

Atrial Fibrillation Case Study

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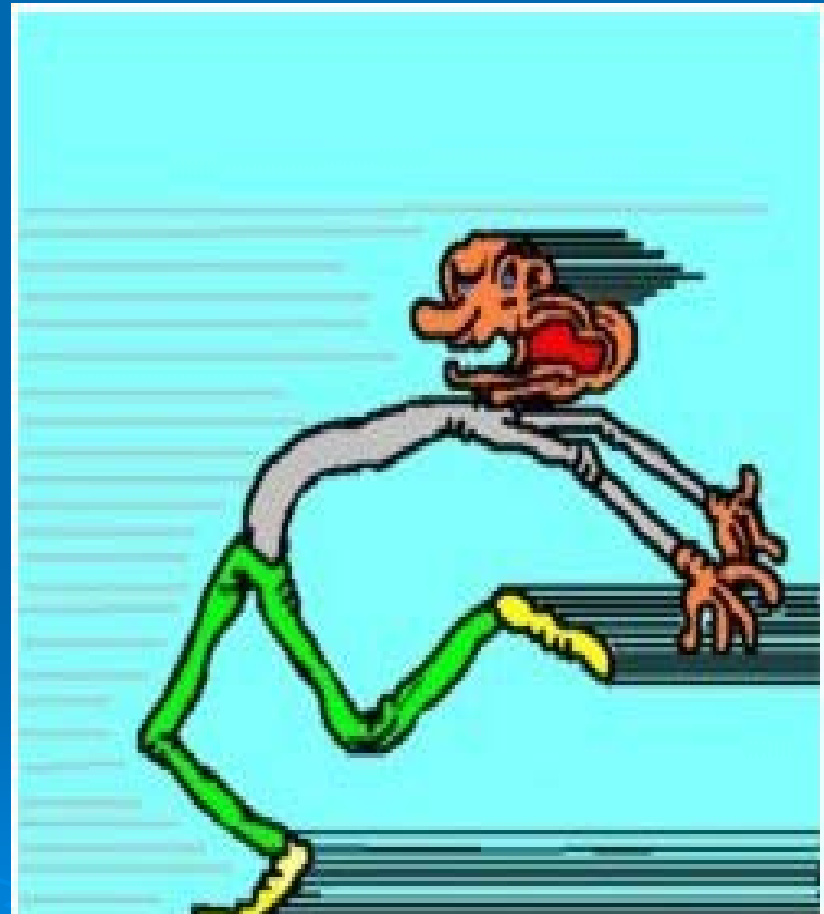
Patient Introduction

- Male
- Age 39
- Marathon Runner
- **History**
 - Atrial Fibrillation since 1998
 - Childhood Asthma
 - Appendectomy
 - ETOH Social 1-2/wk
 - Caffeine 2-3 /wk



Atrial Fibrillation History

- 1998 First Episode
 - Spontaneously Converted
- January 2006
 - Initiated Coumadin and Atenolol 12.5mg BID
 - Cardioversion February 2006
- March 2009
 - Afib after walking up stairs
 - Reinitiated Coumadin with Lovenox bridging and Atenolol 12.5mg bid
 - TEE/Cardioversion



Atrial Fibrillation History

- April, 15 2009
 - Atenolol was stopped due to bradycardia in NSR
 - Cardioversion within 48 hours of onset of Afib.
 - Coumadin not restarted
 - Afib reoccurrence within 3 hours of CV
 - Restart of Coumadin and Atenolol BID



Help is on the way....

- April 2009, consult with Dr. Underwood in clinic.
- Now persistent Afib
- Mild symptoms of DOE with running.
- Previous TEE showed structurally normal heart except mild atrial enlargement.



Treatment Plan

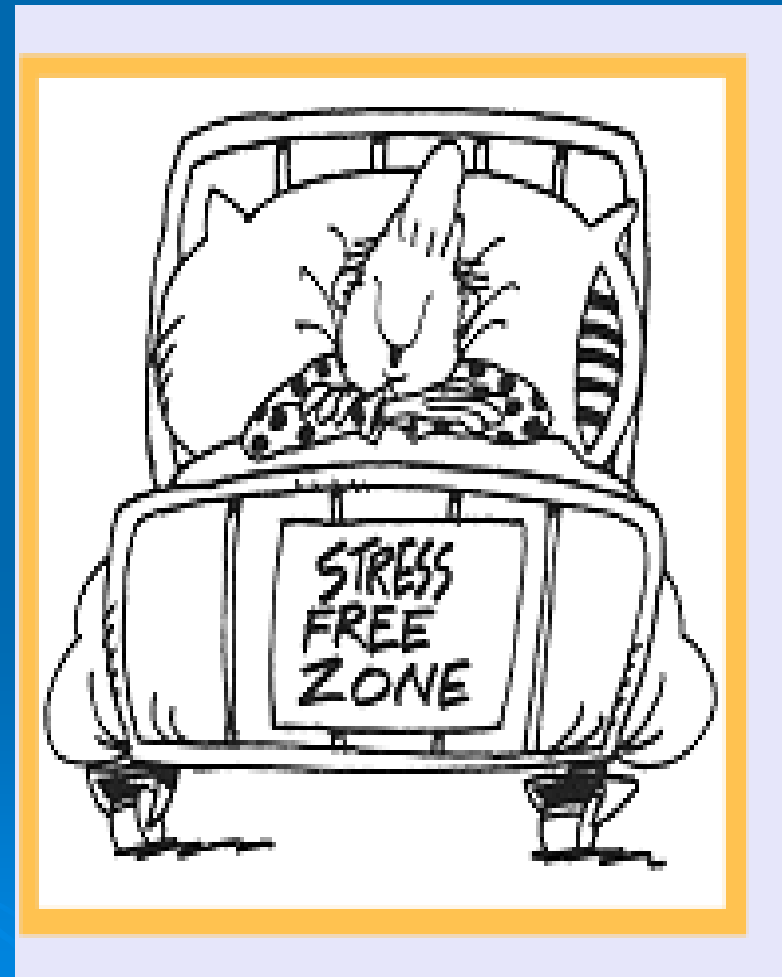
- Scheduled for Pulmonary Vein Isolation procedure
- Pre procedure MRI with normal pulmonary venous anatomy
- TEE with no evidence of left atrial thrombus
- Goal INR for procedure is 2.2-3.0.
- No medications to hold pre procedure

Pulmonary Vein Isolation

- Wide area circumferential ablation and roof line resulted in isolation of all four pulmonary veins
- Atrial fibrillation persisted
- Complex Fractionated Electrograms
- Atrial fibrillation persisted
- Cardioversion with 200 J restored intermittent junctional rhythm

Post PVI Day One

- No neurological deficits
- Vital signs and I&O WNL
- Remained in NSR with intermittent junctional rhythm
- Mild chest pain with deep inspiration, use of incentive spirometry up to 1500



Post PVI Day One

➤ Puncture sites

- Left subclavian site stable with sutures
- Right groin no ecchymosis, hematoma, or bruit
- Left groin with mild ecchymosis, small hematoma and no bruit

➤ Discharge Medications

- Flecainide 50mg bid
- Atenolol 12.5mg bid
- INR 2.9 Coumadin 7.5mg Su,Th 5mg 5/7

Post PVI Clinic Follow Up

- Follow up in clinic post op day 4 for INR and suture removal
 - NSR, no episodes of atrial fibrillation
 - INR 3.0 no change in Coumadin dosing
 - Right groin small amount of ecchymosis, no bruit
 - Left groin ecchymosis extending to pelvic area and thigh, hematoma resolving and no bruit



Post PVI Clinic Follow Up

➤ Post op day 5

- Called stating developed pain and tightness in thigh
- Ultrasound of left groin performed with no evidence of AV fistula or pseudo aneurysm
- Ultrasound did show small amount of surrounding hematoma

➤ Discomfort and ecchymosis took several weeks to resolve

Post PVI Clinic Follow Up

- 6 week follow up with NP
 - Only brief episodes of atrial fibrillation, nothing sustained
 - Femoral sites clear with no discomfort
 - Flecainide discontinued
 - Atenolol weaned off
 - Started running again with no problems
- 3 month follow up with Dr. Underwood
 - No atrial fibrillation
 - Coumadin stopped and started on ASA 81mg daily
 - Ran a half marathon with no problems