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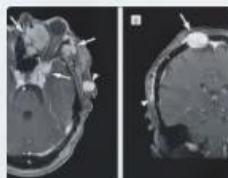


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atrial fibrillation

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CONDITIONS

Atrial Fibrillation



MISCELLANEOUS

Thromboembolic prophylaxis in atrial fibrillation



MISCELLANEOUS

Cardioversion of Atrial Fibrillation



MISCELLANEOUS

Ablation Therapy for Atrial Fibrillation



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Atrial fibrillation screening



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Ablation Therapy for Atrial Fibrillation

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Atrial fibrillation screening

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Atrial Fibrillation

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Background

- Atrial fibrillation (AF) is a common supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with an irregularly irregular ventricular response.
- Causes of atrial fibrillation include an underlying structural heart disease, metabolic disorders, endocrine diseases, and certain medications.
- The prevalence of AF is approximately 1%-2% in the general population of developed countries.
- Definitions of AF:
 - Paroxysmal AF is recurrent atrial fibrillation that terminates spontaneously, lasting possibly up to 7 days, but usually < 48 hours.
 - Persistent AF is atrial fibrillation that is sustained > 7 days or requires termination by cardioversion.
 - Longstanding persistent AF is atrial fibrillation that is persistent for > 1 year.
 - Permanent AF refers to atrial fibrillation where the patient and physician agree to stop additional attempts to restore normal sinus

TOPIC EDITOR

Panagiotis Papageorgiou MD, PhD

RECOMMENDATIONS EDITOR

Amir Qaseem MD, PhD, MHA, FACP

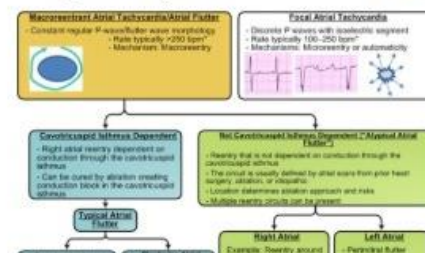
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Atrial Fibrillation

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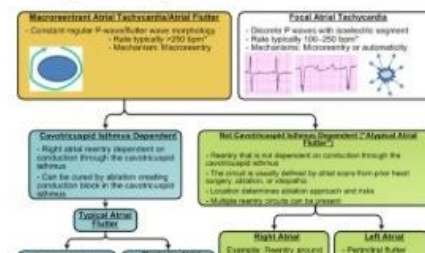
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18 Jul 2019

AHA/ACC/HRS 2019 focused update of the 2014 AHA/ACC/HRS guideline on management of patients with atrial fibrillation (Circulation 2019 Jul 9)

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11 Jul 2019

percutaneous access of common femoral artery may not reduce surgical site infection compared to open access in patients having elective endovascular aortic aneurysm repair (J Vasc Surg 2019 May)

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14 May 2019

inferior mesenteric artery embolization during elective EVAR may reduce risk of type II endoleak in high-risk adults having elective EVAR for AAA (Ann Surg 2019 Apr 2 early online)

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13 Feb 2019

perioperative curcumin may not improve markers of inflammation or tissue injury 1 hour after surgery and may increase acute kidney injury in patients having elective abdominal aortic aneurysm repair (CMAJ 2018 Oct 29)

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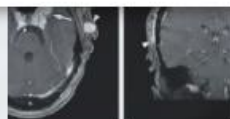
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perioperative curcumin may not improve markers of inflammation or tissue injury 1 hour after surgery and may increase acute kidney injury in patients having elective abdominal aortic aneurysm repair (CMAJ 2018 Oct 29)

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28 Nov 2018

increasing D-dimer and thrombin-antithrombin complex levels associated with increasing AAA growth rates, while cardiovascular disease and diabetes associated with reduced AAA growth rate (Blood Adv 2018 Nov 27)

[View in Abdominal aortic aneurysm \(AAA\)](#)

26 Sep 2018

perioperative beta-blocker use associated with reduced postoperative mortality but higher rate of major adverse events in patients having open repair of intact AAA (Ann Surg 2018 Jun)

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