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ATRIAL FIBRILLATION

Uninterrupted oral anticoagulation in patients undergoing catheter ablation

Historically, oral vitamin K antagonist (VKA) treatment has been interrupted in patients with atrial fibrillation (AF) who are undergoing catheter ablation, and heparin has been used to bridge the gap. However, studies published over the past 5 years have indicated that uninterrupted oral VKA-mediated anticoagulation might be a safer and more efficacious strategy. The prospective, multinational VENTURE-AF randomized, open-label trial was designed to determine whether uninterrupted treatment with the novel oral anticoagulant rivaroxaban is as safe as uninterrupted oral VKA therapy in patients with nonvalvular AF who are undergoing catheter ablation.

All patients received intravenous heparin during catheter ablation; those in the rivaroxaban group required more heparin than those in the oral VKA group. The primary end point of the trial was incidence of major bleeding events in the month after catheter ablation.

None of the rivaroxaban group ($n = 123$) and one of the VKA group ($n = 121$) experienced a major bleeding event. Nonmajor bleeding events occurred in 21 of the rivaroxaban group and 17 of the VKA group. Serious adverse events leading to hospitalization occurred in 11 of the rivaroxaban group and 17 of the VKA group. One ischaemic stroke and one vascular death occurred in the VKA group; no such thromboembolic events occurred in the rivaroxaban group.

The investigators conclude that the use of uninterrupted rivaroxaban therapy is feasible for patients undergoing catheter ablation for nonvalvular AF.

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Original article Cappato, R. *et al*. Uninterrupted rivaroxaban vs. uninterrupted vitamin K antagonists for catheter ablation in non-valvular atrial fibrillation. *Eur. Heart J.* doi:10.1093/eurheartj/ehv177