Report on the use of Surgical Ablation Devices for Concomitant Atrial Fibrillation in Belgium, one year after reimbursement.
During the first year of reimbursement, 254 ablations were performed for concomitant AF. (In 2009: 211 registered AF procedures).

These 254 procedures were performed in 23 centers.
**Demographics:**
- 60% male, mean age of 68 ± 11 years
- Surgery involving the *mitral valve* in 63%

**Type of AF:**
- Almost half of the patients presented with paroxismal AF
- 10% of patients presented with permanent AF, in which only rate control was performed.

**Type of Device:**
- in 44% of cases, only bipolar RF-probes were used (1/3 for a full Cox-Maze IV, 2/3 for pulmonary vein isolation)
**Closure of the left atrial appendage (LAA):**
- in 50% external or internal **closure**
- in 33% **resection**
- in 17% **no action** (62% of mitral cases in this group were endoscopic)

**Ablation-lines used in paroxismal AF:**
- Lesion-set on the left side is relatively standardised.
- However, on the right side, only 50% of lesions form a true Cox-Maze IV.
Ablation-lines used in **Chronic AF**:  
- Lesion-set on the left side is relatively standardised.  
- However, on the right side, only 57% of lesions form a true Cox-Maze IV.

Fig. 7: Lines in chronic AF

Complications after ablation:  
- Ablation is a very safe procedure with 3% risk of a total AV-conduction block and 1% risk of bleeding

Rhythm at discharge:  
- In the chronic group, the percentage sinus rhythm (SR) at discharge was remarkably high (even 58% in patients with permanent AF)  
- Only 43% of patients received amiodarone/dronedarone at discharge.

Fig. 8: % SR at discharge
Rhythm at follow-up: 6m Holter only in 25% (Paroxysmal) and 28% (Chronic) of cases.

Follow-up visit (6m): present in 41% of patients.
Addendum 1: BACTS website: Atrial Fibrillation Management Database

DATABASE - Atrial Fibrillation Management Database

Since the 1st of November there is a regulation for the reimbursement of the disposable probes for concomitant atrial fibrillation ablation.

The registry for the reimbursement of the disposable probes consist of three parts:

- Pre-operative form: to be filled in before discharge of the patient
- Procedural form: to be completed within one month after the procedure
- Follow-up form: from follow-ups during two years (one Echocardiography and one Holter)

The first two parts have to be completed for reimbursement. As proof of completion two receipt numbers will be given. Once the two parts of the registration, namely the pre-operative part and the procedural part, are completed, a notification form is produced. The latter must be produced within 30 days following the intervention. The notification form must be signed by the electrophysiologist and the cardiac surgeon. The cardiac surgeon is responsible for the transmission of the notification form to the hospital pharmacists who will transmit it to the insurance company together with the invoice.

Follow-up: In the “aakoordverklaring/déclaration d’acord” the follow-up is unclear. Three follow-up visits and one echo and one holter are mandatory during two years.

We propose to have three follow-up visits during two years.

- First follow up at 6 months (+/- 2 months), with echo and holter
- Second follow up at 12 months (+/- 2 months)
- Third follow up at 24 months (+/- 3 months)

Please note that follow-up is mandatory (as stated in the agreement) for the future reimbursement of your applications.

BACTS Atrial Fibrillation Management Database will be hosted on an external protected server. Each center will have a login and password.

Note that there is access to the centers own data.

Reimbursement criteria

Inclusion criteria

- Concomitant surgical treatment of documented atrial fibrillation in combination with one of the following 229014-229025,229515-229536,229574-229585,229596-229600,229611-229622,229633-229644

Exclusion criteria

- Permanent atrial fibrillation > 5 years
- Left atrial diameter > 65 mm (parasternal long axis view)
- Percutaneous ablation for atrial fibrillation during same admission

Links:

- http://clickserver-5.clickworks.be/fmli/iwp/cgi?-db=BACTS&startsession
- Data Collections Form (DCF) [ word / pdf ]
- Datafile of registry (excel, prep form, procedural form, follow up form)
- BACTS registry (demo) (.zip) - open BACTS.fr ?

Contact database@bacts.org