

Call to action for Cardiac Surgeons

Do not leave AF untreated when the chest is already open.

The 2024 ESC/EACTS Guidelines reinforce a clear message: cardiac surgeons have a unique opportunity to address the three major consequences of atrial fibrillation in a single procedure:

- Restore rhythm through surgical AF ablation^{19-22, 22-27}
- Reduce stroke risk through LAA exclusion¹⁻¹³
- Treat the underlying structural heart disease

Every surgery is an opportunity to:



Restore rhythm¹⁹⁻²⁷



Prevent stroke^{2-5, 8-12}



Improve outcomes

Every AF patient presenting for mitral valve surgery should be evaluated for concomitant surgical ablation, now supported by a Class I, Level A recommendation.¹⁹⁻²² In the same setting, surgical LAA exclusion should be considered as part of a comprehensive stroke prevention strategy.^{2,3,8-12}

Key questions for every surgical AF patient

- Can I improve this patient's long-term freedom from AF?
- Can I reduce this patient's lifetime stroke risk?
- Can I provide a more complete treatment during this procedure rather than leaving AF untreated?

Surgical imperative



Treat the valve¹⁹⁻²²



Treat the rhythm¹⁹⁻²⁷



Protect against stroke^{2,3,8-12}

The latest ESC/EACTS guidelines confirm that modern cardiac surgery is no longer solely about correcting structural disease. It's about delivering comprehensive AF care by combining valve intervention, surgical ablation, and left atrial appendage management^{2,3,8-12,19-22} to improve long-term patient outcomes.^{2-13,19-27}

Overview of the ESC Guideline updates

2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS)*

Concomitant surgical ablation

Recommendations	Class ^a	Level ^b
Concomitant surgical ablation is recommended in patients undergoing mitral valve surgery and AF suitable for a rhythm control strategy to prevent symptoms and recurrence of AF, with shared decision-making supported by an experienced team of electrophysiologists and arrhythmia surgeons. ¹⁹⁻²²	I	A
Concomitant surgical ablation should be considered in patients undergoing non-mitral valve cardiac surgery and AF suitable for a rhythm control strategy to prevent symptoms and recurrence of AF, with shared decision-making supported by an experienced team of electrophysiologists and arrhythmia surgeons. ²²⁻²⁷	IIa	B

Endoscopic and hybrid AF ablation

Recommendations	Class ^a	Level ^b
Endoscopic and hybrid ablation procedures should be considered in patients with symptomatic persistent AF refractory to AAD therapy to prevent symptoms, recurrence, and progression of AF, within a shared decision-making rhythm control team of electrophysiologists and surgeons. ^{14,17,18}	IIa	A
Endoscopic and hybrid ablation procedures may be considered in patients with symptomatic paroxysmal AF refractory to AAD therapy and failed percutaneous catheter ablation strategy to prevent symptoms, recurrence, and progression of AF, within a shared decision-making rhythm control team of electrophysiologists and surgeons. ^{15,16}	IIb	B

Surgical left atrial appendage exclusion

Recommendations	Class ^a	Level ^b
Surgical closure of the left atrial appendage is recommended as an adjunct to oral anticoagulation in patients with AF undergoing cardiac surgery to prevent ischaemic stroke and thromboembolism. ^{2,3,8-12}	I	B
Surgical closure of the left atrial appendage should be considered as an adjunct to oral anticoagulation in patients with AF undergoing endoscopic or hybrid AF ablation to prevent ischaemic stroke and thromboembolism. ^{4,5}	IIa	C
Stand-alone endoscopic surgical closure of the left atrial appendage may be considered in patients with AF and contraindications for long-term anticoagulant treatment to prevent ischaemic stroke and thromboembolism. ^{1,6,7,13}	IIb	C

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*Isabelle C Van Gelder, Michiel Rienstra, Karina V Bunting, Ruben Casado-Arroyo, Valeria Caso, Harry JG M Crijns, Tom JR De Potter, Jeremy Dwight, Luigina Guasti, Thorsten Hanke, Tiny Jaarsma, Maddalena Lettino, Maja-Lisa Löchen, R Thomas Lumbers, Bart Maesen, Inge Meldgaard, Giuseppe M C Rosano, Prashanthan Sanders, Renate B Schnabel, Piotr Suwalski, Emma Svennberg, Juan Tamargo, Otilia Tica, Vassil Traykov, Stylianos Tzeis, Dipak Kotecha, ESC Scientific Document Group, 2024 ESC Guidelines for the management of atrial

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