Continuing Warfarin Therapy during Left Atrial Catheter Ablation for Atrial Fibrillation

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Background: Prior to catheter ablation for atrial fibrillation (AF) all patients receive oral anticoagulation therapy to reduce the risk of thromboembolic events during left atrial ablation. It is controversial whether warfarin should be continued or interrupted with heparin bridging at the time of ablation. Objective: We evaluated the bleeding complications and the safety in AF ablation under warfarin continuation. Methods: We performed a retrospective review of the bleeding complications in 118 consecutive patients who received oral anticoagulation with warfarin more than one month before AF ablation. Warfarin was temporarily held with heparin bridging in 80 patients and continued in 38 patients during ablation. A bleeding complication was defined as the need for additional pressure hemostasis, blood transfusion or pericardial effusion requiring aspiration. Results: International normalized ratio (INR) on the day of the ablation was significantly higher in warfarin continuation group than warfarin interruption group (2.06±0.33 vs. 1.37±0.22, P<0.0001). The bleeding complications had occurred in 4 of 38 patients (10.5%) who continued warfarin as compared with 8 of 80 patients (10%) interrupted warfarin with heparin bridging (P=1.0). Conclusions: There was no significant difference in the the bleeding complications between patients who continued warfarin and interrupted with heparin bridging during AF ablation. Continuing warfarin with a therapeutic INR appears to be feasible and considered as the anticoagulant strategy in patients undergoing AF ablation.

Keywords: anticoagulation, bleeding, complication