PULSUS
WWW.PULSUSCONFERENCE.COM

Nicola Fortune, Curr Res Cardiol 2018, Volume 5
DOI: 10.4172/2368-0512-C1-001

2ND GLOBAL HEART CONGRESS

November 21-22, 2018 Osaka, Japan

Nicola Fortune

University College Dublin, Ireland

A retrospective study on determinants of successful electrical cardioversion in Our Lady of Lourdes Hospital: Single center study

Introduction: Atrial fibrillation is a very common clinical problem. Often it is a frequent cause of hospitalization for patient admitted via emergency department or through acute medical assessment unit. The common symptoms of presentations are palpitation, dyspnea, chest pain, dizziness etc. These patients are often treated optimally with appropriate anticoagulants and heart rate control therapy. Eventually, they underwent electrical cardioversion DCCV (Direct Current Cardio Version). Despite of appropriate treatment regimen, patient has recurrence of atrial fibrillation. A very little is known about the medical comorbidities and function status of these patients. There is therefore an important paucity of the data indicating the prognosis, recurrence and failure or success of electrical DCCV. We sought to investigate the determinants of successful cardioversion in selective group of patients who were admitted electively for electrical cardioversion (DCCV) in Our Lady of Lourdes hospital last six months i.e. from 1st Jan 2017 to 30th June 2017.

Method: We audited the charts of the patient admitted electively for electrical cardioversion in our coronary care unit at Our Lady of Lourdes Hospital. Total of 58 patients had undergone electrical cardioversion during our study period in last six months, i.e. from January 2017 to June 2017. We retrospectively reviewed the case notes of all those patients with atrial fibrillation. Variable used were age, gender, medical comorbidities such as hypertension, diabetes, chronic obstructive pulmonary disease, chronic kidney disease, anemia, ischemic heart disease, cerebrovascular accident or transient ischemic attacks. We calculated CHA2DS VASC score, HAS Bled Score. We looked through their echo study in detail including their ejection function, Left atrial size, Right ventricular dysfunction any significant valvular disease.

Conclusion: The outlook of electrical cardioversion in treatment of atrial fibrillation in the present era remains substantial. There are no historical data available to report on individual determinants of success of electrical cardioversion. In our study we found that normal left atrial size is an independent decisive factor in successful restoration of sinus rhythm from atrial fibrillation followed by optimal blood pressure control (SBP <150 mmHg) and obesity respectively. In another subset of this observational study, we also noted that two or more than two medical comorbidities with moderately enlarged left atrium will have difficulty in restoration of sinus rhythm with electrical cardioversion.

Biography

Nicola Fortune is a Medical Doctor specialized in General Practice and has interest in cardiology, specifically in the optimal treatment of atrial fibrillation. She has completed her medical graduation from University College Dublin (UCD) Medical School. The majority of her medical practice has been at University-teaching hospitals in Ireland including St James University Hospital, Dublin, Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital. She has a wide range of international medical experience having previously worked in Fiona Stanley Hospital and Sir Charles Gardiner Hospital in Perth, Australia. She has also lived and directed a humanitarian medical-aid project in St Lukes Mission Hospital in Mpanshya, Zambia.

nicola.fortune@ucdconnect.ie