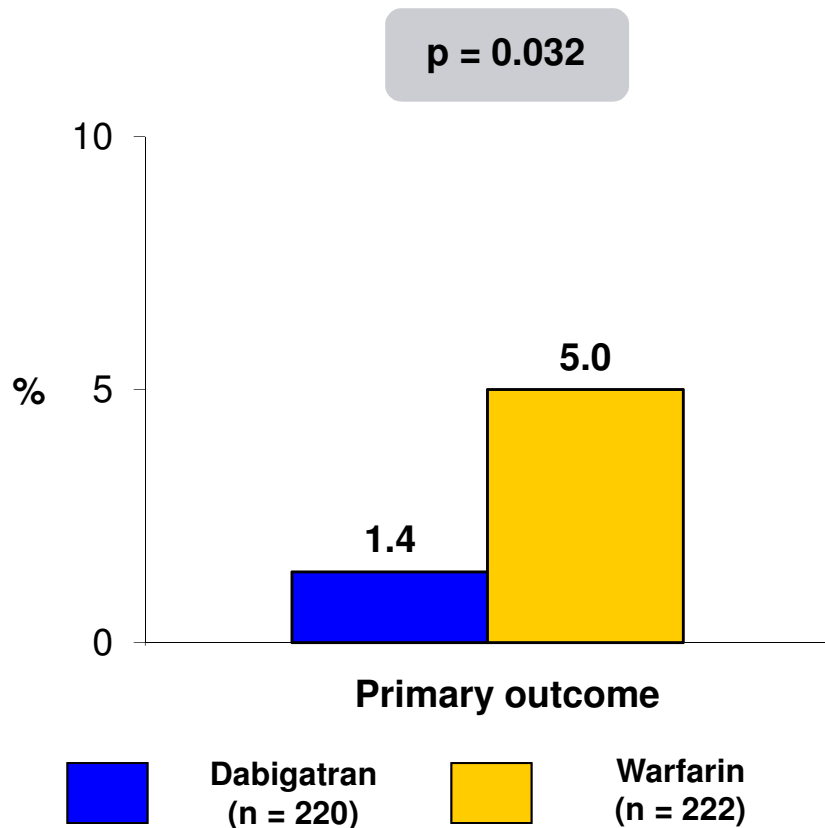


ABRIDGE-J

Trial design: Patients scheduled for catheter ablation for nonvalvular atrial fibrillation (NVAF) were randomized in a 1:1 fashion to either minimally interrupted dabigatran or uninterrupted warfarin. They were followed for 1 year.



Results

- Primary outcome, major bleeding at 3 months: minimally interrupted dabigatran vs. uninterrupted warfarin: 1.4% vs. 5.0%, $p = 0.032$
- Groin bleeding/hematoma: 0% vs. 1.4% for dabigatran vs. warfarin
- Cerebrovascular accident: 0% vs. 0.5% for dabigatran vs. warfarin

Conclusions

- Strategy of brief interruption of dabigatran (1-2 doses) results in lower bleeding events compared with uninterrupted warfarin use among patients undergoing catheter ablation for NVAF
- Demonstrates safety of doing ablations with dabigatran; unclear if minimally interrupted dabigatran is better than uninterrupted dabigatran