Operations in the internal carotid artery in patients with atrial fibrillation with using dabigatran etexilate

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Objective: To evaluate the effectiveness of dabigatran etexilate in patients with atrial fibrillation who underwent operative treatment at the ICA.

Materials and Methods: From Sept 1, 2015 to Dec 27, 2016, in the Department of Vascular Surgery and Cardiology was performed 694 operations on the ICA. Of these 94 (13,5%), surgery patients with atrial fibrillation. The average age of patients in the main group 68,5 ± 8,5 years, the control group - 65,0 ± 10,2 years. The comparison groups significantly differed in the following characteristics: postinfarction cardiosclerosis in the anamnesis of the main group 25,5%, control – 15,0% (P-value – 0,015); NYHA functional class I, main group 16,0%, control – 31,0 % (P-value 0,002); NYHA functional class III, 18.1%, control 4.8% (P-value 0.00028); diabetes mellitus main group 28.7%, controls 18,2% (P-value 0,024). All patients with atrial fibrillation for 5-7 days before surgery, warfarin was canceled and dabigatran etexilate was administered at a dose of 150 mg 2 times a day. When optimal numbers of INRs were reached, surgery was performed. Operational criteria and the results were evaluated in the endpoint - "stroke + lethality."

Results and Discussion: Total completed 84 CEA and CAS 10. The average time of operations of the main group 44,5 ± 17,1 min, control group - 40,7 ± 9,5 min, P-value <0,05. The average time of occlusion of ICA at CEA in the main group was 13,7 ± 6,1 min, in the control group 13,1 ± 1,8 min, P-value> 0,05. In patients with atrial fibrillation surgery performed significantly longer, but the time of the main stage - clamping ICA, were not significantly different. Consequently, an increase in the time of surgery is associated with a longer hemostasis at the stage of allotment of the ICA and/or after removal of the clamps off the arteries. In the early postoperative period, extensive hematomas in the postoperative areas and sites of arterial puncture were not noted. Indicator "stroke + lethality" inobservation group was 0%.

Conclusions: CEA and CAS in patients with atrial fibrillation receiving dabigatran etexilate are effective and safe. When performing CEA, additional time is required for more thorough hemostasis.

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