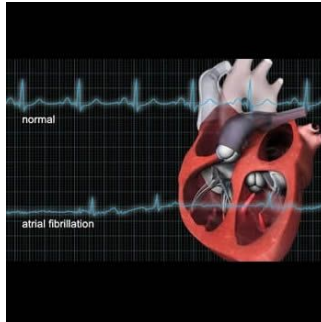


Post-Operative Atrial Fibrillation Increases Risk of Heart Attack, Stroke



A Loyola University Medical Center study has found that post-operative atrial fibrillation (POAF) can increase the risk of heart attack or stroke during the first 12 months after surgery. The findings have been reported in the *Journal of Urology*.

While previous studies have found that POAF occurs in around 3 to 12.3 percent of major non-cardiac surgeries, the Loyola study is unique because it examines the association of POAF on long-term heart attacks and strokes following cystectomy. The researchers examined 4,345 patients who had undergone radical cystectomies between 2007 and 2010. Patients with prior histories of atrial fibrillation, coronary artery disease or stroke were not included in the study.

The findings show that in patients who met the inclusion criteria, 4.8 percent developed POAF. Bladder cancer patients who underwent a cystectomy and developed POAF, 24.8 percent experienced a heart attack or stroke during the first 12 months after surgery. 10.9 percent of patients who did not experience POAF experienced a heart attack or stroke during the first year.

"Physicians should be vigilant in assessing postoperative atrial fibrillation, even when transient, and establish appropriate follow-up, given the increased risk of cardiovascular morbidity," first author Robert Blackwell, MD, senior author Gopal Gupta, MD, and colleagues report.

The study is titled "New Onset Postoperative Atrial Fibrillation Predicts Long-Term Cardiovascular Events Following Radical Cystectomy and the authors include Robert Blackwell, MD, Gopal Gupta, MD, Chandy Ellimoottil, MD, Petar Bajic, MD, Anai Kothari, MD, Matthew Zapf, Stephanie Kliethermes, PhD, Robert Flanigan, MD, Marcus Quek, MD, and Paul Kuo, MD.

Researchers at Loyola are also studying the factors that can improve outcomes of surgeries performed on weekends; how many rectal cancer operations a hospital needs to perform for the best results; and whether having a trauma department confers a beneficial "halo effect" on patient outcomes across the board.

Source: Loyola University Health System

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