



The Medical Center is dedicated to providing the highest quality, evidence-based care for our patients. To that end, The Medical Center has recently received acknowledgment of that quality by maintaining accreditations in the following:

Chest Pain Center with PCI
Accreditation by the Society of
Cardiovascular Patient Care



**Primary Stroke Center
Designation**
by The Joint Commission



Cancer Program Accreditation
by the Commission on Cancer of
the American College of Surgeons



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Ablation for Atrial Fibrillation

by Sandeep Gautam, M.D., FHRS, Electrophysiologist, and Shawna Miller, RN



Sandeep Gautam, M.D., FHRS

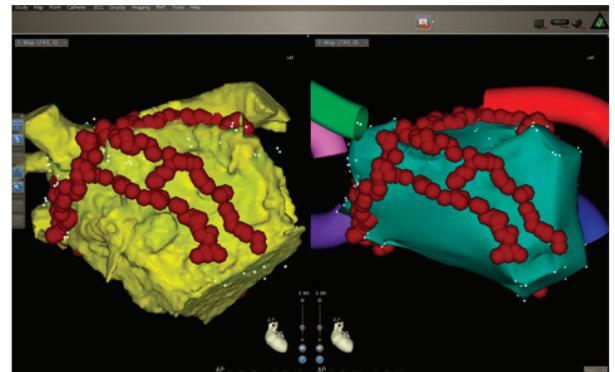
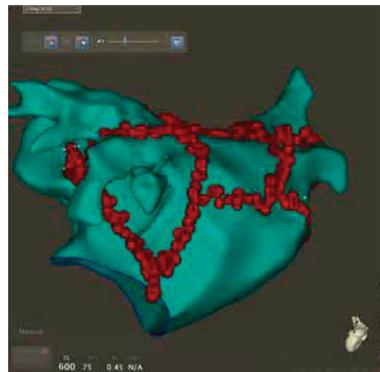
Atrial Fibrillation is the most common arrhythmia in the United States, with an association with increased strokes, heart failure, dementia and mortality. The prevalence of atrial fibrillation increases with age, especially with additional risk factors such as coronary disease, diabetes mellitus, obstructive sleep apnea and alcohol intake. Traditional treatment options include medical management with rate control or anti-arrhythmic medications, along with oral anticoagulation in patients with CHADS-VASC score ≥ 2 .

CHADS-VASC is a calculator used to evaluate ischemic stroke risk for a patient with atrial fibrillation.

The Medical Center at Bowling Green offers radiofrequency ablation for atrial fibrillation, performed by Sandeep Gautam, M.D. Atrial fibrillation ablation is indicated for symptomatic patients resistant or intolerant to an anti-arrhythmic medication. The primary pathology in atrial fibrillation is disorganized atrial electrical activity, most commonly arising in the regions of the pulmonary veins draining into the left atrium. The ablation procedure consists of trans-septal access to the left atrium, followed by radiofrequency ablation around the pulmonary veins, and additional left or right atrial ablation as required in patients with more extensive persistent atrial fibrillation.

The Carto® 3 three-dimensional electroanatomic mapping system is combined with intracardiac echocardiogram to create precise bi-atrial anatomy and aid ablation, enabling reduction of radiation exposure to the patient. Ablation is performed under general anesthesia. Patients are discharged home following overnight observation. Pre-operative workup includes an echocardiogram, stress test, cardiac CT, and trans-esophageal echocardiogram. Anticoagulants do not need to be held for the procedure, thus obviating the need for Heparin bridging.

The success rate for ablation is 70-75% for paroxysmal atrial fibrillation, and 60-70% for persistent cases, as opposed to around 40% with anti-arrhythmic medications. Procedural success is increased by a further 10% by combination with medications.



The Carto® 3 navigation system creates a map of a patient's heart and its electrical activity in 3D in real time. The red dots represent ablation points.