Introduction: Current guideline suggests the uninterrupted new oral anticoagulants (NOACs) anticoagulation in AF ablation, however, evidence for some of NOACs were un-robust. Growing body of reports comparing the efficacy and safety outcomes between uninterrupted NOACs and vitamin K antagonists (VKA) strategy had been published in recent years.

Methods: This meta-analysis aimed at offering an update assessment on peri-procedural anticoagulation management in AF ablation. We searched in PUBMED, EMBASE, and Cochrane Library (inception to April 20, 2019) for eligible studies. Fixed-effects model was preferred in pooled analyses if I² <50%. Publication bias was also investigated.

Result: 21 studies including 10606 individuals were analyzed in this literature. Stroke/transient ischemic attack incidence was similar between uninterrupted NOACs and VKA groups (RR: 0.82, 95% CI:0.41-1.63, P=0.57, I²=0%). Significant lower major bleeding incidence was found in uninterrupted anticoagulation with NOACs instead of VKA (RR: 0.66, 95% CI:0.46-0.93, P=0.02, I²=0%). No difference was seen in silent cerebral embolism (RR: 1.06, 95% CI:0.80-1.41, P=0.68, I²=0%), minor bleeding complication (RR: 1.02, 95% CI:0.86-1.21, P=0.86,I²=0%), cardiac tamponade (RR: 0.95, 95% CI:0.63-1.42, P=0.80, I²=0%) between groups. Uninterrupted NOACs anticoagulation might be related to lower incidence of pericardial effusion but with no significance (RR: 0.75, 95% CI:0.56-1.00, P=0.05, I²=14%) versus VKA.

Conclusion: Uninterrupted NOACs anticoagulation is a feasible alternative to uninterrupted VKA in AF ablation, moreover, it allows significant lower major bleeding incidence and may be superior to uninterrupted VKA in reducing pericardial effusion risk.