

Case study:

How the University Hospital Center Montpellier is helping more Atrial Fibrillation patients get treated

ArcticFront™
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Case study

How the University Hospital Center Montpellier is helping more Atrial Fibrillation patients get treated by driving outpatient cryoablation procedures

One of the oldest medical faculty in Europe, employing about 11,000 people with 14 medical activity departments and a large research activity. In an interview with Professor Pasquié, he explains why his hospital is investing in outpatient cryoablation procedures and the benefits the approach is offering to physicians, patients, and their families.



Prof. Jean Luc Pasquié

Head of the Department of Cardiology, University Hospital Center Montpellier & Professor of Cardiovascular Medicine - University of Montpellier

Cardiac facilities:



- 2 x catheter labs
- 1 x hybrid lab
- 1 x EP lab
- 1 x pacemaker lab
- 5 x EP operators



8 beds per day for mixed surgery and interventional cardiology and 2-4 beds for outpatient cryoablation



The challenge

What was your challenge and what solution did you adopt to address the challenge?

Our hospital did not have enough capacity to treat the high number of patients with atrial fibrillation coming in. At the time, in 2006, we were performing about 100 ablations per year. In order to treat more patients, we decided to open a Same Day Discharge unit dedicated to optimizing hospital stays for patients undergoing cryoablations through an outpatient program.

Who is an ideal patient for outpatient cryoablation?

We found out that the ideal patient should not have to travel more than 1 hour to get to the hospital. We also found that there are advantages for elderly patients and patients with disabilities going back home on the same day as they are more comfortable at home and less likely to suffer from falls.



The impact

What has been the impact on your hospital of adopting an outpatient ablation program?

“Through putting in place an organization with precise protocols from the beginning, we have also been able to optimize our workflow. Patients now arrive faster into the room, recover faster and leave faster which enables physicians to start more quickly with new patients.”



Adopting an outpatient cryoablation program has helped us increase the number of cryoablation (or AF ablation) procedures we do per year to about 400, four times what we did in 2006. We have also been able to reduce waiting lists for ablations from 4 months to about 1 month particularly during and since covid where we experienced a lot of staff shortages, by performing up to 4 cryoablations per day with procedures starting at 8h and finishing by 14h increasing the rotation of available beds. About 30 percent of our AF patients undergo outpatient cryoablation procedures.

The program has also helped us increase the quality of patient care through ensuring safe procedures with low complication rates. As required for a high-quality Same Day Discharge program, complication rates are lower than in conventional hospitalizations. Patients are also generally happier and more reassured when they can go back home rapidly. Their families are happy too.

In addition, the setup has allowed us to reduce the number of last minute procedure cancellations from patients (not surpassing a 5% cancellation rate). For example, we have a secretary dedicated to coordinating patients and their appointments and doing as much patient preparation pre-procedure at home to get in the cath lab faster. The secretary is in frequent contact with the patient to ensure they are prepared for their pre-appointments and related medical exams as well as the procedure itself.

Lastly this organization has enabled us to offer attractive positions to future staff not requiring nights and weekends, and, as a result, staff motivated to contributing to the success of the unit.



The advantages

What are the advantages of doing outpatient cryoablation procedures with local anesthesia?

Doing cryoablation procedures with local anesthesia enables shorter procedures which helps treat several patients per day on the same bed. Outpatient cryoablation with Arctic Front Advance™ is not painful and can be done easily under local anesthesia.

The approach helps us to have short procedures with short stays allowing us to:

Treat 2 patients per day compared to 1 patient per day with ablation by radiofrequency under GA.

The future

What does the future look like for your outpatient cryoablation program?

Since we only have 2-4 beds available per day for outpatient cryoablation procedures, in the next 2 years we plan to build a new building with a larger unit.

Another challenge is that we have only 8 beds in our unit comprised of mixed surgery and interventional cardiology, and only 2-4 beds available every day for Same Day Discharge patients. To address this, we plan to have a larger unit in 2 years.

Advice

What advice would you give to hospitals thinking about adopting an outpatient ablation program?

My advice to hospitals interested in adopting Same Day discharge of cryoablation procedures is that you will need to be patient as it takes 2 to 3 years to put in place an outpatient cryoablation program with precise protocols, but that you will be happy for the time and energy invested. You have to have a dedicated unit with dedicated staff and you need 1 nurse/coordinate to be in charge of liaising with patients pre and post procedure. I would also advise that outpatient procedures be done in the morning so patients can leave in the afternoon with their prescriptions and the follow-up appointment. Personally I try to do outpatient procedures as often I can.



Brief Statement

Product with CE mark according to the law.

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