

Sinus Rhythm Matters

ACT

against Afib

Sinus Rhythm Matters.

There is a strong link between atrial fibrillation (Afib) and heart failure (HF). Does returning a patient to sinus rhythm, or reducing Afib burden make a difference?

- The presence of both heart failure and atrial fibrillation leads to a greater risk of death versus heart failure without atrial fibrillation.¹
- When it comes to heart failure and atrial fibrillation, which condition develops first? It depends!
 - Framingham data show that of patients with both HF and Afib, 38% had Afib first and 41% had HF first, while the remaining 21% received both diagnoses at the same time.²

How much do cardiac surgery interventions improve ejection fraction?

CABG	AVR	MVR
A modest increase, but reduces sudden death and pump failure death ³	About 21 points ⁴	Ranges from a marginal improvement up to a return to baseline ^{5,6}
And for those with Afib, only about 10% receive a concomitant surgical ablation	Yet only about 25% of Afib patients receive a concomitant surgical ablation	Are most likely to receive a concomitant surgical ablation, with nearly 70% of Afib patients being treated

Returning to Sinus Rhythm Matters.

Restoring sinus rhythm with an ablation in patients with advanced heart failure can dramatically improve the ejection fraction by:

- A mean of 23 points, or 72% (surgical patients)⁷
- 7.3 points in those with paroxysmal Afib (CASTLE-AF)⁸
- 10.1 points in those with persistent Afib (CASTLE-AF)⁸
- 18 points (ablation group) versus 4 points (medical management) (CAMERA-MRI)⁹

*"HF BEGETS AF,
AF BEGETS HF"*¹⁰

Performing a concomitant surgical ablation at the time of heart surgery gives patients **the best chance**¹¹⁻¹⁴ to return to sinus rhythm, reduce the burden of Afib, and restore normal heart function.

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