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THERE’S NO PLACE LIKE HOME: PROTOCOLIZED SAME DAY DISCHARGE AFTER ATRIAL FIBRILLATION ABLATION OVERSEEN BY ALLIED HEALTH PROFESSIONALS IS ASSOCIATED WITH IMPROVED SUCCESS AND EFFICIENCY OVER TIME

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Background: Same day discharge (SDD) after atrial fibrillation ablation (AF Abl) may be associated with improved patient satisfaction and reduced hospital resource utilization. As this new care strategy is incorporated, it is important to understand factors associated with success and safety.

Objective: We sought to determine the improvement of success rate in intended SDD after AF Abl over time, along with an evaluation of the benefits and safety of this strategy.

Methods: All patients (pts) undergoing AF Abl at a single site from 12/2020-11/2021 were considered eligible for SDD. Eligibility was protocolized by the Allied Health Professionals (AHPs) and included case completion by 2pm, companion to stay overnight, AHP assessment and next day virtual telehealth visit by AHP. Comparisons within SDD pts and with non-SDD AF Abl pts was performed to explore SDD pt characteristics and predictors of success over time.

Results: From 12/2020-11/2021, 602 pts underwent AF Abl (mean Age 64+/-12; 35% female). In the first 1/3rd of AF Abl from 12/2020-11/2021 were considered eligible for SDD.

Same day discharge (SDD) after atrial fibrillation ablation (AF Abl) may be associated with improved patient satisfaction and reduced hospital resource utilization.

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IMPACT OF TREATMENT OF OBSTRUCTIVE SLEEP APNEA USING CONTINUOUS POSITIVE AIRWAY PRESSURE ON ATRIAL FIBRILLATION BURDEN FOLLOWING CATHETER ABLATION: INSIGHTS FROM LONG-TERM ECG MONITORING

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Background: Obstructive sleep apnea (OSA) is a risk factor for atrial fibrillation (AF). Previous data have suggested that treatment of OSA improves freedom from recurrent AF following catheter ablation. However, these studies have not used continuous long-term ECG monitoring to objectively identify AF.

Objective: To determine the frequency and burden of AF using an implantable loop recorder (ILR) in patients with OSA prescribed continuous positive airway pressure (CPAP) therapy who underwent catheter ablation.

Methods: We enrolled consecutive patients with AF and OSA who were prescribed CPAP therapy. All patients underwent catheter ablation and had an ILR. OSA severity was defined by the apnea-hypopnea index (AHI). AF frequency and burden were adjudicated via the ILR.

Results: The cohort included 78 patients (66+8 years, 67% male, 51% paroxysmal AF, CHA2DS2-VASc 2.8+1.7). Mild, moderate, and severe sleep apnea was present in 40 (51%), 21 (27%), and 17 (22%) patients, respectively. There was no difference in AF burden between the 3 groups. The CPAP was used by 51 (65%) patients; these patients had a higher AHI than patients not using CPAP (24+11 vs. 14+11, p=0.001). During a follow-up of 886+495 days, AF recurred in 60 (77%) patients with an overall burden of 1.87% [0.06, 6.61]. Irrespective of OSA severity, CPAP use was not associated with a reduction in AF burden (Figure).

Conclusion: Using objective data from an ILR, we found no difference in AF burden based on OSA severity. Also, we could not demonstrate any favorable impact of CPAP therapy, irrespective of OSA severity, on AF burden during nearly 2.5 years of follow-up following catheter ablation. These data highlight the need for a randomized clinical trial in these patients.