





*Sameh SERSAR*  
*MD FRCSCCTS*

*Cardiothoracic Surgery*  
**Series of Review**



## CHA<sub>2</sub>DS<sub>2</sub> - VASc Score for Atrial Fibrillation Stroke Risk

Factor	Points	Score	Risk of stroke
CHF	+1	0	0.2% Low
Hypertension	+1		
Age ≥75	+2	1	0.6% Moderate
Diabetes	+1	2	2.2% High
Stroke/TIA/VTE	+2	3	3.2%
Vascular Disease	+1	4	4.8%
Age 65-74	+1	5	7.2%
Sex (female)	+1	6	8.7%
		7	11.2%
		8	12.8%
		9	13.2%



1 (male): oral anticoagulant should be considered

≥2: oral anticoagulant is recommended





## **RADIOFREQUENCY ABLATION**

**RF pulses were delivered with a temperature setting up to 55° and RF energy up to 50 W for the 8-mm-tip ablation catheter and 43°C and 35 W for the irrigated-tip catheter, until local electrogram amplitude was reduced  $\geq 80\%$  or decreased below 0.1 mV for up to 120 seconds. The ablation lines consisted of a contiguous local lesion deployed at a distance  $\geq 5$  mm from the ostia of the PVs, which created a circumferential line around each PV or around ipsilateral PVs according to the anatomy.**

**Saline in the field.**

**Remove the TEE during ablation.**





## ECHO IN AF

- Smoke echo.
- Disappearance of atrial reverse flow,
- A decrease in systolic flow with a greater diastolic than systolic flow,
- A prolonged onset of systolic flow,
- Early systolic reverse flow.





# HAS-BLED

Letter	Clinical Characteristic	Points
H	Hypertension	1
A	Abnormal Liver or Renal Function	1 or 2
S	Stroke	1
B	Bleeding	1
L	Labile INR	1
E	Elderly (age > 65)	1
D	Drugs or Alcohol	1 or 2
Maximum Score		9





©© New Oral Anticoagulants: NOACs: Dabigatran, Rivaroxaban and Apixaban. *(NOACS.Da.Ri.Api)*

©© Dabigatran (Pradaxa): *is an* Oral direct inhibitor of thrombin.

*(Da.thro.two.eight.hours) (Da.Pradaxa)(DabiProdrug)*

*(Da..thro. Rivaten. Apiten)*

*NOACS(DOACS) are used for non Valvular AF. (NOACS.NON.VAL)*





**Warfarin necrosis is acquired protein C deficiency between the third and tenth days of warfarin use mainly in women. Lesions are sharply demarcated, erythematous, indurated, and purpuric and may resolve or progress to large, irregular, haemorrhagic bullae with eventual necrosis and slow-healing eschar formation. Neither warfarin dose nor the underlying condition is related to the severity. It occurs in the breasts, thighs, and buttocks.**





- **Rivaroxaban (Xarelto): Oral dose-dependent factor Xa inhibitor indicated for non-valvular atrial fibrillation. Onset of action 0.5 to 2 hours. Half-life is 8 hours, duration of action 24 hours. No monitoring, avoid strong CYP3A inhibitors.**
- *(Riva.Ten.Riva.twenty4)(RivaXar)*
- *Apixaban: Eliquis.*





## Warfarin necrosis

It is not altered by discontinuation of the drug after the eruption. This warfarin necrosis occurs as the inhibition of protein C is stronger than inhibition of the vitamin K leading to paradoxical activation of coagulation and necrosis of skin areas. It occurs mainly in patients with a deficiency of protein C. ***Protein C is an innate anticoagulant*** and as warfarin further decreases protein C levels by inhibiting vitamin K, it can lead to massive thrombosis with necrosis and gangrene of limbs. ***(C.Anticoag)***



