|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| EHRA EUROPACE 2013 |  |

 |
| Doctor Soren Hjortshoj (EUD ID : 129171)Aalborg University HospitalDept. Of CardiologyHobrovej 16-18Postbox 365DK-9100 - Aalborg DenmarkPhone : +45 42603024 - Fax : +45 99322361Email : sph@dadlnet.dk |
|

|  |  |
| --- | --- |
|  | Agreement Form sent on 05/05/2013 11:15 |
|  | The author agrees to transfer copyright to the ESC. |
| Title : | Groin hematoma after electrophysiological procedures - incidence and predisposing factors |
| Topic :  | 03.03 - Results (Catheter ablation /except atrial fibrillation) |
| Category : | General |
| Option : | No Options |

 |
| A. Dalsgaard1, C. Jakobsen1, S. Riahi1, S. Hjortshoj1 - (1) Center for Cardiovascular Research, Aalborg University Hospital, Department of Cardiology, Aalborg, Denmark |
|

|  |
| --- |
| Purpose: The most common complication after electrophysiological (EP) procedures is groin hematoma. While often a cause of anxiety and discomfort, hematoma may also occasionally be dangerous. Predisposing factors are not well described, and initiatives to prevent groin bleeds are often based on tradition rather than knowledge of actually predisposing factors.We performed an extensive evaluation of hematoma in a population of patients undergoing a variety of EP procedures with femoral access. Methods: We evaluated the incidence of hematoma after EP procedures in 253 patients (males 62 %) undergoing EP procedures (AF ablation: n= 151; SVT ablation/Diagnostic EP: n= 82;VT ablation=18). Procedural data and the incidence of hematoma were recorded during the first 24 hours. Further, a telephone follow up was performed after 2 weeks and self-reported hematoma were recorded. Regression analysis was performed to identify predisposing factors for hematoma.All patients underwent a standard regimen with 3 hours post procedural bed rest. AF ablations were performed during ongoing warfarin treatment with INR 2-3 and activated clotting time (ACT) > 300. Adhesive pressure dressings (APD) were applied if: sheath size > 10F; long procedural times; BMI > 30. Manual compression was performed for 5-10 minutes. Results:Regression analysis on sex, age, BMI < or > 25, ACT < or > 300, use of APD, complicated venous access were not statistically significantly associated with hematoma after 2 weeks. However, a hematoma that had already developed at the end of the EP procedure was associated with patient reported hematoma after 2 weeks with odds ratio 18.7 (CI 95 %: 5.00-69.8; P<0.001). Conclusions:Patients with a hematoma detected at the end of the EP procedure had a significantly increased 18-fold risk of developing hematoma. All other recorded variables were not associated with the occurrence of hematoma after 2 weeks. The results suggest that initiatives to prevent groin hematomas should be aimed at the procedure itself and not post procedural care. |

 |