

## Atrial fibrillation can be surgically treated<sup>1-10</sup> or managed at a lower anticoagulation level.<sup>11-13</sup>

### Intraoperative ablation withdraws the need for lifelong anticoagulation.

As intraoperative ablation procedures to treat atrial fibrillation demonstrate their efficacy, another reason to choose a mechanical valve is questioned.

*“Such procedures, which are generally applied to patients with AF and valvular heart disease, add 15 minutes to operative time and cure AF in approximately 80% of patients.”<sup>1</sup>*

— Gillinov AM, et al.

Study	n	Mean Follow-up	Freedom from AF
Nakajima H (2002) <sup>2</sup>	220	36 months	97.7%
Sie HT (2004) <sup>3</sup>	200	40 months	79.4%
Raman J (2003) <sup>4</sup>	132	3 months 6 months 12 & 18 months	84% 90% 100%
Mantovan R (2003) <sup>5</sup>	103	12.5 months	81%
Manasse E (2003) <sup>6</sup>	95	36 months	81.4%
Akpinar B (2003) <sup>7</sup>	67	12 months	93.6%
Damiano RJ (2003) <sup>8</sup>	47	5.7 months	98%
Thomas L (2003) <sup>9</sup>	47	36 months	79%
Romano MA (2004) <sup>10</sup>	36	19 months	89%

### Only tissue valve patients benefit.

Mechanical valve patients would be sentenced to lifelong anticoagulation, even after a successful ablation procedure.<sup>11,12</sup>



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# Why compromise with high anticoagulation levels?

## A Carpentier-Edwards PERIMOUNT valve patient with atrial fibrillation requires a lower anticoagulation level.

Current guidelines recommend an INR of 2.5 to 3.5 for modern mechanical valves.<sup>11,12</sup> A recent meta-analysis even recommends an INR > 3 and up to 4.5 in the mitral position.<sup>13</sup>

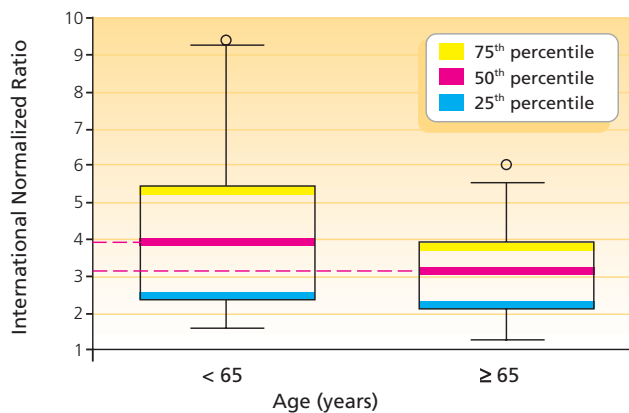
*“...both aortic and mitral mechanical valves will benefit from a treatment strategy with a target INR higher than 3.0.”<sup>15</sup>*

— Vink R, et al.

## The lower the INR, the lower the risk.

Guidelines for atrial fibrillation alone recommend a lower INR level between 2 and 3.<sup>11,12</sup> In aging patients, this lower INR will reduce the risk of bleeding.<sup>14</sup>

Age vs. INR at the time of a major bleeding event<sup>14</sup>



### References:

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