

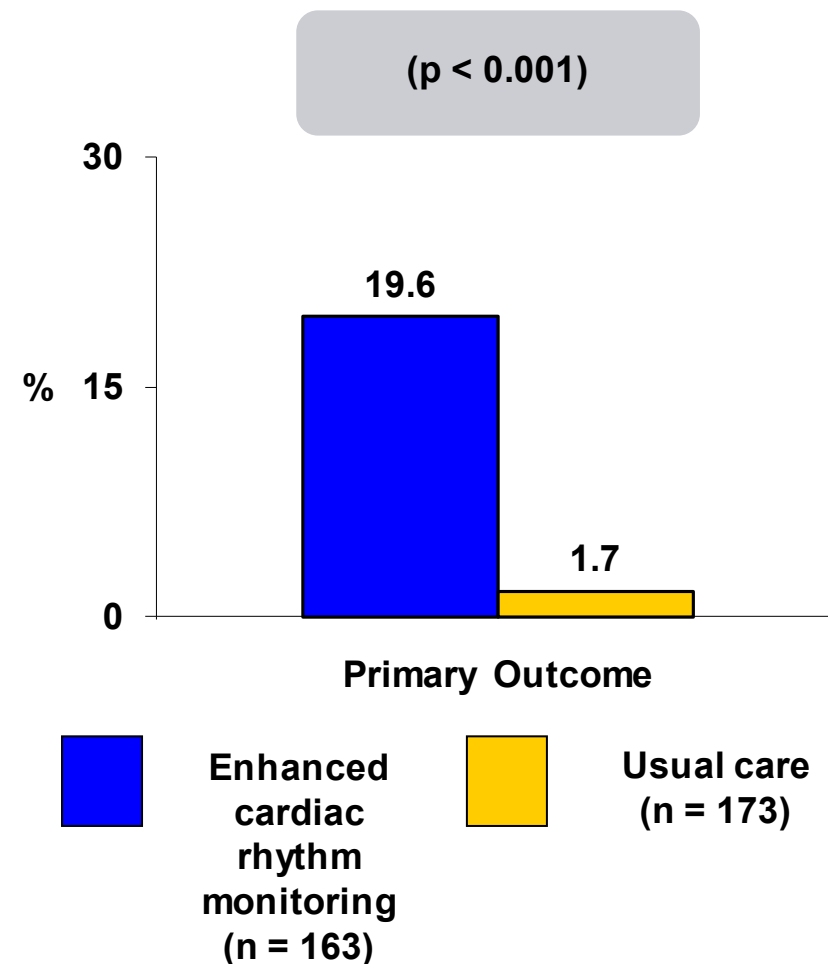
SEARCH-AF

#AHA20



AMERICAN
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Trial Description: Post-cardiac surgical subjects being considered for developing post-operative AF/flutter were randomized in a 1:1 fashion to either enhanced cardiac rhythm monitoring or usual care. Patients were followed for 30 days.



RESULTS

- Primary outcome, incidence of AF/flutter duration ≥ 6 minutes in enhanced cardiac rhythm monitoring group vs. usual care group: 19.6% vs. 1.7% (p < 0.001)
- Secondary outcome, prescription of oral anticoagulation within 45 days: 4.3% of the enhanced cardiac rhythm monitoring group compared with 2.3% of usual care group (p = non-significant)
- Secondary outcome, death, MI, ischemic stroke, or non-CNS thromboembolism within 45 days: 0.6% of the enhanced cardiac rhythm monitoring group compared with 0.6% of usual care group (p = non-significant)

CONCLUSIONS

- Enhanced cardiac rhythm monitoring was superior to usual care in patients who underwent cardiac surgery and were in normal sinus rhythm at time of discharge
- The prescription of anticoagulation and frequency of adverse ischemic events were low and similar between treatment groups

Presented by Dr. Subodh Verma at AHA 2020.