

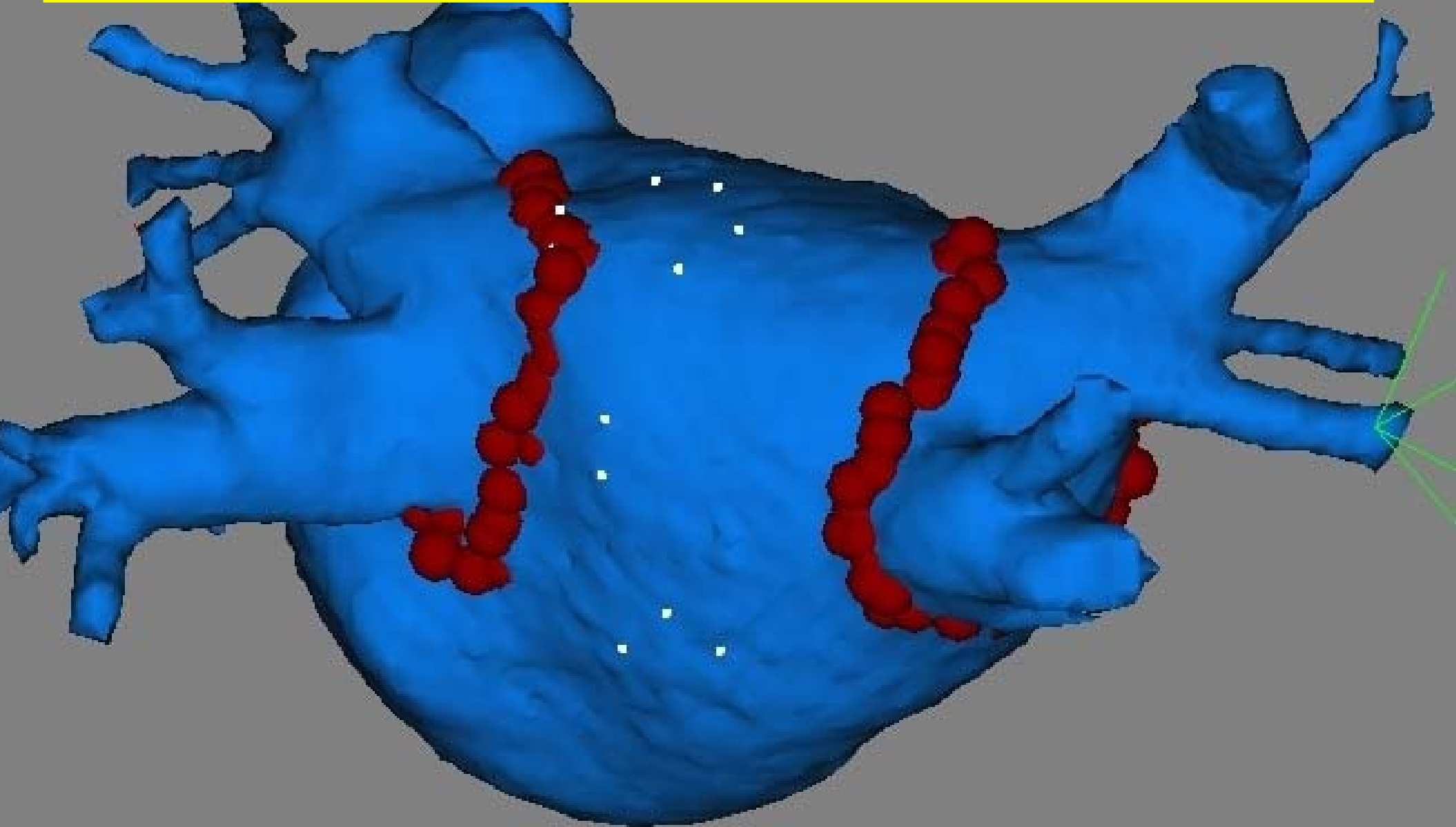
Electrophysiologists and Cardiac Surgeons: Is There a Role for Interventional Collaborations ?

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Electrophysiologists Have Learned a Lot About Catheter Ablation of AF

- **How to perform it with nearly 100% acute success.**
- **How to avoid ablation in the PVs and phrenic nerve injury.**
- **How to avoid esophageal injury.**
- **Importance of early recurrence of conduction.**
- **Results in moderate success in patients with paroxysmal AF.**
- **Results in reasonable success in patients with persistent AF.**
- **Results in poor success in patients with longstanding AF.**
- **Results in a decrease in left atrial size.**
- **Preserves or results in only a mild decrease in left atrial function.**
- **Associated with a low risk of complications.**
- **Reproducible and teachable.**
- **AF recurrence is almost always associated with PV reconnection.**

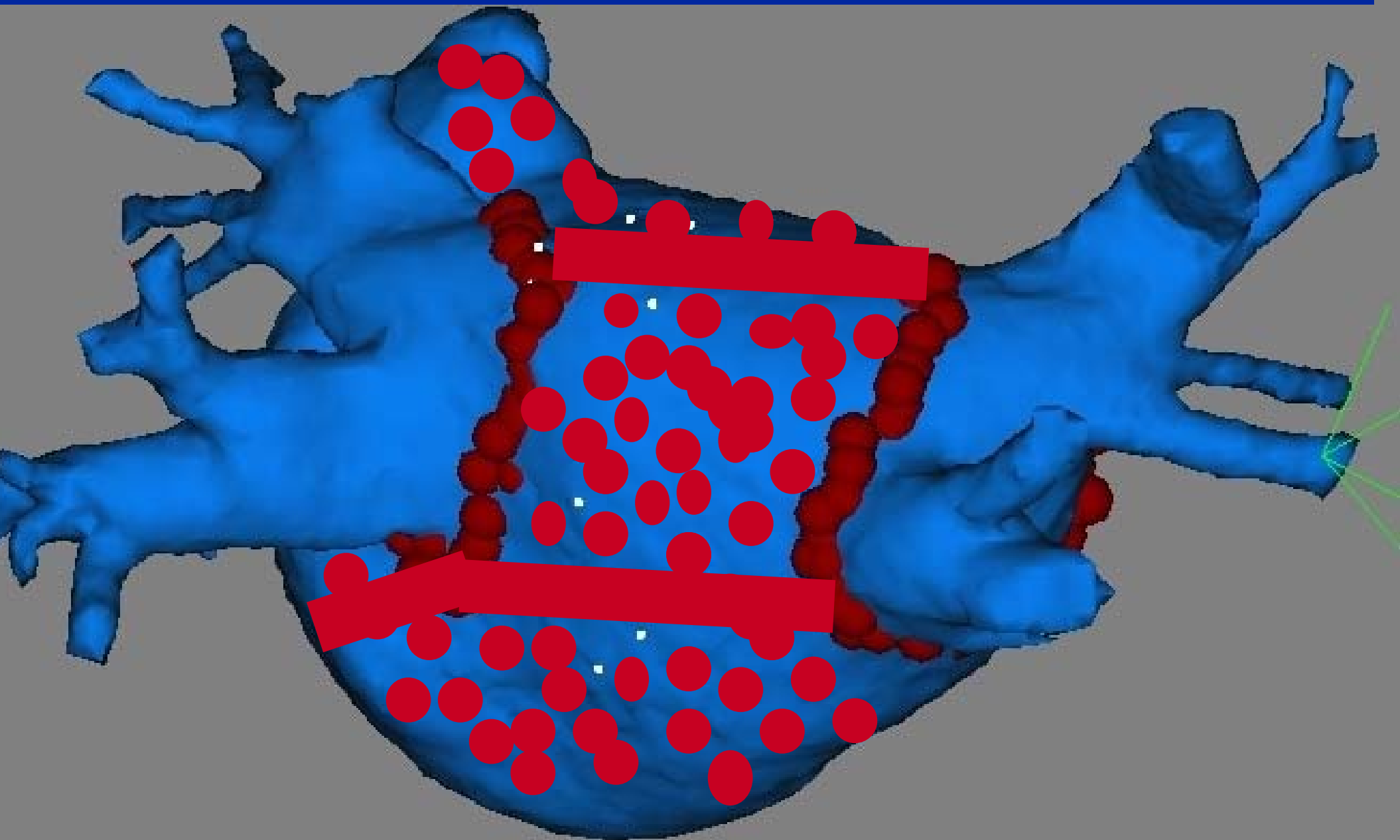
Ablation strategies which target the PVs and/or PV antrum are the cornerstone for most AF ablation procedures.



Electrophysiologists Do Not Know What to Do With Long Standing Persistent AF

- **No consensus exists on how to ablate it**
- **Some advise PVI only, some create lines, some ablate CAFES**
- **Some ablate until AF termination.**
- **Some cardiovert the patient and call it a day after PV isolation**
- **Many do not offer catheter ablation to these patients.**
- **Some refer these patients to our surgical colleagues.**
- **Some advocate concomitant surgical ablation and catheter ablation.**

Catheter Ablation of Long Standing Persistent AF



The Most Important Question (s)

- **What is the safety and efficacy of surgical ablation of AF in patients who are poor candidates for catheter ablation (especially those with very long standing persistent AF)?**
- **Can better results be achieved by combining surgical ablation with catheter ablation? If so should these be staged or at the same time? What is the optimal lesion set ?**
- **Are there patient characteristics which can be used to identify patients who are not appropriate candidates for catheter ablation or surgical ablation?**

Thank You