Prospective Evaluation of a Cardiologist-Narrated Audio-Visual Educational Module in Facilitating Shared Decision-Making during Cardiology Outpatient Consultation for Atrial Fibrillation

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Purpose: The role of audio-visual educational materials in facilitating shared decision-making (between doctors and patients) is relatively untested during waiting time prior to cardiology outpatient consultation. This could be of significant importance in atrial fibrillation (AF), the most common cardiac arrhythmia, which requires a number of complex management decisions. We conducted a cross-sectional observational study investigating the effectiveness of a cardiologist-narrated educational module in facilitating shared decision-making for AF.

Methodology: A web-based module comprising 4 educational videos on AF and questions gauging patient experience was delivered by iPad using Quick Response (QR) code scanning to 38 patients with AF in the waiting room prior to consultation. Videos ranged in length from 2 minutes 10 seconds to 5 minutes 30 seconds, and were viewed sequentially. Videos covered 4 topics: (1) What is AF? (2) AF Management (3) Stroke risk and anticoagulation (4) Lifestyle modification. Feedback was recorded on a 5-point Likert Scale or a 0–100 Visual Analogue Scale (VAS).

Results: Of the responders, 90.1% were “very satisfied” with the individual videos. There were no responses communicating patient dissatisfaction. The overall module had a beneficial effect on individual patient decision-making ability (median 93, range 50–100), on reducing peri-consultation anxiety (median 89.5, range 16–100), and on the likelihood of following treatment plans (median 93, range 52–100).

Conclusion: A cardiologist-narrated educational audio-visual AF module delivered prior to consultation benefitted both patient experience and shared decision-making ability for AF management. This could be a positive utilisation of patient waiting time prior to outpatient consultation.

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Radiofrequency Ablation (RFA) for Left Atrial Flutter in Rheumatic Heart Disease (RHD) Following Valve Replacement: A Case Series

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Background: RHD patients with valve replacement surgeries and left atrial tachyarrhythmias (AD) pose higher risks for RFA wherein the data are limited.

Materials and Methodology: Retrospective data were collected from 19 patients of RHD with persistent atrial flutter after valve replacement surgeries who were considered for RFA.

Results: Of the 12 cases, 9 had mechanical and 3 had bio-prosthetic valves: 8 mitral, 3 double valve, 1 aortic replacement. The patterns of scar and reentry circuits were heterogeneous—defined in the mitral annular, posterior LA wall, LA roof, pulmonary vein ostia and dual loop (annulus dependent and LA roof) in 4, 2, 3, 2 and 1 patient, respectively. Acute success was achieved in 9 patients (75%). Focal lesions could terminate flutters in 3 patients. RF lesions from the adjoining scar or the pulmonary veins to the mitral annulus or the LA roof could terminate the flutter in 6 patients. At a mean follow-up of 14±4 months, 2 patients had recurrence and one underwent successful redo RFA. Difficulties in delivering effective RF energy due to enlarged atrium, multiple circuits, changing tachycardia cycle lengths and atrial activation sequences were found to be the reasons for failure in 3 patients.

Conclusion: RFA for left atrial flutter in RHD following valve replacement can be performed safely with modest acute and short-term outcomes despite challenges in management of anticoagulation, disease burden in LA and presence of in-situ valvular prosthesis.

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Radiofrequency Ablation for Ventricular Tachycardia at Wellington Regional Hospital

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Background: Ventricular tachycardia (VT) can be difficult to manage medically and radiofrequency ablation can improve symptoms, cardiac function and mortality. It can also reduce device therapy and reliance on potentially toxic anti-arrhythmic medications. It can be undertaken for both structural and idiopathic VT.