

Use of new oral anticoagulants undergoing atrial fibrillation ablation

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New oral anticoagulants (NOACs), direct thrombin inhibitors (Dabigatran) or factor Xa inhibitors (Rivaroxaban, Apixaban), have emerged as an alternative for vitamin K antagonists (VKAs) for thrombo-embolic event prevention in patients with non-valvular atrial fibrillation (AF). NOACs have some advantages over VKAs such as rapid onset of action, simple dosing, unnecessary dose adjustment and monitoring, and minimal food/drug interactions. The recent availability of NOACs may have led to a change in the anticoagulation regimens of patients referred to catheter ablation of AF. However, there is limited data regarding use around catheter ablation procedures for AF.

In J-CARAF registry data shown that anticoagulation therapy related to AF ablation has drastically shifted from VKAs to NOACs in Japan. Some reports suggest that Rivaroxaban and Dabigatran in the setting of catheter ablation of AF are efficient and safe, compared with the traditional VKAs.

Some patients referred for ablation prefer the convenience of once daily dosing of Rivaroxaban around the ablation procedure. However, based on the available evidence, the twice-daily dosing regimen of NOACs appears to offer a more balanced risk-benefit profile with respect to stroke prevention and intracranial hemorrhage.

One preliminary study examined the feasibility of performing catheter ablation on uninterrupted NOAC therapy. However, until a reversal agent for the NOACs becomes available, the risk of such a strategy is not easily justified.

In this session, we will discuss of the common clinical scenario with patients planning to receive AF catheter ablation based on available evidence.