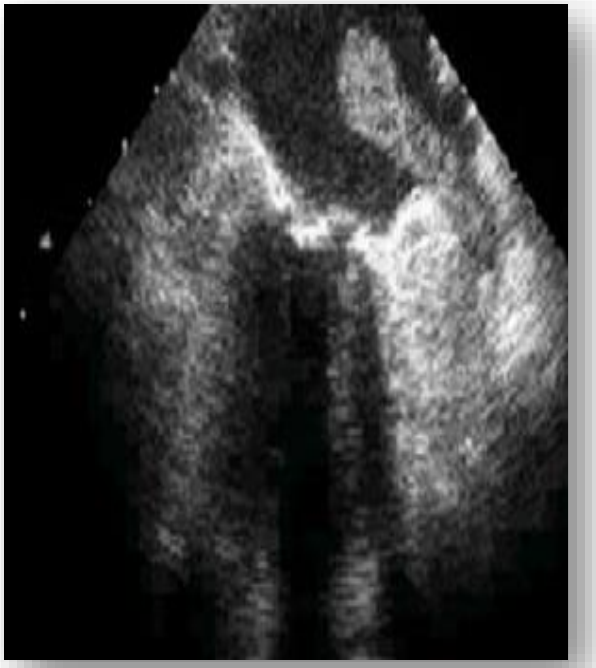
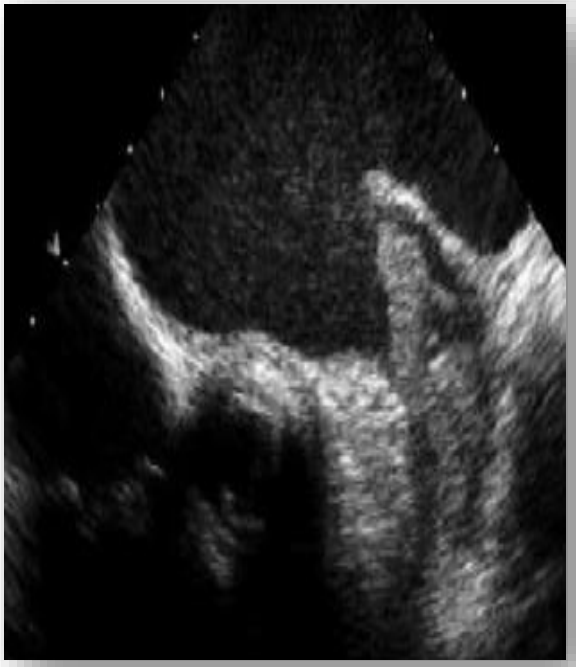
cardioversion

Prevalence of Left Atrial Thrombus Detection by Transesophageal Echocardiography

A Comparison of Continuous Non-Vitamin K Antagonist Oral Anticoagulant Versus Warfarin Therapy in Patients Undergoing Catheter Ablation for Atrial Fibrillation





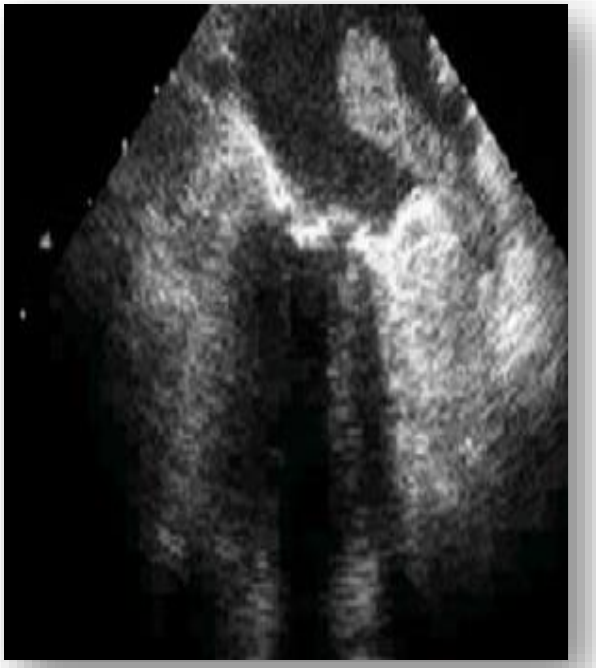
4,4%

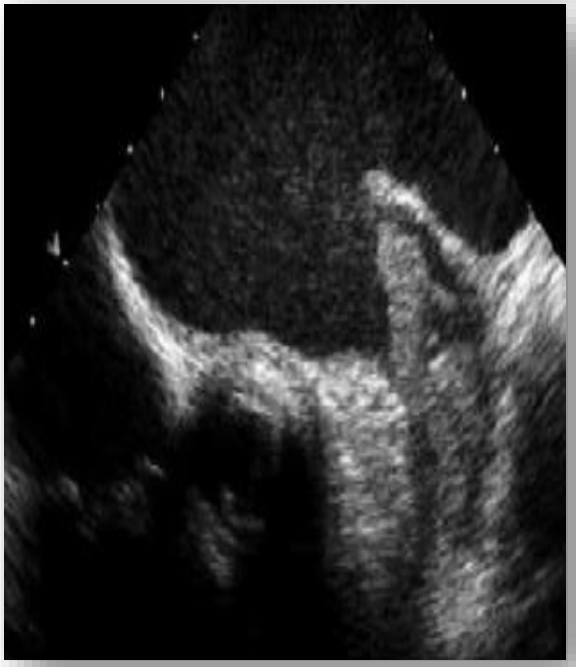
AF ≥4 weeks of therapy NOACs

Frenkel D, et al. J Am Coll Cardiol EP. 2016;2:295-303

Embolic Events in Patients With Atrial Fibrillation and Effective Anticoagulation: Value of Transesophageal Echocardiography to Guide Direct-Current Cardioversion

Final Results of the Ludwigshafen Observational Cardioversion Study





7,7%

AF and effective anticoagulation

Seidl K, et al. J Am Coll Cardiol. 2002;39:1436-42

Principal efficacy outcome

	Rivaroxaban (N=978)		VKA (N=492)		Risk ratio (95% CI)
	%	n*	%	n*	
Primary efficacy outcome	**0.51**	**5**	**1.02**	**5**	**0.50 (0.15–1.73)**
Stroke	0.20	2	0.41	2	
Haemorrhagic stroke	0.20	2		0	
Ischaemic stroke		0	0.41	2	
TIA		0		0	
Non-CNS SE		0	0.20	1	
MI	0.10	1	0.20	1	
Cardiovascular death	0.41	4	0.41	2	

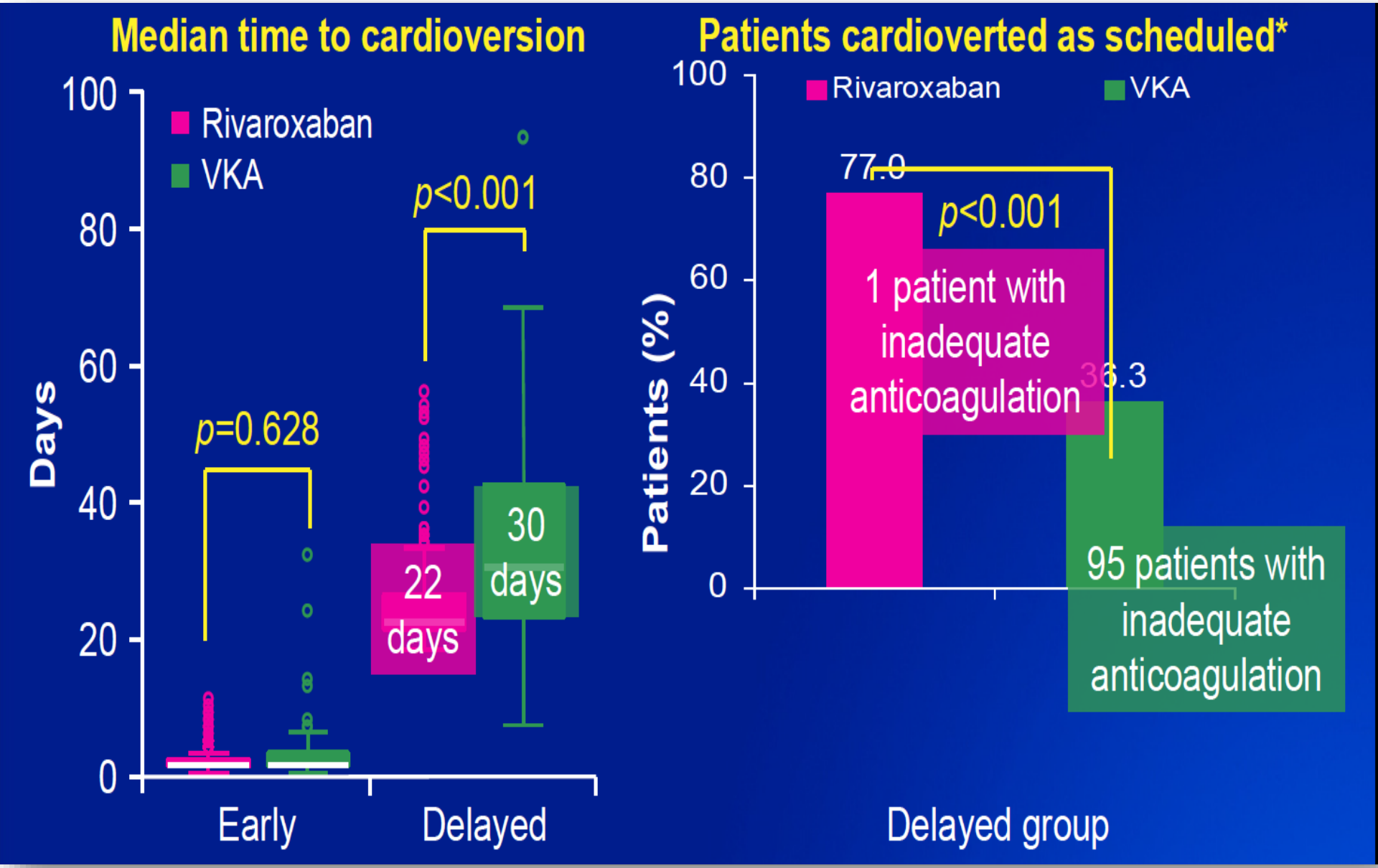
Cappato R, et al. Eur Heart J. 2014;35:3346-55

Principal safety outcome

	Rivaroxaban (N=988)		VKA (N=499)		Risk ratio (95% CI)
	%	n*	%	n*	
Major bleeding	**0.61**	**6**	**0.80**	**4**	**0.76 (0.21–2.67)**
Fatal	0.1	1	0.4	2	
Critical-site bleeding	0.2	2	0.6	3	
Intracranial haemorrhage	0.2	2	0.2	1	
Hb decrease ≥2 g/dl	0.4	4	0.2	1	
Transfusion of ≥2 units of packed RBCs or whole blood	0.3	3	0.2	1	

Cappato R, et al. Eur Heart J. 2014;35:3346-55

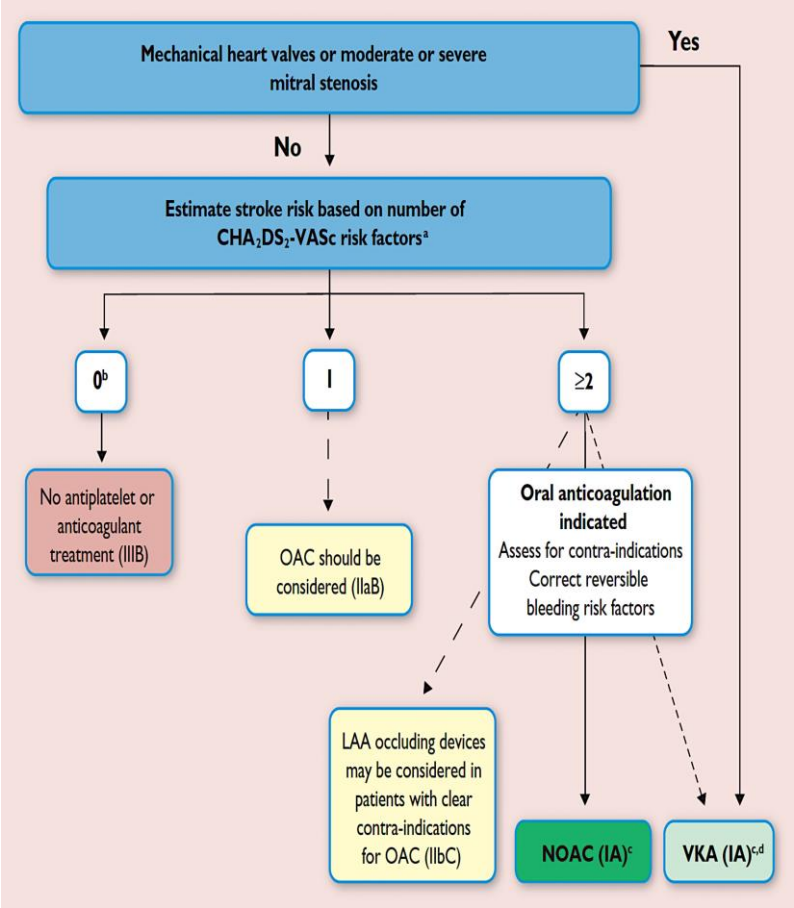
Time to cardioversion by cardioversion strategy



Cappato R, et al. Eur Heart J. 2014;35:3346-55

TRT

2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS



EUROPEAN SOCIETY OF CARDIOLOGY

Recommendations	Class[a]	Level[b]
Vitamin K antagonist therapy (INR 2.0–3.0 or higher) is recommended for stroke prevention in AF patients with moderate-to-severe mitral stenosis or mechanical heart valves.	I	B
When oral anticoagulation is initiated in a patient with AF who is eligible for a NOAC (apixaban, dabigatran, edoxaban, or rivaroxaban), a NOAC is recommended in preference to a Vitamin K antagonist.	I	A

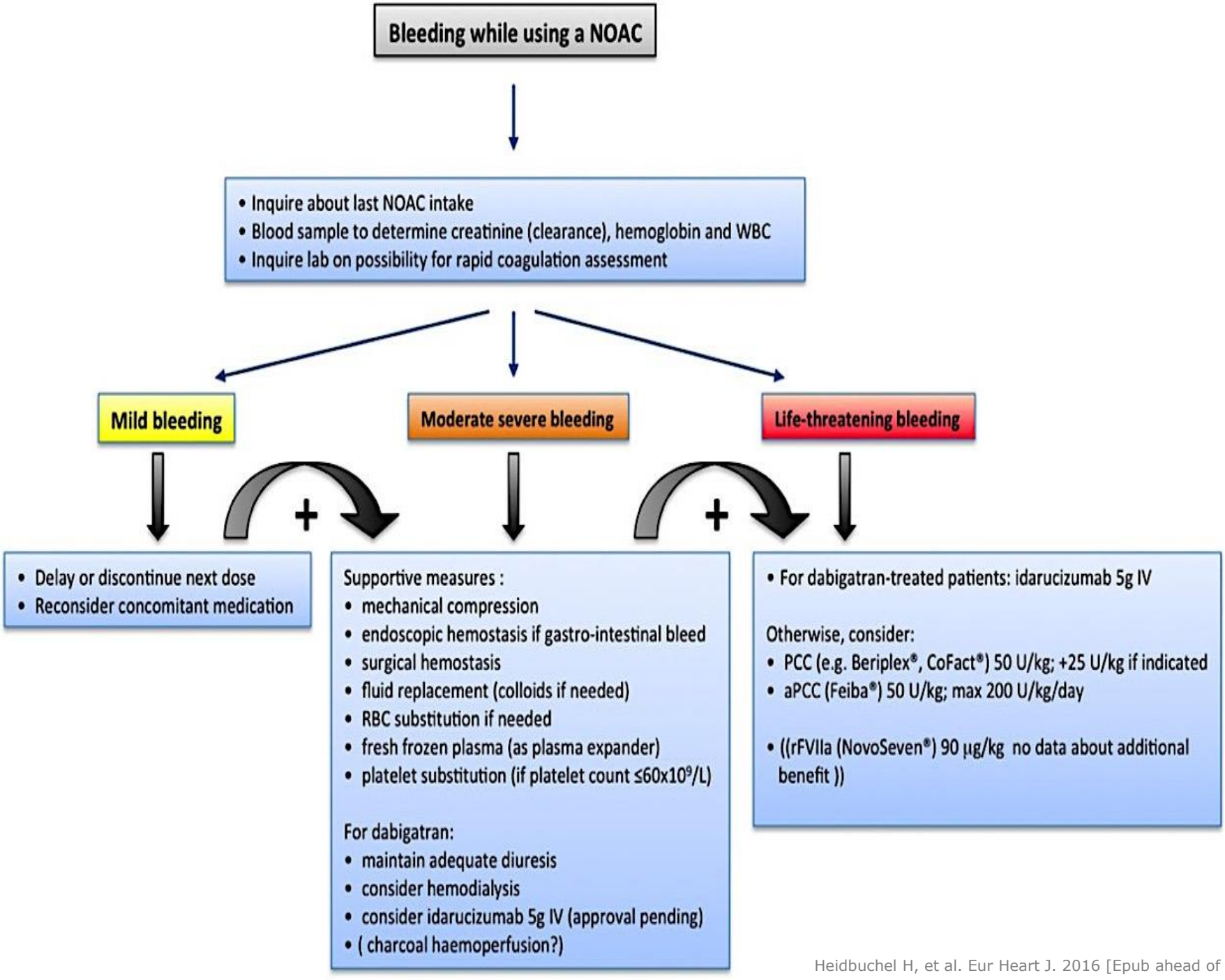
practical guide NOAC

Last intake of drug before elective surgical intervention

	Dabigatran		Apixaban–Edoxaban–Rivaroxaban	
	No important bleeding risk and/or adequate local haemostasis possible: perform at trough level (i.e. ≥12 or 24 h after last intake)			
	Low risk	**High risk**	**Low risk**	**High risk**
CrCl ≥80 mL/min	≥24 h	≥48 h	≥24 h	≥48 h
CrCl 50–80 mL/min	**≥36 h**	**≥72 h**	≥24 h	≥48 h
CrCl 30–50 mL/min[a]	**≥48 h**	**≥96 h**	≥24 h	≥48 h
CrCl 15–30 mL/min[a]	Not indicated	Not indicated	**≥36 h**	**≥48 h**
CrCl <15 mL/min	No official indication for use			

There is no need for pre-operative bridging with LMWH/UFH

Heidbuchel H, et al. Eur Heart J. 2016 [Epub ahead of print]



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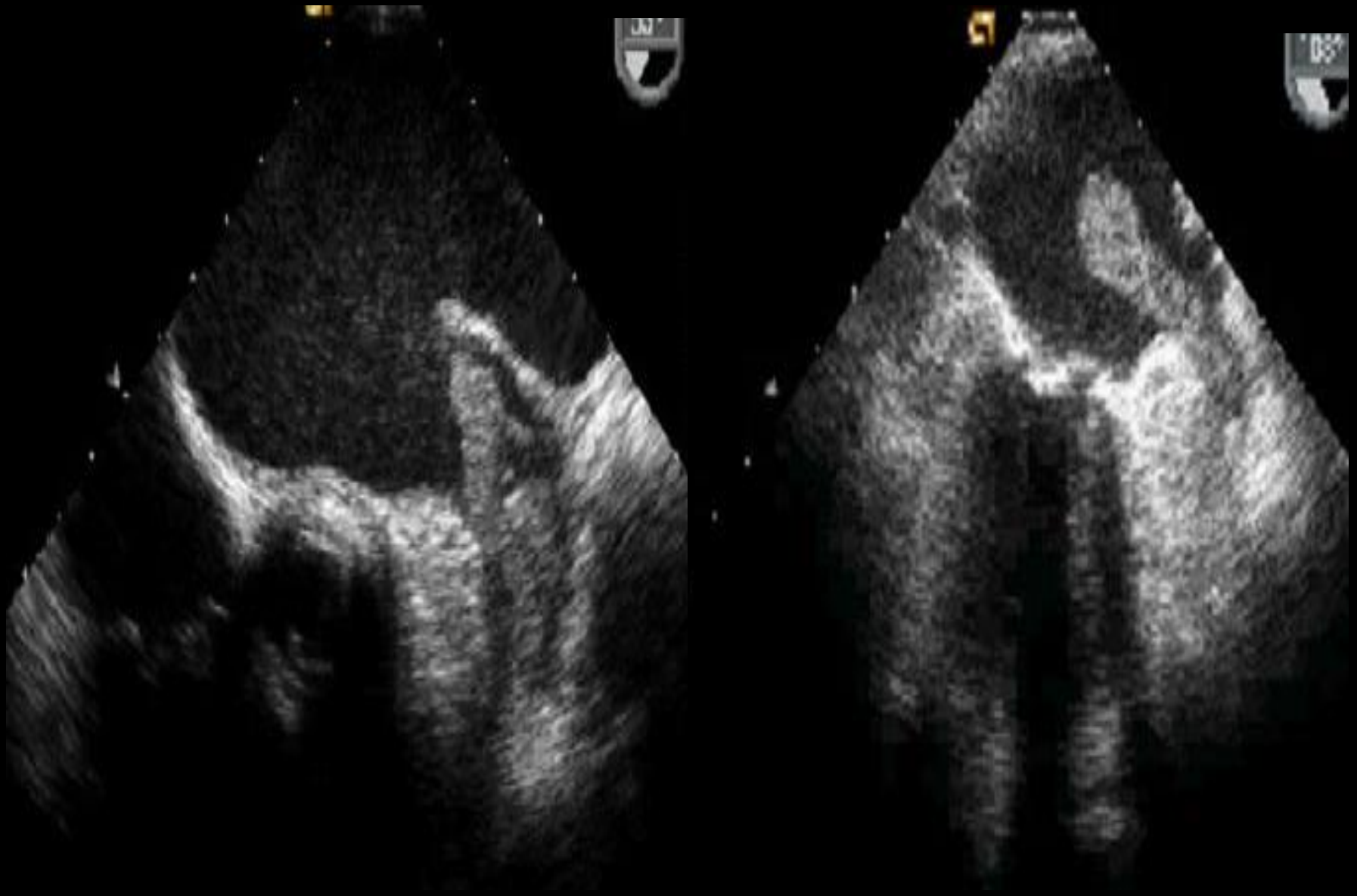

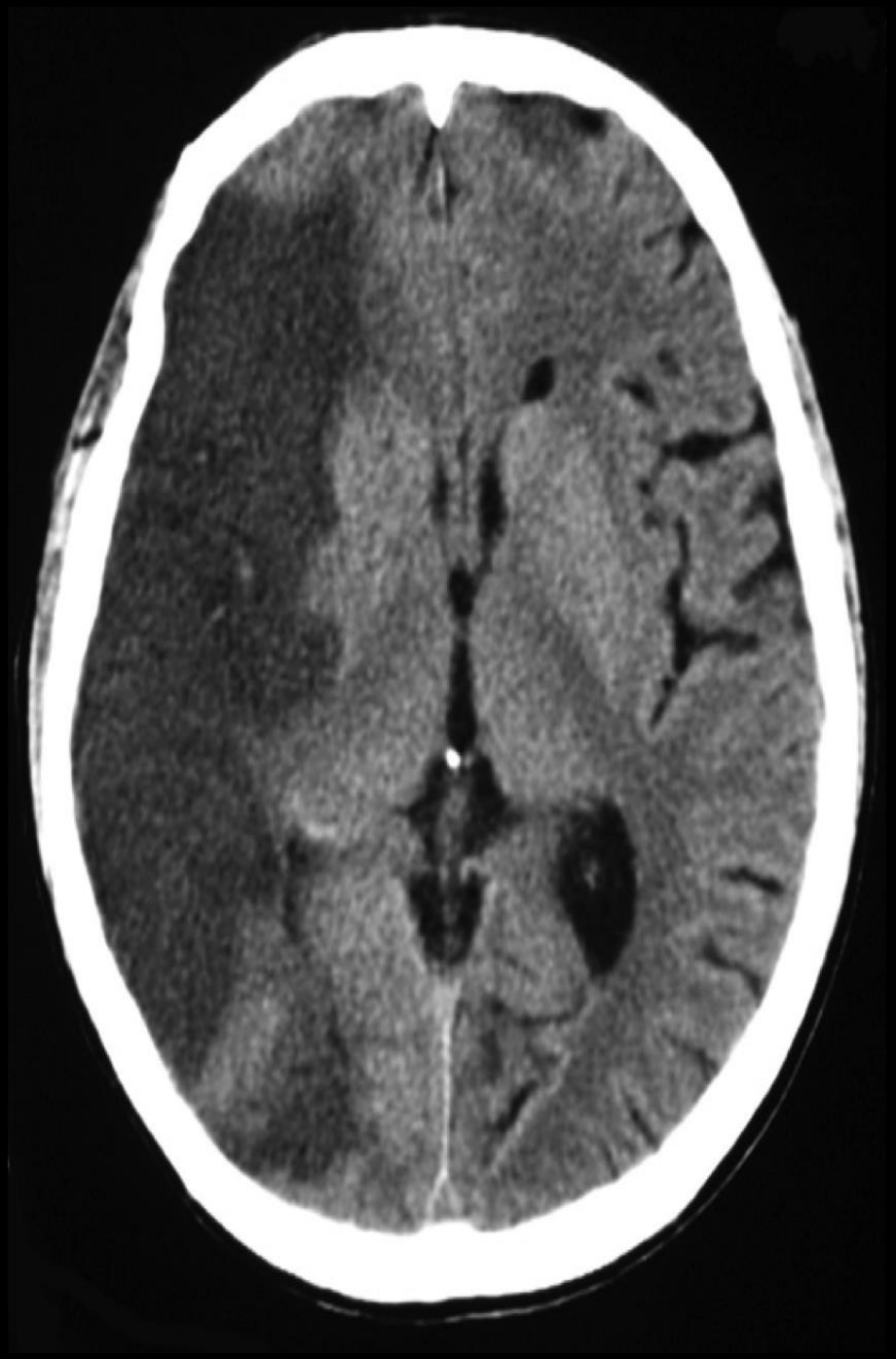

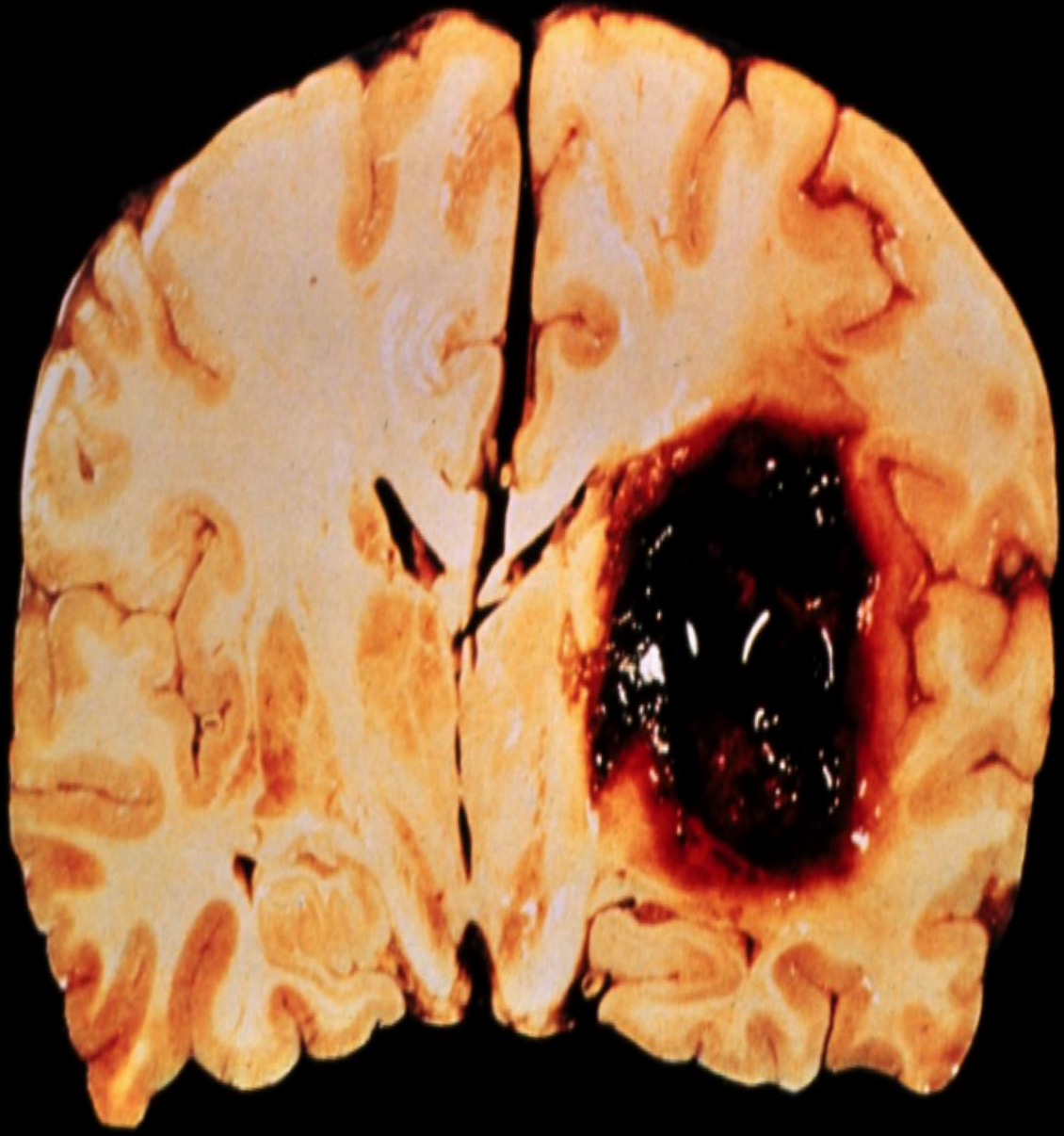

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gracias por vuestra atención

SOCIEDAD ESPAÑOLA DE CARDIOLOGÍA

Servicio de Cardiología

SES Complejo Hospitalario de Mérida