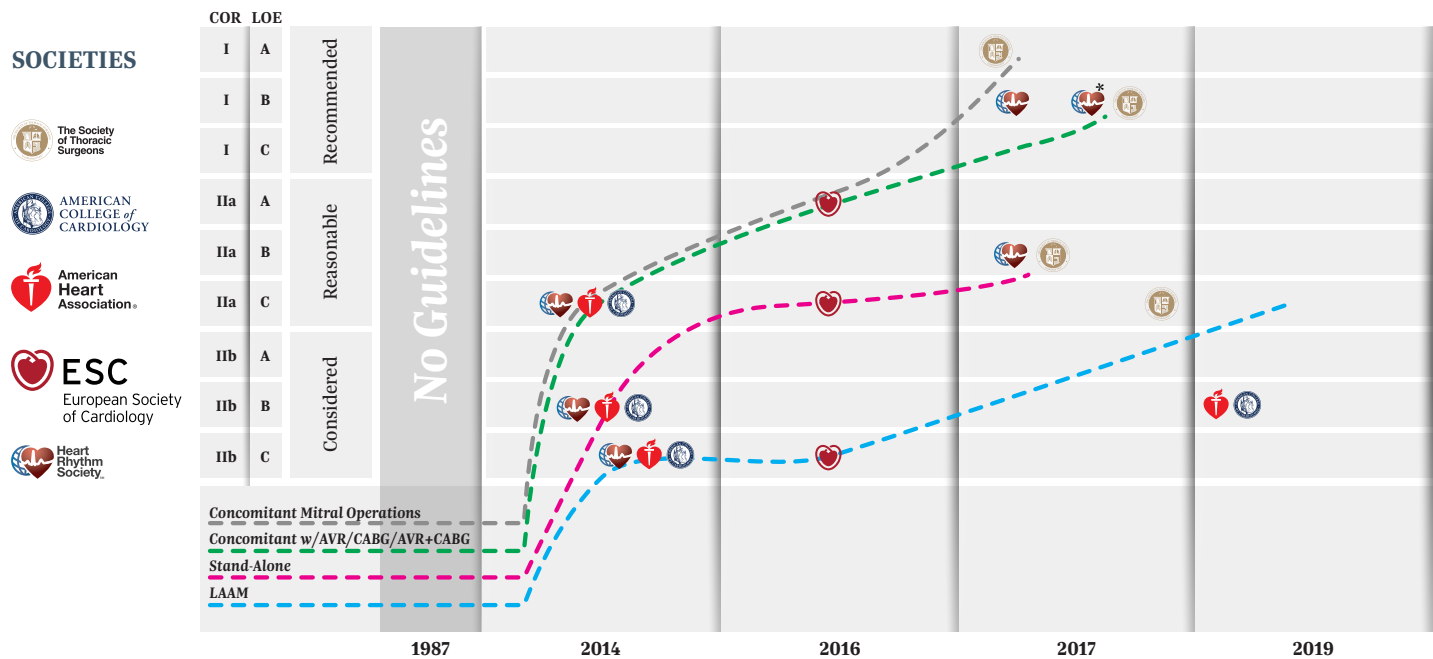


DO SOMETHING

ACT
against Afib

Do Something

Concomitant Surgical Ablation has a **Class I** Recommendation



A wealth of data led the Surgical Thoracic and Heart Rhythm Societies to make a Class I recommendation that patients with Afib undergoing valve or coronary surgeries receive surgical Afib treatment.^{1,6}

Cox Maze IV yields the highest efficacy for Afib treatment, but literature shows progressive efficacy for each additive lesion set of the Cox Maze IV.

Lesion Set Options Reported Experiences: 1–5 year retro and prospective peer-reviewed publications both on and off AADs

Approach	Reported Experiences w/ Surgical Ablation	Ablation Duration	Endocardial PVI Outcomes (Lone Afib)
Pulmonary Vein Isolation (PVI)	PAF ~50–90% ^{2,14,19}	Note: + = Time +	PAF ~47–80% 47% – 1 ablation ¹⁰ 80% – 3 ablations ¹⁰ 74% – 2 ablations ¹⁰ ~70% – meta-analysis ¹¹
	nPAF ~60% ^{2,15}		nPAF ~25–52% 25% – 1 ablation ¹³ 52% – multiple ablations ¹³ 43% – multiple ablations ¹² ~50% – meta-analysis ¹¹
Box Set Lesion (Box)	nPAF ~55–70% ^{16,20}	++	Reported Experiences: 1–5 year retro and prospective peer-reviewed publications both on and off AADs LAL and Maze Lesion Sets Include LAAM
Left Atrial Lesion Set (LAL)	nPAF ~73–86% ^{17,18,21}	+++	
Bi-Atrial Lesion Set (Maze)	nPAF ~80–90% ⁷⁻⁹	++++	

Left Atrial Appendage Management (LAAM)	Effectiveness of LAAM Modalities
LAAM is often part of surgical ablation procedures	Epicardial Clip Exclusion: 97% (93-100%) ²²⁻³² Excision: 74% (45-100%) successful closure ^{33,34,36} Staple Ligation: 56% (0-71%) successful closure ³³⁻³⁵ Suture Ligation: 36% (23-49%) successful closure ³³⁻³⁶

Individual results may vary. Please consult with your physician regarding your condition and appropriate medical treatment. The success of various procedures may be influenced by several factors, which may predict the outcome. Duration of pre-procedural Afib, type of Afib, lesion set performed, left atrial size, patient's age, atrial fibrillation wave <1.0mm, experience of the operator, left atrial reduction, and device used.

The success of various procedures may be influenced by several factors, which may predict the outcome, such as duration of pre-procedural Afib, type of Afib, lesion set performed, left atrial size, patient's age, atrial fibrillation wave <1.0mm, experience of the operator, left atrial reduction, and device used.

*AVR/CABG concomitant ablation Class I LDR for symptomatic persistent and long-standing persistent "refractory or intolerant to at least one Class I or III antiarrhythmic medication."
AADs: antiarrhythmic drugs

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