

C-47 Predicting and Managing Postoperative Atrial Fibrillation

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Objective

After completion of this session, the participant will be able to:

- Manage the patient with postoperative atrial fibrillation.

Case Stem Question

A 78 year-old man is scheduled for major lung resection for lung cancer. He had a previous inferior wall myocardial infarction (IWMI) one year ago and stable angina. Ejection fraction is 48%; there is 1-2+ mitral regurgitation due to papillary muscle dysfunction. Risk factors include history of hypertension, dyslipidemia, alcohol 4 drinks/day, BMI 37, and smoking (one pack per day until IWMI one year ago). Current therapy includes aspirin 162 mg/day, metoprolol 25 mg twice a day, simvastatin 20 mg/day, and lisinopril 2.5 mg/day. He had a transient episode of atrial fibrillation (AF) during hospitalization for his IWMI, but has had no clinical events since then. His preoperative BNP level is 68 pg/ml.

Guiding Questions for Discussion

What are the risk factors for postoperative atrial fibrillation and who should received prevention?

Should a rate or rhythm control strategy be employed for acute postoperative atrial fibrillation with RVR?

What are the indications for stroke prevention in patients with postoperative atrial fibrillation?

References

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