Rhythm Control for Post-Operative Atrial Fibrillation. Still A Promising Future?

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Summary

In the recently published guidelines for the management of atrial fibrillation (AF) rate control strategy for post-operative atrial fibrillation (POAF) plus anticoagulation was given level of evidence B, class II a. Moreover the Canadian Cardiovascular Society (CCS) Atrial Fibrillation (AF) Guidelines Committee recommended that POAF could be managed equally with rate or rhythm control strategies. Both guidelines changed in reference to a recently published randomized controlled trial by Gillinov et al., where the authors did not find significant difference in their primary and secondary end points, the former end point was the length of hospitalization within 60 days after randomization. POAF occurred in 33% of patients. The LOSHOSP was similar in both groups (median, 5.1 for rate control days and 5.0 days for rhythm control group, respectively; P=0.76). The rates of death (P=0.64) or overall serious adverse events (24.8 per 100 patient-months in the rate-control group and 26.4 per 100 patient-months in the rhythm-control group, P=0.61), including thromboembolic and bleeding events did not show statistical significant differences. The authors concluded that both treatment strategies did not offer a clinical advantage over the other. We discussed how these results changed the working guidelines for managing POAF as the methodological limitations that underline the need for further investigations.

Key Words

POAF, rate control, rhythm control.

Conflict Of interests

Abdulaziz Alkulaifi is chief cardiac surgery department, HMC.

Disclosures

None.
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References