# Fluoroscopy Use During Different Arial Fibrillation Ablation Techniques



Manninger M., Rohrer U., Hartmann K., Geczy T., Bisping E., Lercher P., Prenner G., Sereinigg M., Pratl B., Trummer S., Andrecs L., Zweiker D., Zirlik A., Scherr D. Department of Cardiology, Clinic of Medicine, Medical University of Graz, Austria

## **Background:**

Catheter ablation of atrial fibrillation is (AF) an established therapy for patients with symptomatic paroxysmal (PAF) and persistent AF (persAF). The cornerstone of AF ablation is pulmonary vein isolation (PVI), which can be achieved by different techniques including radiofrequency (RF) and cryoablation. It has been previously demonstrated that procedure times using single shot devices such as cryoballoons are shorted. We aimed to test, whether radiation exposure differed between both ablation techniques.

#### **Methods:**

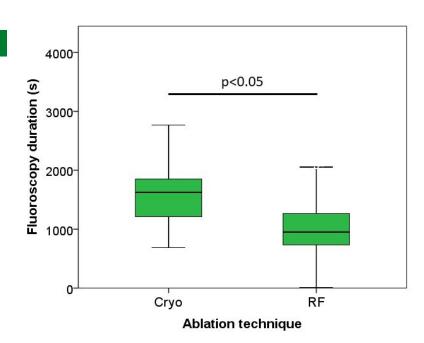
We reviewed retrospectively procedural data from first ablation of AF with PVI only using RF and cryoablation. Primary endpoints were fluoroscopy time and dose area product.

## **Results:**

n=242	Cryo	RF	р
n	54	188	
age	61±11	59±10	n.s.
female	37%	31%	n.s.
AF type	paroxysmal: 93% persistent: 7%	paroxysmal: 63% persistent: 31%	n.s.
BMI (kg/m²)	27±6	28±4	n.s.
LVEF (%)	59±4	59±8	n.s.
AF duration (months)	36 (IQR 60)	24 (IQR 57)	n.s.
diabetes (%)	4	6	n.s.
arterial hypertension (%)	56	53	n.s.
fluoroscopy times (s)	1632±568	1142±1034	0.02
DAP (Gycm²)	57 (IQR 87)	56 (IQR 73)	n.s.

#### **Conflict of interest**

The authors declare, that they have no conflict of interest.



## **Conclusion:**

Shorter procedure durations come at the price of greater radiation exposure during cryo ablation. Single shot devices using electroanatomic mapping systems may overcome this limitation.