Shown in Figure 3B is a schematic drawing of the left and right atria as viewed from the posterior. The lesion set involves most of the pulmonary veins and the left atrial appendage. In blue is the line of the left inferior PV that is separated from the left atrial appendage. In green are all the lines of the left atrial appendage.

Shown in Figure 4 are the circumferential ablation lesions, which are created in a circumferential fashion around the right and the left PVs. The primary endpoint of this ablation strategy is the electrical isolation of the PV musculature.

Some of the most common sites of ablation lesions. These include a "roof line" connecting the lesions shown in green and red, which travels from the coronary sinus to the region of the PVs at the level of the left inferior PV, and an anterior linear lesion connecting either the "roof line" or the left aerocapital lesion to the lesions anteriorly. Also shown is a linear lesion created at the crista supraventricularis. This lesion is generally placed in patients who have experienced crista supraventricularis dependent atrial flutter clinically or have it induced during EP testing.

Atrial flutter is not appropriate in the context of patients undergoing catheter ablation of AF. The term persistent AF is not appropriate in the context of patients undergoing catheter ablation of AF. The term permanent AF is not appropriate in the context of patients undergoing catheter ablation of AF.

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Some of the most common sites of ablation lesions when complex fractionated electrograms are targeted.

1. The superior vena cava is separated from the left atrium by the crista supraventricularis, which travels from the coronary sinus to the region of the left inferior PV.
2. Atrial flutter is not appropriate in the context of patients undergoing catheter ablation of AF. The term permanent AF is not appropriate in the context of patients undergoing catheter ablation of AF.
3. Atrial flutter is not appropriate in the context of patients undergoing catheter ablation of AF. The term permanent AF is not appropriate in the context of patients undergoing catheter ablation of AF.
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Background

During the past decade, catheter ablation of atrial fibrillation (AF) has evolved rapidly from a highly experimental unproven procedure, to its current status as a commonly performed ablation procedure in many major hospitals throughout the world. Surgical ablation of AF, using either standard or minimally invasive techniques, is also performed in many major hospitals throughout the world.

In 2003, a Task Force convened by the Heart Rhythm Society, partnered with the European Heart Rhythm Association (EHRA) and the European Cardiac Arrhythmia Society (ECAS), published an Expert Consensus Statement to provide a state-of-the-art review of the field of catheter and surgical ablation of AF. The main objective of this Expert Consensus Statement is to improve patient care by providing a foundation of knowledge for those involved with catheter and surgical ablation of AF. This Expert Consensus Statement summarizes the opinion of the Task Force members based on their experience and a review of the literature.

This pocket guide provides a brief synopsis of information provided in the full-text consensus statement. It does not contain all of the recommendations found in the executive summary or full-text consensus statement. The content herein is tailored toward the primary care clinician (family physician, internist, nurse practitioner, and physician’s assistant), cardiovascular physicians and electrophysiologists, as well as trainees. For additional, more technical detail, the user should refer to the full-text consensus statement. The content herein is adapted from the HRS/EHRA/ECAS Expert Consensus Statement on Catheter and Surgical Ablation of Atrial Fibrillation: Recommendations for Personnel, Policy, Procedures and Follow-Up.

AF 360° provides a single, trusted resource for the comprehensive and relevant information and education on Atrial Fibrillation (AF). AF 360° is an initiative of the Heart Rhythm Society, the world’s leading professional society for improving the care of cardiac arrhythmia patients by promoting science, education and optimal healthcare policies and standards. To learn more about AF 360° or the Heart Rhythm Society, visit www.HRSonline.org.

The Catheter and Surgical Ablation Pocket Guide was adapted from the HRS/EHRA/ECAS Expert Consensus Statement on Catheter and Surgical Ablation of Atrial Fibrillation: Recommendations for Personnel, Policy, Procedures and Follow-Up.

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