

Introduction

- **Cavo-tricuspid isthmus ablation (CTA)** is the first line procedure in patients with **typical atrial flutter (AFL)** for **adequate rhythm and symptoms control** with low complication rates and excellent results. Given its apparent simplicity, rarely do we take clinical factors in account before referral.

Objective

- To identify predictors of survival after typical AFL ablation.

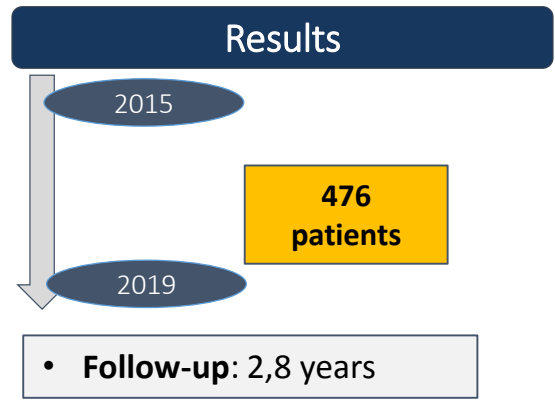
Methods

- **Retrospective single-center study** → **AFL ablation 2015-2019**
- Clinical characteristics were collected

Statistical analysis was performed using Cox regression (for multivariate analysis), Chi-square and Mann-Whitney (for univariate analysis) to identify predictors of survival.

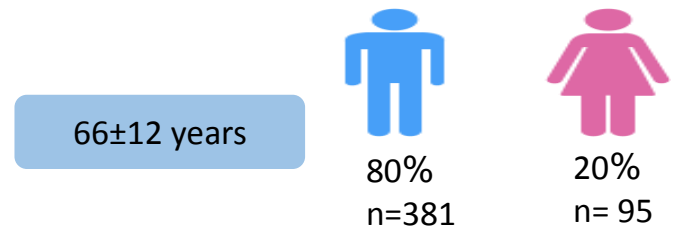
Conclusion

In this subset of patients, the presence of COPD, heart failure, BMI less than 25 and CHA2DS2-VASc score ≥ 4 predicted reduced survival, being CKD stage 3 or more an independent predictor. The suspension of anti-coagulation didn't impact on survival. These results can help us to better select pts to the procedure and decide on whether to stop anti-coagulation, although larger studies are still needed.

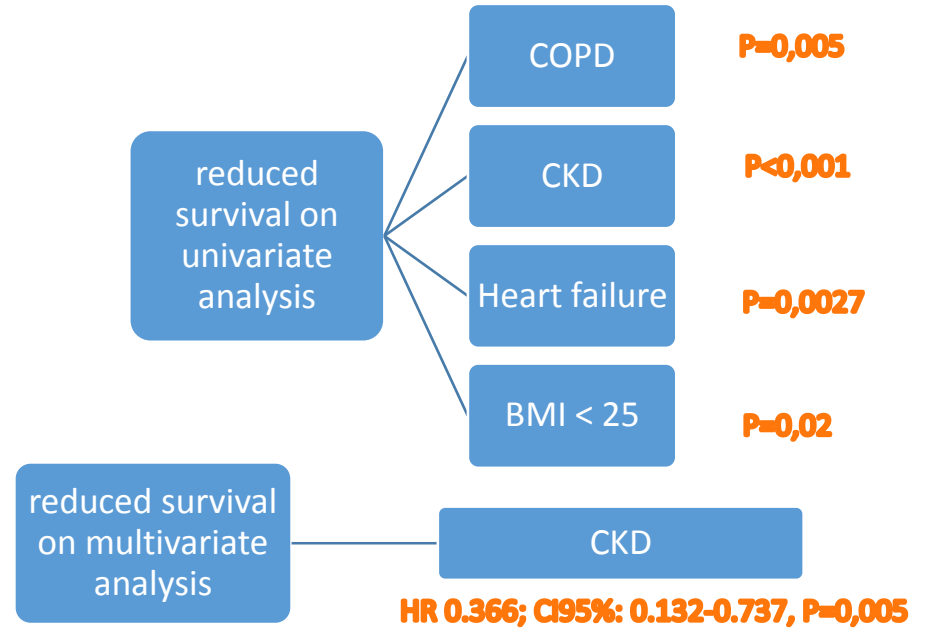


Basal characteristics	N (%)
Hypertension	331 (69,5)
Dyslipidemia	256 (53,9)
Heart failure Reduced ejection fraction	132 (27,8) 17 (3,6)
Diabetes	130 (27,3)
CKD stage 3 or more	84 (17,7)
Ischaemic cardiomyopathy	65 (13,7)
Tobacco abuse	57 (12)
Obstructive sleep apnea	56 (11,9)
Thyroid dysfunction	52 (10,9)
COPD	45 (9,5)

Median CHA2DS2-VASc score 2 (IQ 1-3)



- Before CTA ablation, 444 pts were under anticoagulation, which was stopped in 293 pts after the procedure



No difference between genders (p=NS). CHA2DS2-VASc score of ≥ 4 predicted higher mortality (HR: 3.0) in all three groups. Suspension of anti-coagulation had no impact on survival (p=NS).