



# Surgical management of atrial fibrillation: outcomes and the nursing role at Dubrava University Hospital

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**Introduction:** Atrial fibrillation (AF) is the most common arrhythmia encountered in clinical practice, classified into three types: paroxysmal, persistent, and permanent. Paroxysmal AF occurs intermittently and typically resolves spontaneously, while persistent AF requires intervention for the restoration of sinus rhythm. Permanent AF is characterized by a sustained rhythm that is resistant to conversion.<sup>1</sup> Effective management often involves surgical interventions such as ablation techniques and left atrial appendage (LAA) occlusion, aimed at reducing symptoms and the risk of stroke.

**Patients and Methods:** Between September 2022 and April 2024, 31 patients with concomitant AF underwent surgical intervention. Each patient underwent LAA excision, followed by either cryoablation or radiofrequency ablation, depending on the specific surgical approach needed for the primary surgery type.

**Results:** The mean age was 68.1±7.1 years, with 64.5% being male. The mean duration of AF prior to surgery was 1.8 years. Of the patients, 35% presented with paroxysmal AF and 65% with persistent or permanent AF. Notably, 55% of patients received cryoablation, while the remaining 45% underwent radiofrequency ablation. At the 6-month follow-up, more than 80% of patients maintained sinus rhythm. This significant outcome highlights the effectiveness of the combined surgical approach in restoring normal heart rhythm.

**Conclusion:** The management of atrial fibrillation requires a multidisciplinary approach, with the nursing role being crucial in administering antiarrhythmic and anticoagulation therapies postoperatively. Additionally, a thorough understanding of ECG interpretation is essential for monitoring patients and ensuring optimal outcomes after surgical intervention.<sup>2</sup>

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## LITERATURE

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