**EFFICACY OF CLASS IC VERSUS CLASS III ANTIARRHYTHMICS AFTER CRYOABLATION USING THE ARCTIC FRONT ADVANCE CATHETER**

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*Objective*: The second-generation cryoablation balloon is very effective in treating atrial fibrillation. Treating with antiarrhythmics post-ablation has shown favorable results in preventing recurrent atrial fibrillation. We sought to evaluate if any of the two classes of antiarrhythmics had better success of preventing recurrent atrial fibrillation after cryoablation.

*Methods*: This is a single center retrospective analysis of all patients with paroxysmal atrial fibrillation who underwent cryoablation using the Arctic Front Advance catheter at our medical center between September 2012 and October 2014. All patients received either a Class IC or Class III antiarrhythmic and followed for six months for any documented episodes of atrial fibrillation (Table 1). Amiodarone was separated into an independent group to be compared against the remaining two groups. Any patient who did not follow up for a minimum of six months was excluded.

*Results*: When Amiodarone was separated into an independent group, no statistical significance was found between the three groups (p value = 0.97).

*Conclusion*: We found no significant difference between using Class IC or Class III antiarrhythmic agents for the prevention of recurrent atrial fibrillation after successful cryoablation. There was no statistically significant difference when Amiodarone was compared to the Class IC and rest of Class III antiarrhythmic medications.

Results:

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| --- | --- | --- | --- | --- |
| Total Number of Patients  N = 100 | Class IC (N = 29)  Flecainide (18)  Propafenone (11) | | Class III (N = 71)  Amiodarone (53)  Sotalol (14)  Dronederone (4) | |
| Number of Patients in Sinus Rhythm at 6 Months | 24 (82.8%) | | 58 (81.9%) | |
| Number of Patients with Recurrent Atrial Fibrillation at 6 Months | 5 (17.2%) | | 13 (18.3%) | |
|  | | p value = 0.89 | |  |

**Table 1**