

In **Germany** it is
estimated that around

16-17%

of AF patients undergoing
cardiothoracic surgery
receive concomitant
surgical ablation.



Source:

Adapted from Beckmann, A., Meyer, R., Lewandowski, J., Markewitz, A., & Harringer, W. (2019). German Heart Surgery Report 2018: The Annual Updated Registry of the German Society for Thoracic and Cardiovascular Surgery. Thorac Cardiovasc Surg, 67(5):331-44.

In the **Netherlands** it
is estimated that around

16-18%

of AF patients undergoing
cardiothoracic surgery
receive concomitant
surgical ablation.



Source:

Adapted from Siregar, S., Groenwold, R., Versteegh, M., Takkenberg, J., Bots, M., van der Graaf, Y., & van Herwerden, L. (2013 Feb). Data Resource Profile: Adult cardiac surgery database of the Netherlands Association for Cardio-Thoracic Surgery. *International Journal of Epidemiology*, 42(1):142-9.

In the **UK** it is
estimated that around

15-16%

of AF patients undergoing
cardiothoracic surgery
receive concomitant
surgical ablation.



Source:

Adapted from <https://www.hqip.org.uk/wp-content/uploads/2019/09/national-adult-cardiac-surgery-summary-report-2019-final.pdf>. (Accessed 24 June 2020).

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In **France** it is
estimated that around

4-5%

of AF patients undergoing
cardiothoracic surgery
receive concomitant
surgical ablation.



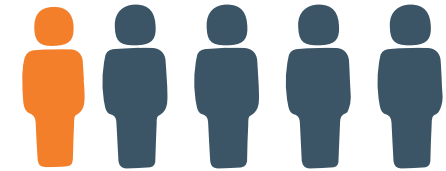
Source:

Adapted from Société Française de Chirurgie Thoracique et Cardio-Vasculaire; Bases de données Chirurgie Thoracique Chirurgie Cardio-Vasculaire report. (June 2016).

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Screen for AF in CABG Patients

In a population of more than 79,000 Medicare patients, **20% of CABG patients (US)** had an admission for AF within 3 years before the CABG, but the **AF diagnosis was often** unknown during referral.¹



A.

Assess

Assess your patient's cardiac conditions and possible courses of treatment.

C.

Collaborate

Collaborate to discuss the options for addressing the patient's conditions.

T.

Treat

Treat with a recommendation for surgical ablation procedures in patients who suffer from Afib undergoing cardiac surgery.

McCarthy, P.M. et al. (2019). Prevalence of atrial fibrillation before cardiac surgery and factors associated with concomitant ablation. J Thorac Cardiovasc Surg, PII: S0022-5223(19)31361-3, DOI: 10.1016/J.JTCVS.2019.06.062. Showed 20% prevalence of Afib in CABG based on CMS data showing admission for Afib 3 years prior to CABG.

Why **Treat** AF Surgically?

ACT
against Afib

Assess. Collaborate. Treat.

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Screen for AF in Concomitant Patients

Possible Ways to Identify Patients with AF when Referred for Heart Surgery



Include screening questions at referral in the surgical intake process, such as:

- *Have you ever been told you have an irregular heartbeat?*
- *Have you ever had heart palpitations?*
- *Have you ever taken blood thinners?*
- *Have you ever taken medicines to manage your heart rate?*



Review chart history for a past AF diagnosis, Holter monitoring, cardioversion, or catheter ablation.



Contact primary physician, such as the General Cardiologist or Heart Failure Specialist, to ask about any history of AF.



Implement screening and a follow-up process for patients who present to the ED with AF.



Discuss concomitant surgical AF treatment during the referral process with the referring physician, as well as the primary physician.



Consider active incorporation of AF patients in the Heart Team decision process to guide the patient through the referral, treatment, and follow-up management.

Screen for AF is a Matter for All.

The heart team approach

Patients who are recommended by a heart team have¹:



- Better patient outcomes
- Therapeutic plan options



- Cardiac mortality
- Fewer unexpected cardiac hospitalization



1. Joel A. Scott-Herridge, MD, William F. McIntyre, MD, Brett M. Hiebert, et al. Does a Heart Team Improve Clinical Outcomes? *J Am Cardiol*. 2022;01:006.

More Information on:

ACT against Afib .com

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