

Short and Intermediate Term Outcomes of the Convergent Procedure: Initial Experience in a Tertiary Referral Center

Tonks, R. et. al., 2020

This retrospective study examined 36 patients treated with the Hybrid AF™ Convergent procedure—89% of whom had persistent AF or long-standing persistent (LSP) AF, and 58% of whom had LA enlargement > 4 cm. Findings are as follows.

Parameter	At 3 Months	At 12 Months
Freedom from Symptomatic Arrhythmia	77.8%	77.3%
Patient Off AADs	n/a	65.8%

During the procedure, 36% had LAA management using the AtriClip device. None of these patients had AF recurrence after the 90-day blanking period, supporting the theory that LAA exclusion augments the success rates of ablation alone.

The authors reported good outcomes, but also a learning curve for the first 10 patients. There were no peri-procedural deaths. Complications included 1 phrenic nerve palsy, 1 tamponade, 2 pericardial effusions requiring pericardiocentesis, and 2 severe pericarditis.

The authors concluded that the Hybrid Convergent procedure is a safe and effective treatment option that leverages the strengths of minimally invasive surgery and percutaneous endocardial catheter approaches to confer significant symptomatic relief from persistent and long-standing persistent AF. Such a multidisciplinary, hybrid approach may be the key to optimizing outcomes for this difficult patient population and should be considered as part of the armamentarium in a comprehensive AF treatment program.

AF: atrial fibrillation; LA: left atrium; AADs: anti-arrhythmic drugs; LAA: left atrial appendage

Reference: Tonks, R. et al. (2020). Short and intermediate term outcomes of the Convergent procedure: initial experience in a tertiary referral center. *Annals of Thoracic and Cardiovascular Surgery*, 26(1):13-21.

EPI-Sense® Guided Coagulation System

U.S. Indications: The EPI-Sense Coagulation System/EPI-Sense ST™ Coagulation Device is intended for the treatment of symptomatic long-standing persistent atrial fibrillation (continuous atrial fibrillation greater than 12 months duration) when augmented in a hybrid procedure with an endocardial catheter listed in the instructions for use, in patients (1) who are refractory or intolerant to at least one Class I and/or III antiarrhythmic drug (AAD); and (2) in whom the expected benefit from rhythm control outweighs the potential known risks associated with a hybrid procedure such as delayed post-procedure inflammatory pericardial effusions. **Contraindications** include patients with Barrett's Esophagitis, left atrial thrombus, a systemic infection, active endocarditis, or a localized infection at the surgical site at the time of surgery. **Adverse Events:** Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion/cardiac tamponade, pericarditis, excessive bleeding, phrenic nerve injury, stroke/TIA/neurologic complication. **Warnings:** Physicians should consider post-operative anti-inflammatory medication to decrease the potential for post-operative pericarditis, and/or delayed post-procedure inflammatory pericardial effusions. Physicians should consider post-procedural imaging (i.e. 1-3 weeks post-procedure) for detection of post-procedure inflammatory pericardial effusions. **Precautions:** Precautionary measures should be taken prior to considering treatment of patients: (1) Deemed to be high risk and who may not tolerate a potential delayed post-procedure inflammatory pericardial effusion. (2) Who may not be compliant with needed follow-ups to identify potential safety risks. To ensure patients undergoing treatment with the EPI-Sense/EPI-Sense ST device are well informed, the benefits, potential risks and procedural outcomes associated with the EPI-Sense/EPI-Sense ST Hybrid Convergent procedure should be discussed with the patient. Physicians should document accordingly in the medical record. Qualified operators are physicians authorized by their institution to perform surgical sub-xiphoid pericardial access. The coagulation devices should be used by physicians trained in the techniques of minimally invasive endoscopic surgical procedures and in the specific approach to be used. Operators should undergo training on the use of EPI-Sense/EPI-Sense ST device before performing the procedure. Safety and effectiveness of concomitant left atrial appendage closure was not evaluated in the CONVERGE study. Follow-up should be conducted at approximately 30 days post-procedure to monitor for signs of delayed onset pericarditis or pericardial effusion.