





Sameh SERSAR
MD FRCSCCTS

Cardiothoracic Surgery
Series of Review





Types of Atrial Fibrillation

Paroxysmal	Intermittent episodes of Afib lasting less than 1 week at a time
Persistent	Intermittent episodes of Afib, with at least 1 episode lasting longer than 1 week
Continuous/ Longstanding	Ongoing Afib for >12 months
Permanent	Continuous Afib that has failed all attempts at restoration of sinus rhythm

Adapted from 2014 AHA/ACC/HRS guidelines²

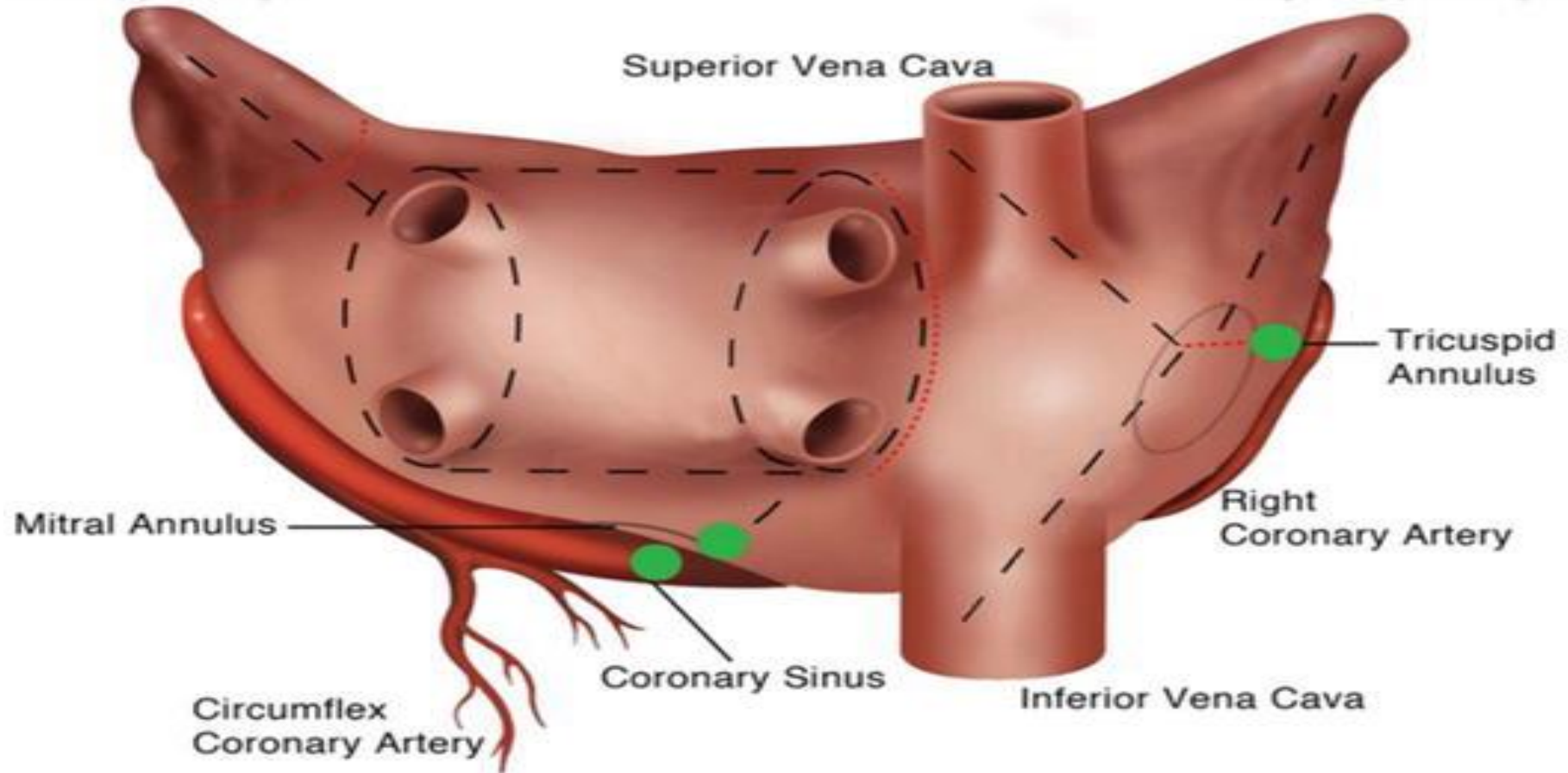




Cox Maze Procedure

Left Appendage

Right Appendage

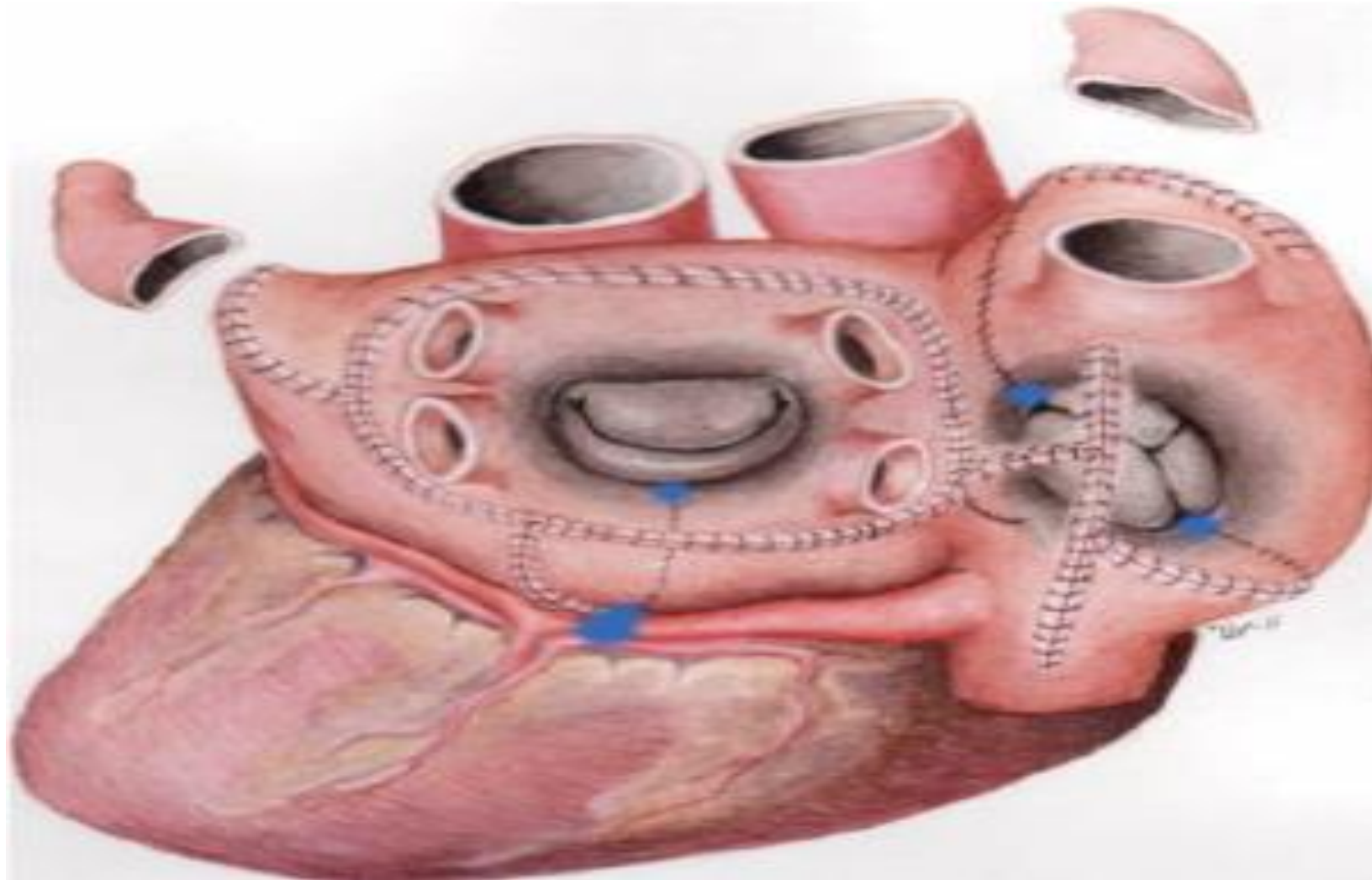


Incision

RF or Cryoablation

Cryoablation
●





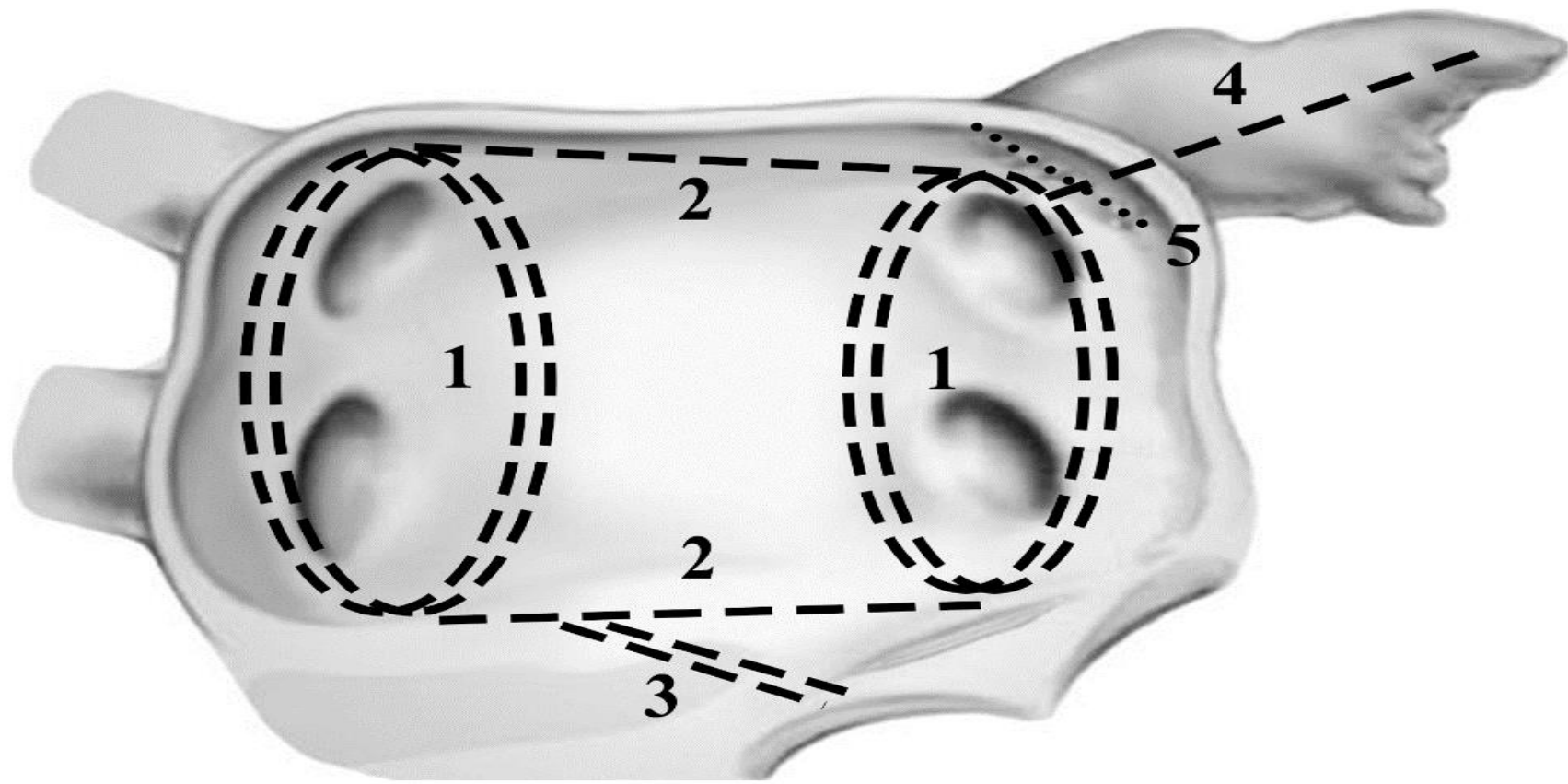
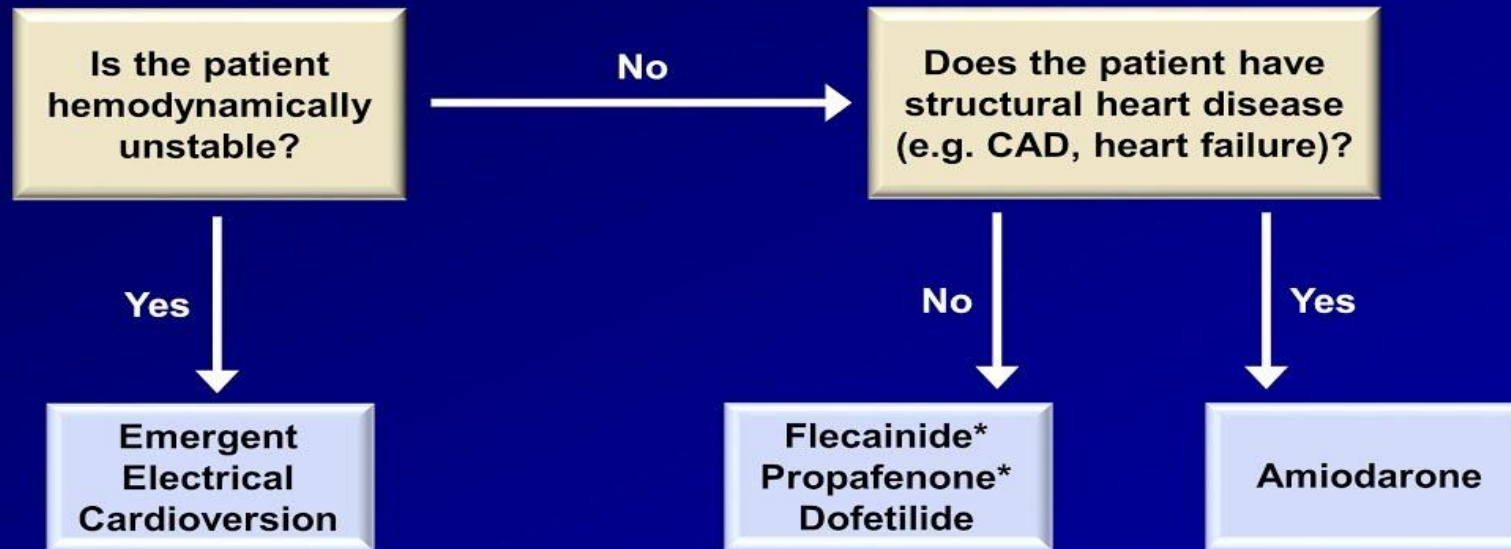


Table 1: AMIODARONE DOSE RECOMMENDATIONS: FIRST 24 HOURS

<p>Loading infusions</p>	<p>First Rapid:</p>	<p>150 mg over the FIRST 10 minutes (15 mg/min). Add 3 mL of amiodarone (150 mg) to 100 mL D₅W (concentration = 1.5 mg/mL). Infuse 100 mL over 10 minutes.</p>
	<p>Followed by Slow:</p>	<p>360 mg over the NEXT 6 hours (1 mg/min). Add 18 mL of amiodarone (900 mg) to 500 mL D₅W (concentration = 1.8 mg/mL)</p>
<p>Maintenance infusion</p>		<p>540 mg over the REMAINING 18 hours (0.5 mg/min). Decrease the rate of the slow loading infusion to 0.5 mg/min.</p>



How to Pick a Medication to Pharmacologically Cardiovert A-Fib/Flutter



* Patients should be pretreated with class II or class IV antiarrhythmic, in the event the a-fib converts to a-flutter.



(Vaughan-Williams-Singh 1969)

