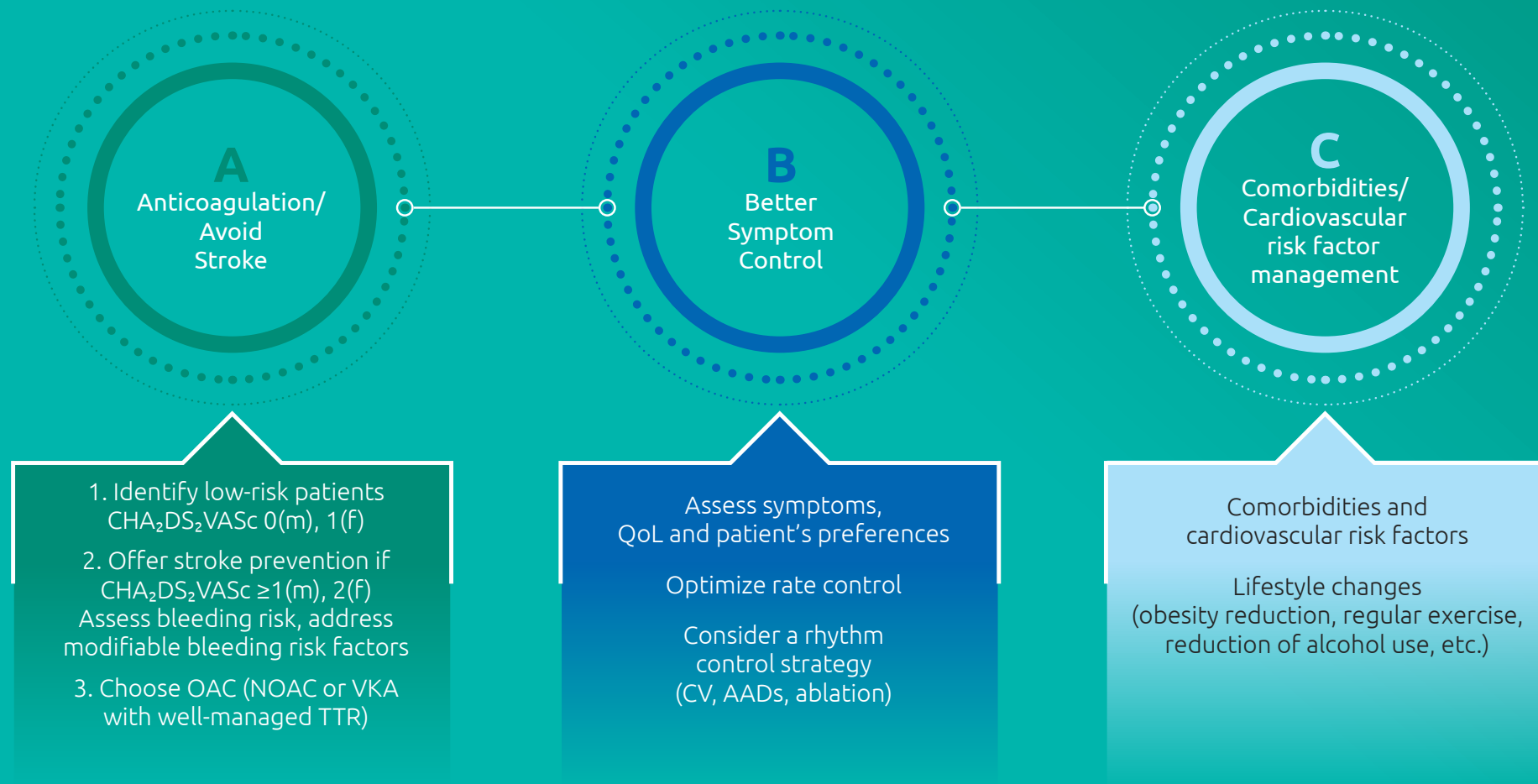


2020 ESC GUIDELINES FOR THE DIAGNOSIS & MANAGEMENT OF **Atrial Fibrillation**

ABC Pathway: Atrial Fibrillation (AF) Better Care

Structured Management of AF Patients to Improve Outcomes¹



1. Hindricks, G., et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS). European Heart Journal. 2020. 00, 1-126.

CATHETER ABLATION INDICATIONS

Complete electrical isolation of the pulmonary veins (PVI) is recommended during all AF catheter-ablation procedures (Class I, Level A)¹

	Class	Level
AFTER DRUG THERAPY FAILURE¹		
AF catheter ablation for PVI is recommended for rhythm control after one failed or intolerant class I or III AAD, to improve symptoms of AF recurrences in patients with paroxysmal AF or persistent AF without major risk factors for AF recurrence.	I	A
AF catheter ablation for PVI is recommended for rhythm control after one failed or intolerant class I or III AAD, to improve symptoms of AF recurrences in patients with persistent AF with major risk factors for AF recurrence.	I	B
FIRST-LINE THERAPY¹		
AF catheter ablation for PVI should be considered as first-line rhythm control therapy to improve symptoms in selected patients with symptomatic paroxysmal AF episodes as an alternative to AAD class I or III, considering patient choice, benefit, and risk.	IIa	B
AF catheter ablation for PVI may be considered as first-line rhythm control therapy to improve symptoms in selected patients with symptomatic persistent AF without major risk factors for AF recurrence as an alternative to AAD class I or III, considering patient choice, benefit, and risk.	IIb	C
AF catheter ablation is recommended to reverse LV dysfunction in AF patients when tachycardia-induced cardiomyopathy is highly probable, independent of their symptom status.	I	B
Should be considered in selected AF patients with HF with reduced LVEF to improve survival and reduce HF hospitalization.	IIa	B

1. Hindricks, G., et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS). European Heart Journal. 2020. 00, 1-126.

Definition		Wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended or is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
Class IIa	Weight of evidence/opinion is in favour of usefulness/efficacy.	Should be considered
Class IIb	Usefulness/efficacy is less well established by evidence/opinion.	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses.
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries.

Learn more at www.Medtronic.eu/cryoablation