Patient Views of Success of Atrial Fibrillation Ablation in Long Term Follow-up

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**Introduction**: Long term follow up data after atrial fibrillation ablation has shown that recurrences are common, and complete elimination of AF is difficult in many patients. However since the majority of AF ablations are performed to improve patients symptoms, complete freedom from AF may not be the most clinically relevant endpoint. We followed up patients > 1 year out from ablation at Johns Hopkins to assess their views of the success of the procedure and compare to AF recurrence data.

**Methods**: We sent a follow up questionnaire to patients from the Johns Hopkins Atrial Fibrillation database who underwent an AF ablation between 12 and 60 months ago. Patients were asked to rate their ablation procedures as “completely successful”, “partially successful”, or “unsuccessful” in controlling their atrial fibrillation symptoms, in addition to other questions about long term AF management. Replies from this survey were compared to baseline demographic data and ~1 year recurrence data.

**Result**: Out of 350 patients to whom surveys were sent, we received 128 responses, age 62.9 +/- 13.5, CHADS-VASc 2.2 +/- 1.5, 66.4% paroxysmal AF. The mean time since ablation was 50.3 months. 59.4% of respondents reported their ablation as “completely successful”, 28.9% reported it as “partially successful”, and only 11.7% reported it as “unsuccessful”. One-year recurrence data was available for 64/129 of these patients, based on the standard “30 seconds of AF” definition of recurrence. Of these patients, only 56.3% were recurrence-free after the 3 month blanking period, at a mean follow up of 14.9 months. In contrast, 59.4% of these patients reported “complete success” at a mean follow up time of 42.7 months, and 28.1% reported partial success. Interestingly 42.8% of the patients with known recurrence at ~1 year reported their procedures as “completely successful” now.

**Conclusion**: These results are derived from an unrandomized survey, but they still illustrate two significant points. First, that AF ablation often has quite durable results in terms of patient-reported symptom control. And second, that the endpoint of “any recurrence” does not always correlate with patient-reported symptoms control, and may not be the most relevant to capture what matters to patients undergoing this procedure. Future studies in the field may wish to consider additional endpoints assessing symptom control in addition to recurrences of AF.