AVOIDING AVOIDABLE CARE

APRIL 25-26, 2012 | CAMBRIDGE, M.

Cardiology Case: Green Room

A second, third, and fourth opinion about atrial fibrillation

1st Opinion 2003

65 year old man business man, avid runner and marathoner who developed brief dizziness while running on a hot summer weekend day and stopped. No syncope.

Saw a cardiologist who did testing.

Stress test showed no ischemia and normal LV function but he did have a very brief run of a narrow-complex tachycardia at a very fast rate of 300 bpm in recovery. A Holter monitor showed normal rhythm but revealed regular, narrow-complex tachycardias, with some irregularity at their termination.

Cardiologist and EP physician's impression: arrhythmia is the trigger of dizziness. Possible atrial fibrillation.

Recommendation: antiarrhythmic drug therapy versus ablation; start verapamil now.

Pt didn't believe his dizziness was serious but was due to dehydration from the heat and weekend alcohol use. Never started verapamil.

Ran 2003 Chicago Marathon, and then another marathon in 2004 with absolutely no symptoms.

4 YEARS LATER – again on a summer day felt unwell while running. Saw PCP next day \rightarrow AFib \rightarrow to Hospital ER - \rightarrow reverted spontaneously to sinus rhythm. Entirely asymptomatic.

EP MD once more rec antiarrhythmic drugs and raised risk of stroke.

2nd opinion 2008

No major risk factors for embolism.

Alcohol: Fridays, four beers + wine, Saturday & Sun: a bottle of wine and two beers.

Current Medications: None. h/o Stomach distress with aspirin.

Physical Examination: WNL except BP 130/92.

EKG: His EKG showed atrial flutter with a ventricular rate of about 145 and 2:1 conduction.

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Impression: asymptomatic atrial flutter today and a history of atrial fibrillation. In and out of arrhythmia but also in sinus rhythm much of the time.

Rec: ASA, not Coumadin, try for tolerance. Curtail alcohol consumption. Stress test, Holter monitor and patient diary of pulse.

Stress test normal. Did not pursue a Holter.

Diary: pulse elevated after running, then normal, in the 50s.

By pulse diary arrhythmia lasts several hours several times/wk otherwise entirely asymptomatic.

ASA: ringing in ears \rightarrow dose lowered, then discontinued. Try Plavix 75 mg.

Runs Boston Marathon successfully. Runs 30 miles a week. No symptoms.

After two-years of follow up at age 70, feeling well. Pulse sustained in the 90s-100s.

Doctor visit: atrial fib. EKG: Atrial fibrillation HR 115

Pt wonders about cardioversion

Lown MD: cardioversion will not alter propensity towards arrhythmia without drugs.

Medications Offered: propafenone, amiodarone and dofetilide. No symptomatic or mortality benefit likely from this path

Pt wonders about ablation

Lown MD: success rate for AF ablation low. Patients should be prepared for multiple attempts

Pt wants elective cardioversion with no antiarrythmic drugs.

Successfully cardioverted, but within a few days -→ Afib.

3rd Opinion 2011

Pt sees a new EP Doctor:

"The patient is symptomatic with his atrial fibrillation and feels quite limited"

ABLATION #1 + flecainide → doesn't tolerate drug

CARDIOVERSION #2 → START propafenone → NSR but intol propafenone

ABLATION #2 → Low-dose sotalol → recurrent arrhythmia

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CARDIOVERSION #3: "Continue sotalol" ---- "I am hoping that things will settle down after his recurrent episode. In addition he may require a repeat ablation."

ABLATION #3: "The patient tolerated the procedure well. I am hoping that this ablation procedure eliminates his arrhythmias."

CARDIOVERSION #4 → amiodarone loaded

4th Opinion 2012

"This 69-year-old with difficult to manage symptomatic atrial fibrillation failed medical management, mostly due to medication intolerance"

Surgical Consult for MAZE procedure (open heart surgery)

We had a long discussion today. I have told him the following:

- 1. I think that he has had a series of ablations in the course of the last 7 months and he is currently on amiodarone and is in sinus rhythm. I think that we must allow things to simmer down before coming to a final decision
- 2. If his atrial fibrillation recurs and is persistent, he will **benefit** from a surgical maze procedure. It would be my inclination to pursue a full maze procedure, given 4 failed ablations

Patient phone follow-up last week:

Pt wants desperately to be a runner and can't do it to his satisfaction on meds.

Hoping that the last ablation "will take" after amiodarone is discontinued.

Probably won't have open heart surgery, worried about post-pump syndrome.