in patients with lower thromboembolic risk.



Continuation of oral anticoagulation therapy after a first-time catheter ablation and the benefits and risks of continuing oral anticoagulation therapy after catheter ablation for AF. Credit: *European Heart Journal*/ National Cerebral and Cardiovascular Center

Catheter ablation for atrial fibrillation (AF) has become a common procedure worldwide. An expert consensus statement on catheter ablation for AF recommends the continuation of oral anticoagulants after the post-ablation period should be based on the patient's risk of stroke and preferences; however, few recent large studies are focusing on the risks and benefits of continuing oral anticoagulation therapy after catheter ablation for AF.

A team of researchers, led by Dr. Yoshitaka Iwanaga, has performed a nationwide cohort study using administrative data that covered almost all health care insurance in Japan and analyzed the rate of continuing [oral anticoagulants](#) after [catheter ablation](#) and the occurrence of thromboembolic and major bleeding events related to the oral anticoagulation therapy according to the thromboembolic risk.

The work is [published](#) in the *European Heart Journal*.

At six months and one year after the catheter ablation, 71% and 53% of the patients continued oral anticoagulation therapy, respectively, and its rate was higher in the higher CHADS₂ score group than in the lower CHADS₂ score group.

Continuing oral anticoagulation therapy after six months postoperatively for catheter ablation was associated with a higher risk of major in patients with a CHADS₂ score of ≤ 2 and was associated with a lower risk of thromboembolism in patients with a CHADS₂ score of ≥ 3 .

"A substantial number of patients continued their oral anticoagulation therapy after catheter ablation for AF in Japan, but our results support the discontinuation strategy of oral anticoagulants after catheter ablation in patients with a lower thromboembolic risk," says Dr. Koshiro Kanaoka

This research could provide critical insights for health care providers when considering whether to continue oral anticoagulant therapy after catheter ablation for AF.

More information: Iwanaga Yoshitaka et al, Oral anticoagulation after atrial fibrillation catheter ablation: benefits and risks, *European Heart Journal* (2023). DOI: [10.1093/eurheartj/ehad798](https://doi.org/10.1093/eurheartj/ehad798)

Provided by National Cerebral and Cardiovascular Center

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