Conclusion: Breast cancer patients have an increased risk of developing complications post-ablation with a higher risk of clinically relevant bleeding. However, they have similar procedural characteristics and efficacy outcomes.

Safety and Efficacy of Ablation in Breast Cancer Patients

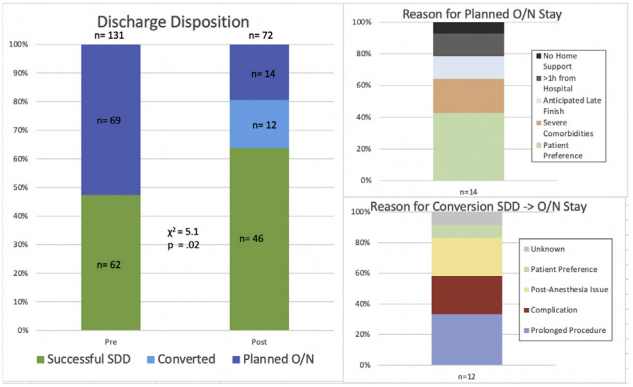
		Breast Cancer Patients (n= 47)	Non-Cancer patients (n=47)	P Value
Age at Arrhythmia Diagnosis	Mean (SD)	71.0 (11.9)	71.3 (10.7)	0.89
Age at Atrial Ablation	Mean (SD)	76.2 (9.45)	75.9 (8.18)	0.85
Follow-Up Length (Years)	Mean (SD)	10.0 (6.32)	8.9 (8.48)	0.44
CHA_2-DS_2-VASc	Mean (SD)	5.28 (2.02)	5.81 (1.94)	0.20
HAS-BLED Score	Mean (SD)	4.38 (1.62)	4.23 (1.54)	0.65
Composite Safety Endpoint	N (%)	18 (38.3)	5 (10.6)	0.002
Symptomatic Improvement	N (%)	38 (80.9)	38 (80.9)	
Recurrent Atrial Arrhythmia	N (%)	11 (23.4)	8 (17.0)	0.47
Repeat Ablation Required	N (%)	3 (6.4)	2 (4.3)	0.55

B-PO03-119

ATRIAL FIBRILLATION ABLATION SAME-DAY DISCHARGE AUGMENTATION: A PROSPECTIVE QUALITY IMPROVEMENT PROJECT

Evan Martow MDCM, David H. Birnie MD and Mehrdad Golian MD, CCDS, CEPS-A

Background: Ablation is an increasingly prevalent treatment for atrial fibrillation. Hospital resource limitations, including bed availability, a barrier to utilization. Strategies to facilitate same-day discharge (SDD) following ablation has become increasingly relevant.
Objective: To improve rate of same-day discharge without compromising safety.
Methods: We examined SDD rates for AF ablation at our institution (Ottawa Heart Institute) and implemented an 'AF bundle' to improve SDD while maintaining safety. Program included 8-month review period; 4-month development and implementation; and 3-month post-assessment. Intervention bundle included: up-front SDD eligibility assessment; short-term interruption of DOAC; use of a Figure of 8 suture; early ambulation; standardized post-procedure assessments. A X^2 test with significance $<.05$ was used to compare SDD rates.
Results: We found a pre-intervention SDD rate of 47% (62 of 131 procedures) and post-intervention rate of 64% (46 of 72 procedures) which was significantly greater ($p=.02$). Of patients planned for SDD, 17% converted to overnight stays. Reasons included prolonged procedure, complications, post-anesthesia concerns, and patient preference. Most common reasons for planned overnight stays included: patient preference, severe comorbidities, and anticipated late finish. For SDD cases, average time from procedure end to discharge was 6h53m. Procedural complications and ED visits within 10 days were not increased (10% pre vs 5% post).
Conclusion: Same-day discharge rates following atrial fibrillation ablation can be safely increased via local quality improvement initiatives.



B-PO03-120

ACUTE PERICARDITIS AFTER ATRIAL FIBRILLATION ABLATION: INCIDENCE, CHARACTERISTICS AND RISK FACTORS

Christopher Rymer MD, Shady Nakhla MD, Amgad Mentias MD Msc, Oussama M. Wazni MD, John Rickard MD, Bryan Baranowski MD, Daniel Cantillon MD, Paul Cremer MD and Tyler Taigen MD

Background: Acute pericarditis has been reported to occur after Atrial Fibrillation (AF) ablation; however, little is known about the characteristics of this patient population.
Objective: To describe the incidence, characteristics and risk factors of patients who underwent AF ablation in a large tertiary care center and went on to develop acute pericarditis.
Methods: All patients undergoing AF ablation in our center were enrolled in a prospectively maintained registry. Post AF ablation acute pericarditis was defined as pericardial chest pain treated with anti-inflammatories at the time of hospital discharge or within 3 months after AF ablation. Positive cases were identified using a prospectively maintained pharmacy database and verified by chart review.
Results: Of all patients (n=2128) undergoing AF ablation in our center from 2018-2019, 229 (10.3%) were identified as having acute pericarditis after their procedure. Baseline statistically significant characteristics in patients with pericarditis were younger age, lower CHADS2Vasc score, paroxysmal AF at the time of ablation and a higher BMI compared to patients without pericarditis. In a multivariable logistic regression model, a lower CHADS2Vasc score (OR 0.80 95% CI 0.71-0.91 $p<0.01$), higher BMI (OR 1.03 95% CI 1.00-1.05 $P = 0.03$), pre procedure use of Dofetilide (OR 1.56 95% CI 1.04-2.34 $P=0.03$) and Flecainide (OR 1.69, 95% CI 1.09-2.63, $P=0.02$) was associated with developing post procedure acute pericarditis. Within the pericarditis group, fever was present in 4%, post procedure effusion in 10.1%, pericarditic ECG changes in 19.6%. Median CRP was 3.4 (IQR 1.4-13.4) measured in 17 patients and median ESR was 8.5 (IQR 5-31) measured in 18 patients. Treatment choices included colchicine (64%), prednisone (29%) and Ibuprofen (19.2%). Multiple anti-inflammatory drug therapy was used in 27% of patients.
Conclusion: Acute pericarditis after AF ablation is under recognized and under reported. Younger patients with a higher BMI and fewer medical comorbidities appear to be at higher risk for developing this syndrome.