

SAFETY OF SAME DAY DISCHARGE AFTER CRYOABLATION

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INTRODUCTION

- **Discharge after overnight hospital stay** is standard procedure in patients submitted to elective atrial fibrillation (AF) ablation.
- Taking into consideration the **low rate of cryoablation procedure** complications could the **same day discharge** be an option?

PURPOSE

- To assess the **safety of same day discharge** of patients submitted to AF cryoablation.

METHODS

- **Retrospective single-center study**, inclusion of consecutive patients admitted for elective AF ablation in a tertiary center, between February 2017 and November 2020
- **Groups compared: early (same day) discharge versus late (next day) discharge**
- **Exclusion criteria:** patients ending the ablation procedure after 4 p.m.
- **Outcome definition:** up to 6 months
 - Pericardial effusion/tamponade
 - Local hematoma, femoral pseudo-aneurism and arteriovenous fistula, requiring evaluation and/or intervention (by a vascular surgeon)
 - Major bleeding requiring transfusion
 - Re-admissions related to the procedure
 - Cardiovascular death related to the procedure

RESULTS

154 AF catheter ablation



62 (40.3%) early discharged



No differences in epidemiological and clinical characteristics between groups

Baseline characteristics:

- Mean age of 61 ± 10.9 years-old
- 66.2% were males
- 18.2% had diabetes
- 65.6% had dyslipidemia
- 77.9% had hypertension
- 10.4% had chronic kidney disease KDIGO stage 3 or more

Types of AF	%
Paroxysmal	73.4
Persistent short duration	23.4

- Over a median follow-up of 436 [178 – 729] days:

Complications following AF ablation	Early discharge	Late discharge	P-value
Total n° of complications	6,5%	8,7%	0,61
Pericardial effusion/tamponade	0	3	0,51
Local hematoma	2	3	
Femoral pseudo-aneurism	1	1	
Arteriovenous fistula	0	1	
Major bleeding requiring transfusion	0	0	
Re-admission related to the procedure	1	0	
Cardiovascular death related to the procedure	0	0	

- **Two patients died** during follow up, and this was **unrelated to the procedure**.
- There were **no difference in success rate and arrhythmic recurrence** was observed between the two groups.

CONCLUSIONS

- Our study suggests that **it is safe to early discharge patients** submitted to AF ablation, thus reducing the hospital stay length in selected patients. Larger studies are needed to confirm this data before routine implementation of this strategy.