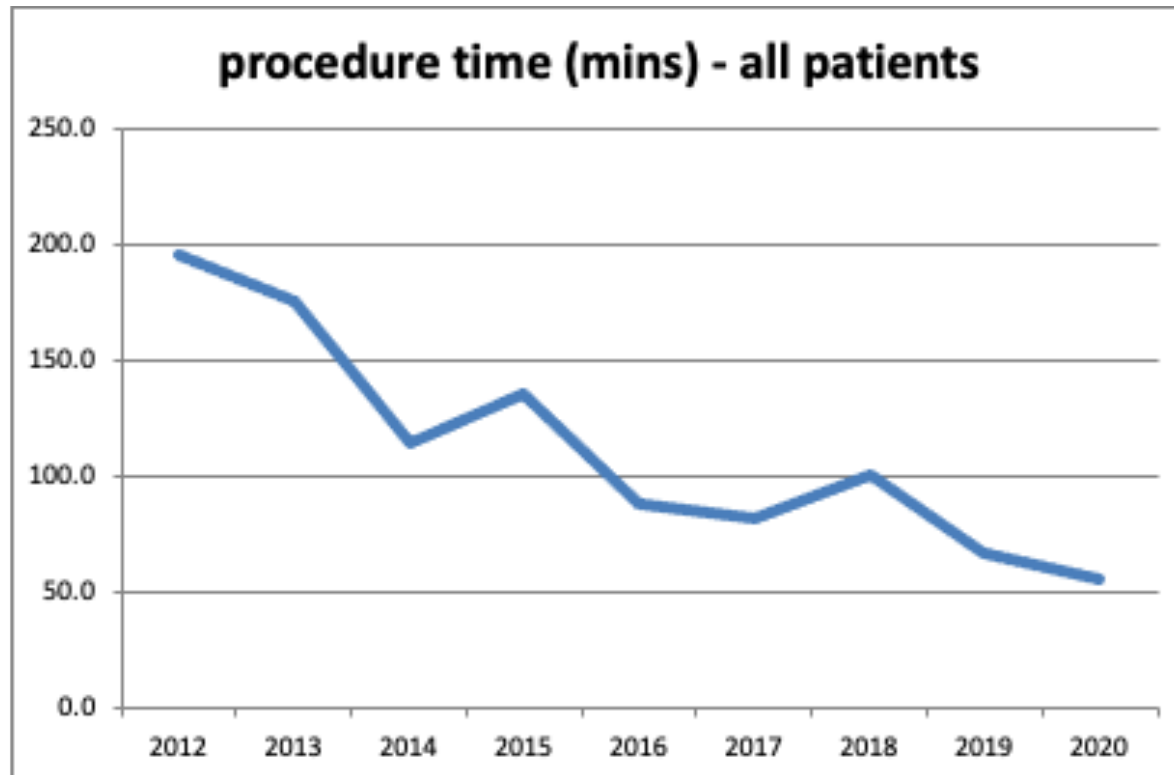


# Prof Schilling's AF ablation outcomes over the last 9 years



# How long will my procedure take?

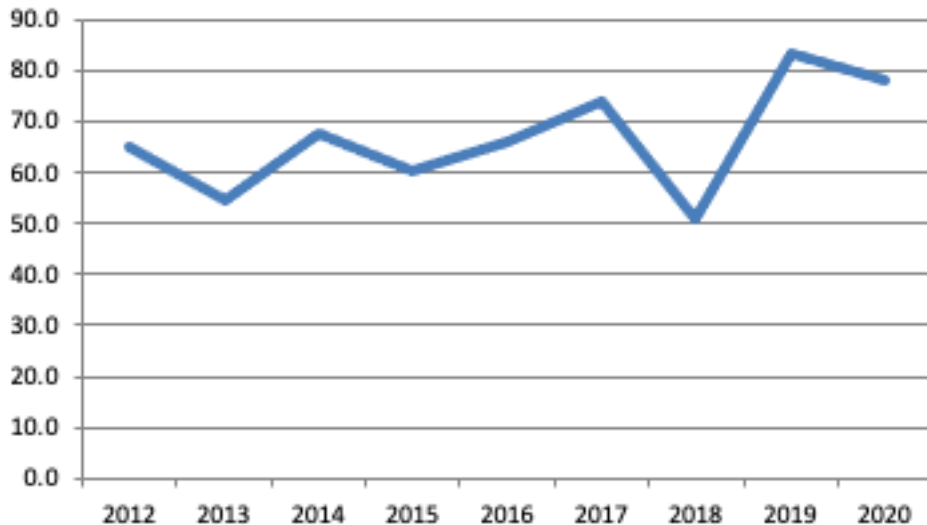


Answer - Last year it took me less than 1 hour- practice and rehearsal with the whole team is key to this as well as adopting the latest technologies and techniques

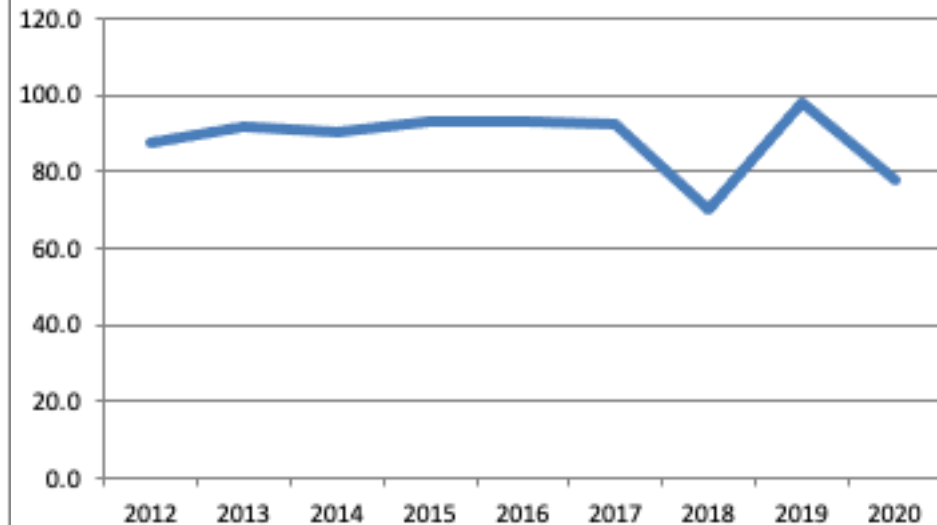


# What is the likely outcome

**% 1st time success all patients**



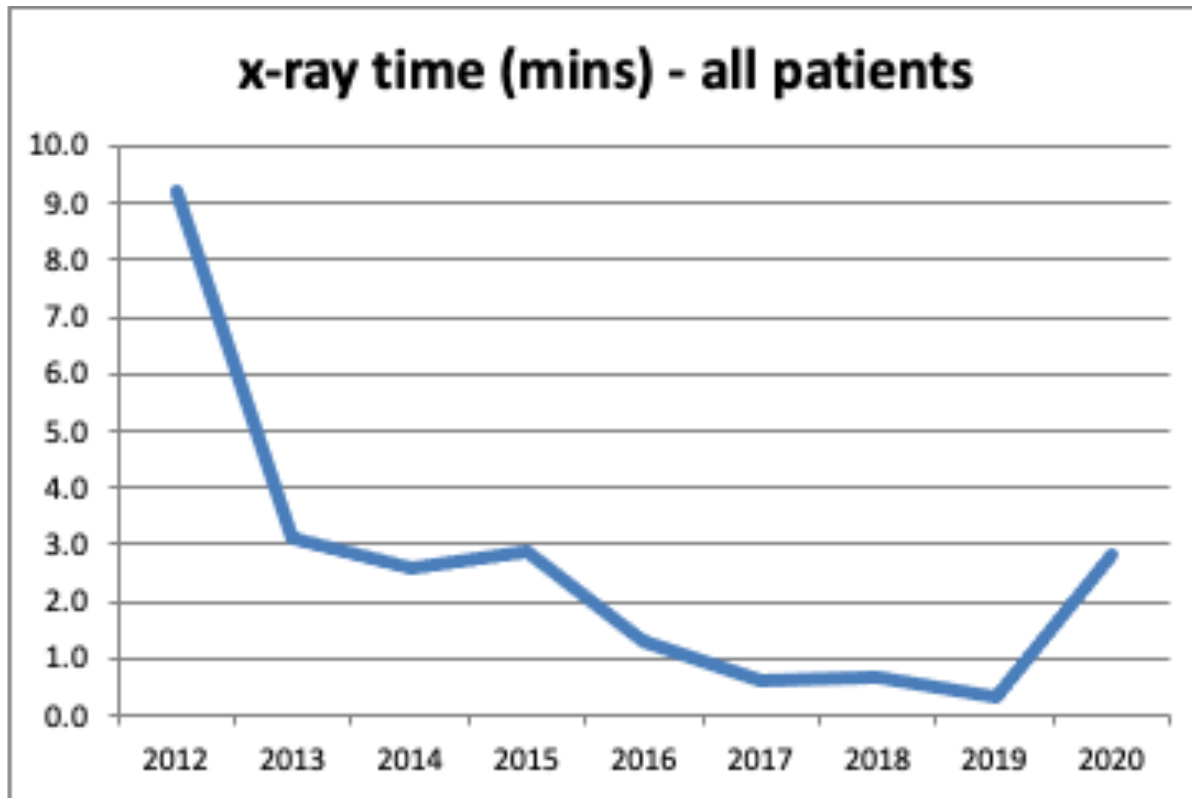
**% Overall 1 year success all patients**



Answer - Small numbers (approx 100 pts) mean that there will be variation year by year but the outcomes have been consistent over many years



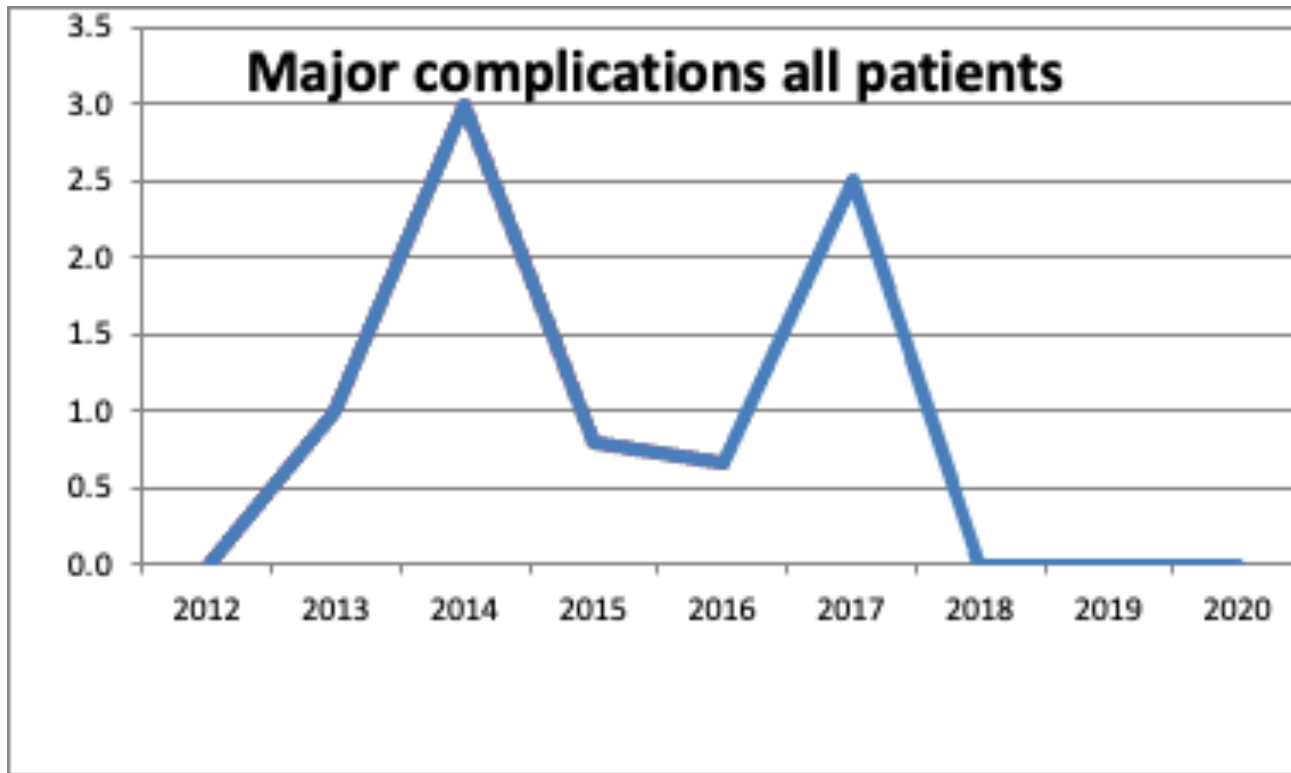
# How much X-ray do you use



Answer - X-ray times continue to be very low



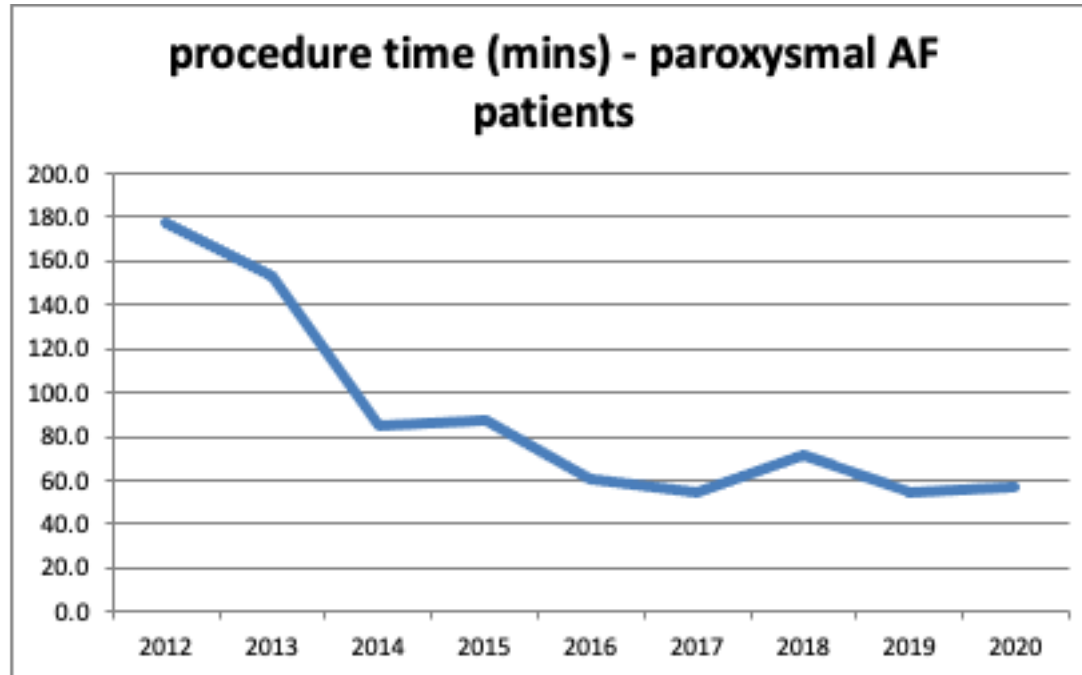
# What about complications?



Answer - Last 3 years - no major complications. This has been driven by a change in my technique for transeptal puncture. So far I have never had a patient have a stroke at the London AF centre



# I have paroxysmal AF - How long will my procedure take?

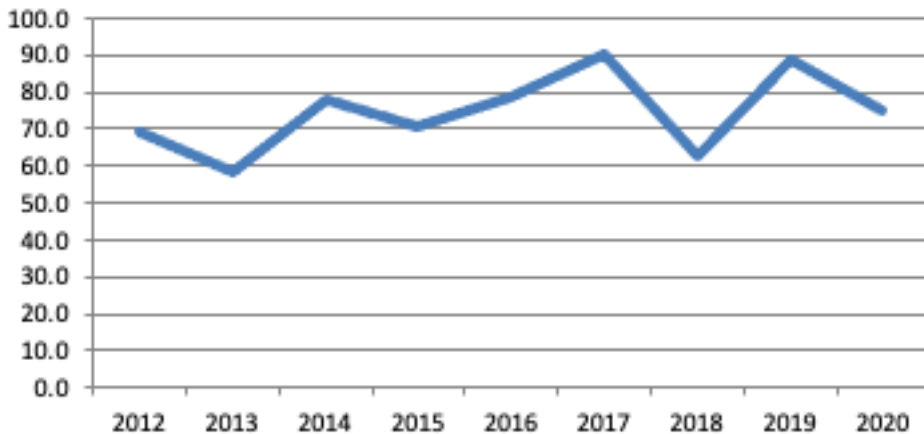


Answer - It has taken me about 60 mins consistently for the last 4 years

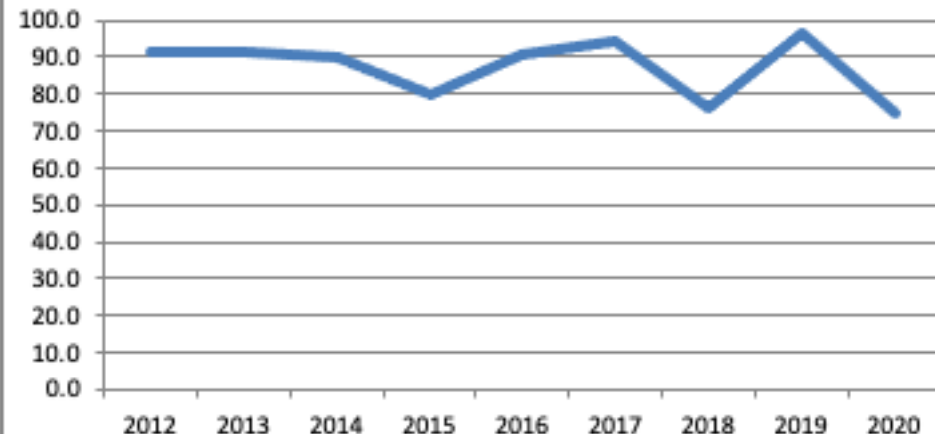


# I have paroxysmal AF - What is the likely outcome

**% first time 1 year success paroxysmal AF patients**



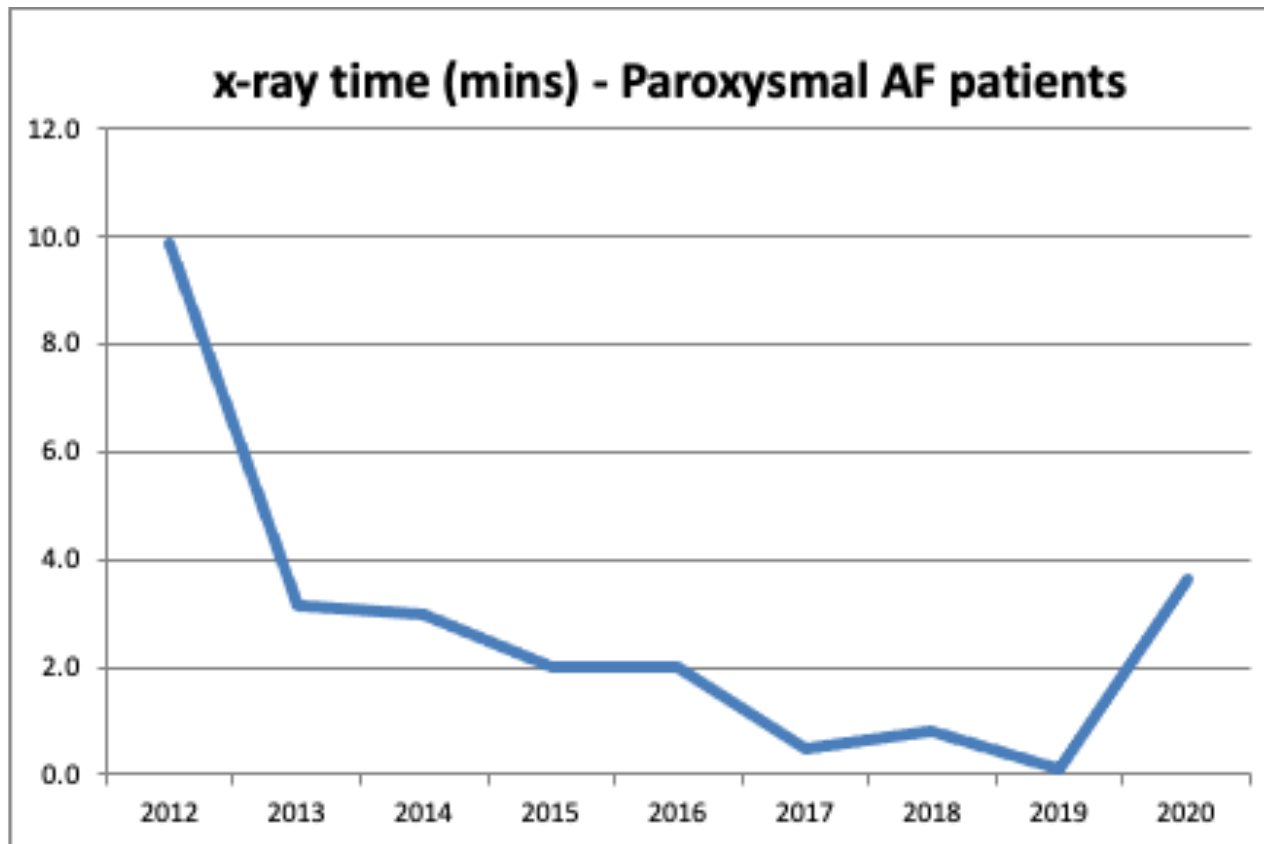
**% overall 1 year success paroxysmal AF patients**



Answer - Note that for 2020 we report the results of only one procedure (because of COVID limitation) so figures for 2020 are the same for both graphs

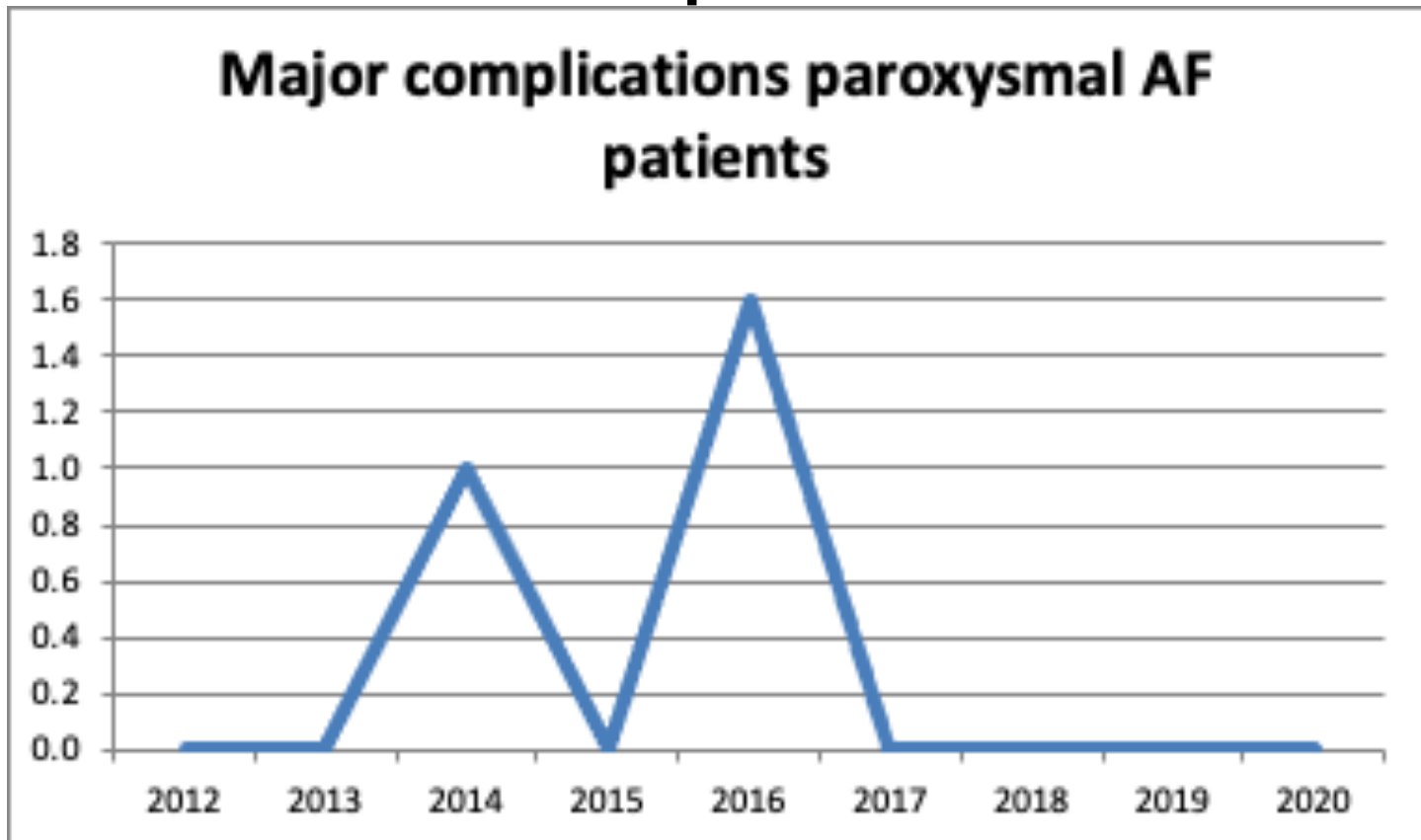


# I have paroxysmal AF- How much X-rays do you use





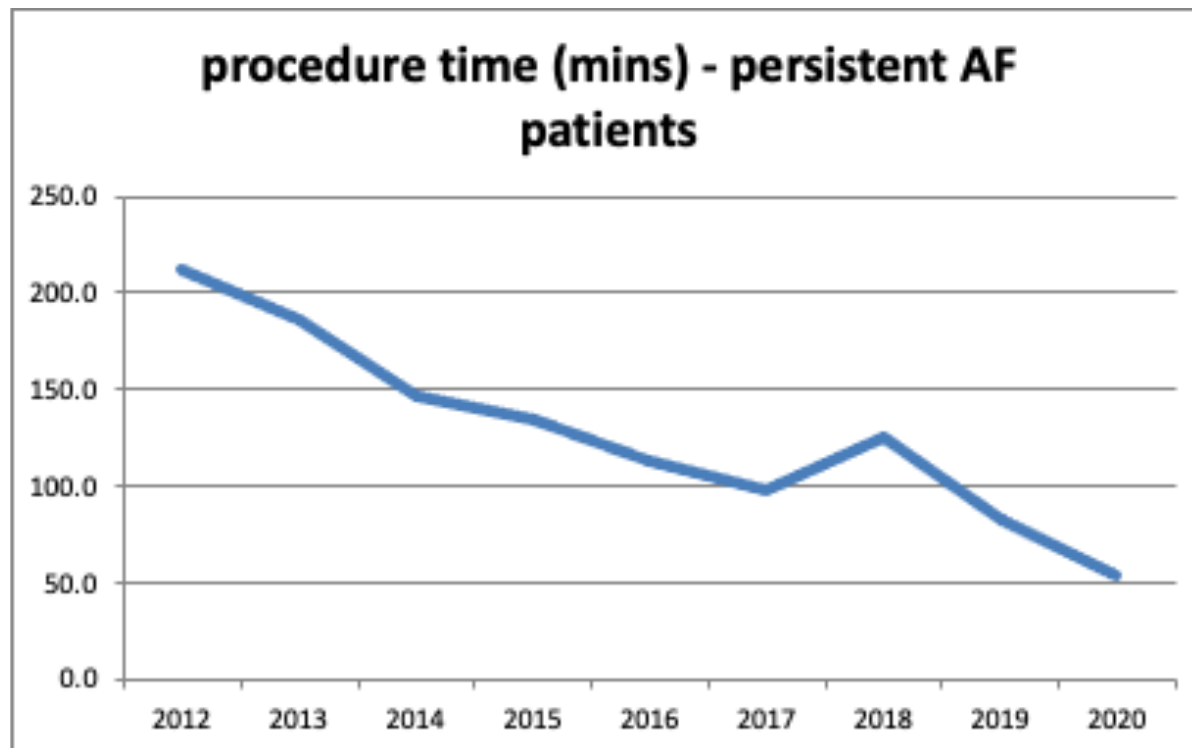
# I have paroxysmal AF- What about complications?



Answer - I am yet to have a patient have a stroke. A change in technique means that my tamponade (blood leaking) rate is now zero for >3 years



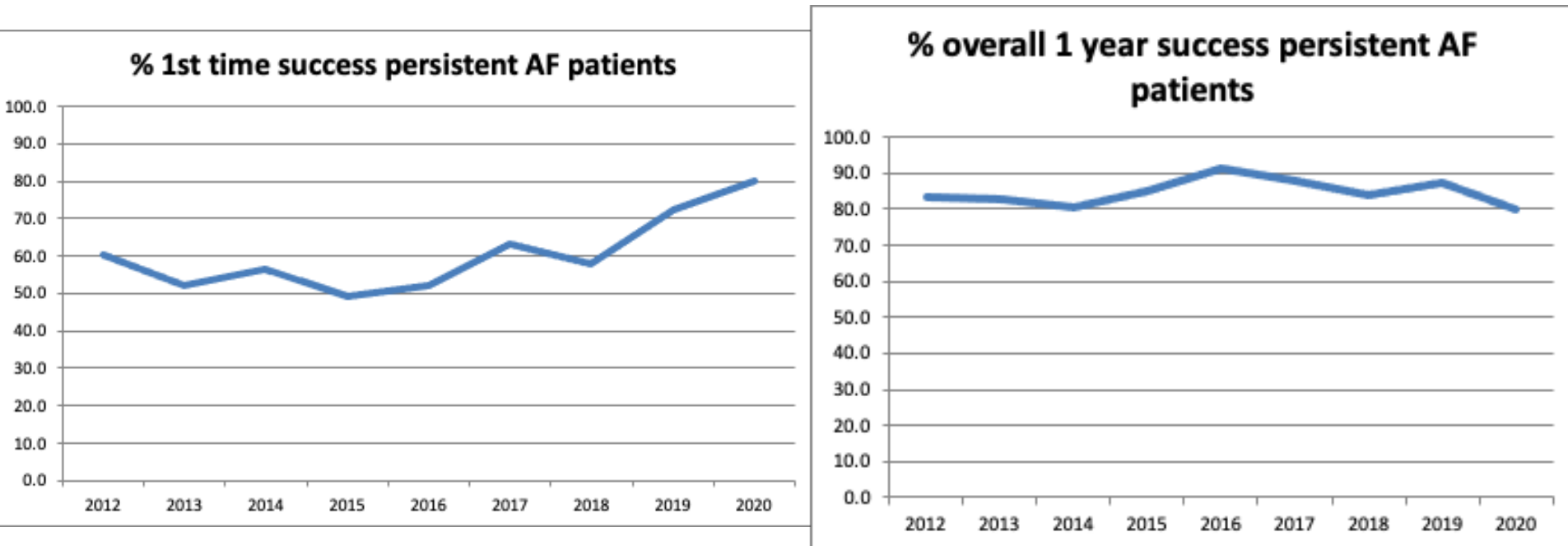
# I have persistent AF - How long will my procedure take?



Answer - Persistent AF is more complex to treat and therefore takes longer. Im still getting quicker though (under 2 hours on average)



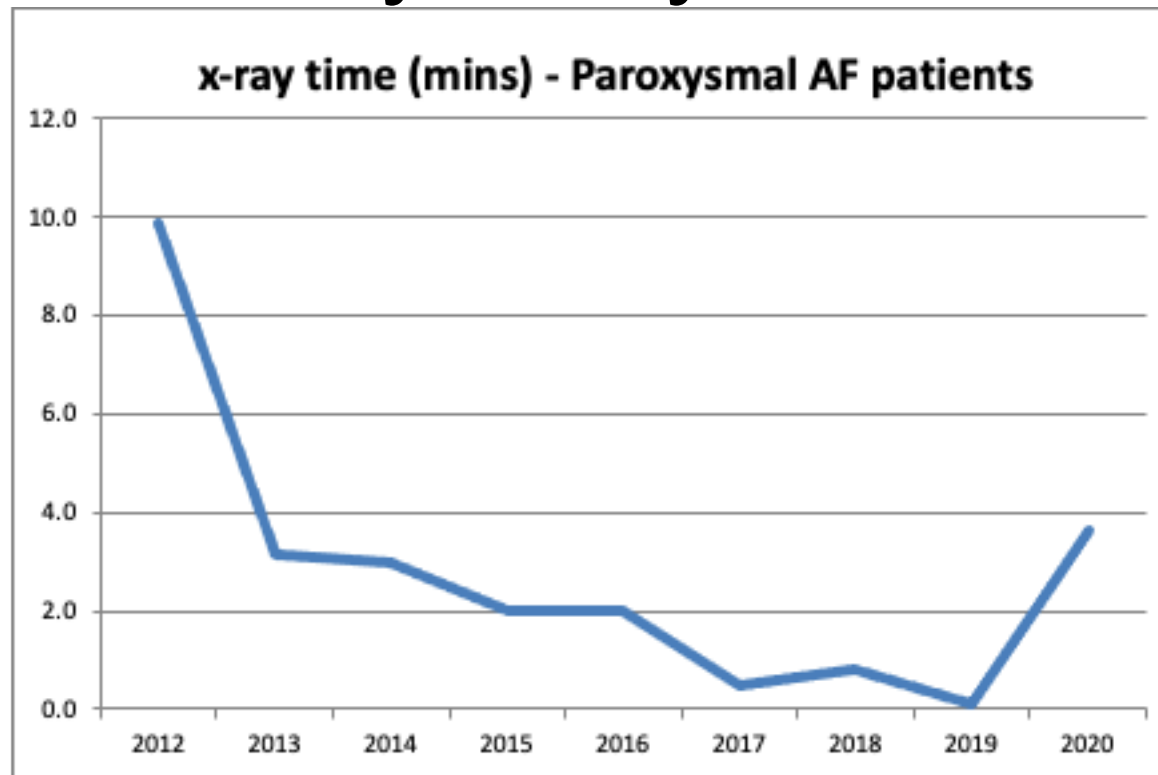
# I have persistent AF - What is the likely outcome



Answer - Persistent AF is harder to get rid of. I am also getting better at advising patients and making sure they have a good chance of success before opting for ablation. Patients are also playing their part by reducing weight and alcohol.



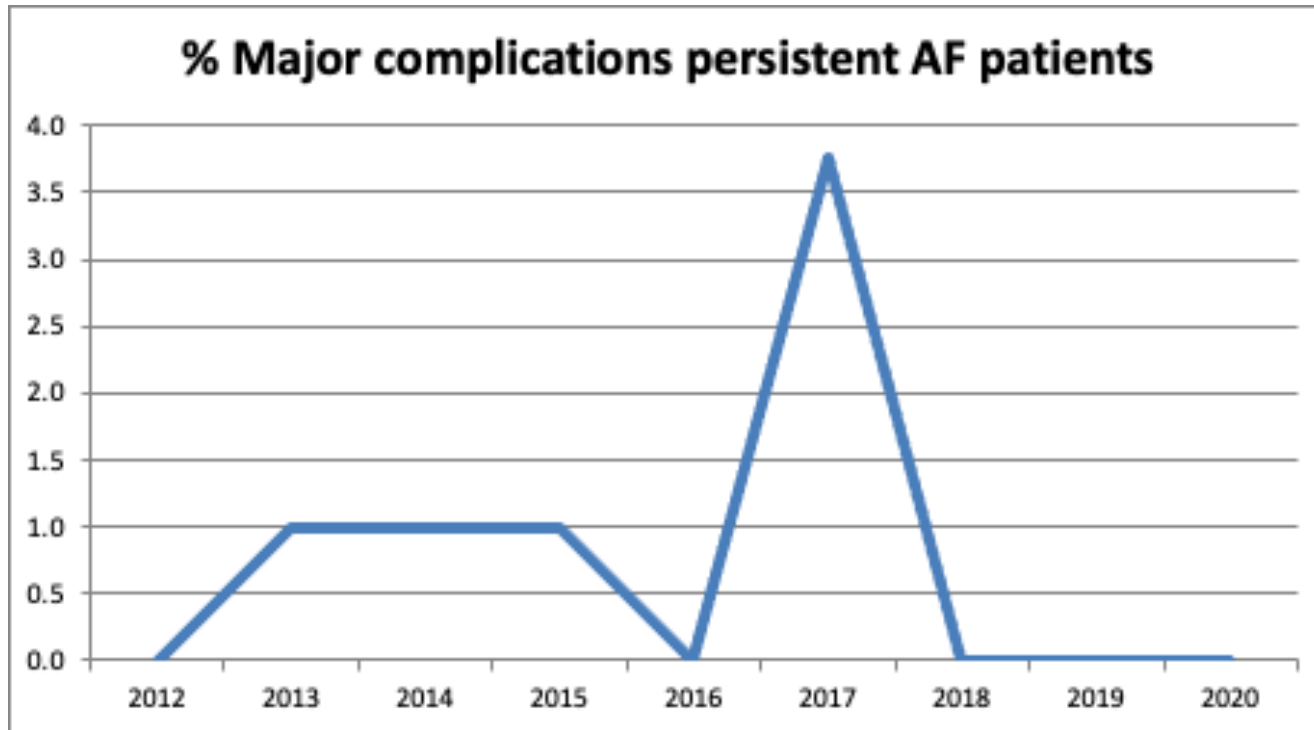
# I have persistent AF - How much X-rays do you use



Answer - Using ultrasound and 3D navigation means that I rarely use much X-ray at all for persistent AF



# I have persistent AF - What about complications?



Answer - For >3 years I have had no tamponade (blood leak out of the heart) or other major complications

