

Minimally invasive epicardial ablation for atrial fibrillation

Citation for published version (APA):

Nasso, G. (2023). *Minimally invasive epicardial ablation for atrial fibrillation: from unipolar to hybrid bipolar treatment with a new treatment line*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230208gn>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230208gn](https://doi.org/10.26481/dis.20230208gn)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Chapter 13

Impact of the Research

The importance and actuality of atrial fibrillation therapy are highlighted by the fact that the current guidelines present two points that we wanted to address: the first aspect is to emphasize that, although the previous guidelines were quite "recent," a further update was needed to help improving "adherence" to both therapies by the attending doctors as well as the compliance of patients; the second aspect concerns a large list of gaps in knowledge, which is currently listed in the same guidelines. Therefore, a study group like ours, is fundamental for what it has achieved and for what it promises for the future. The publication of the data of our research addressed the following objectives and would like to have the following impacts:

Firstly, it is hoped that the excellent results recorded with the technique we have developed will lead to increasingly better treatment outcomes for patients with atrial fibrillation, delivering a better quality of life to the treated patients. Secondly, as we disseminate our results and techniques, we hope other centers may consider adopting our strategies, demonstrating the last aspect of reproducibility that we cannot prove alone.

Our research also hopes to have a strong stimulating impact in terms of improving cooperation and multi-disciplinarity in the treatment of atrial fibrillation. Currently, up to 70% of patients undergoing catheter ablation fail to achieve complete electrical isolation and are therefore susceptible to recurrence of atrial fibrillation. However, among the many "incomplete" patients, only a small percentage of patients was subjected to discussion within

a heart team for a possible "hybrid" approach. The remaining majority were either re-subjected to a trans- catheter or, more importantly, was simply classified as "failed.". Therefore, our aim is also to stimulate the understanding that an integrated approach, in which a multi-specialist team shall be created for the treatment of atrial fibrillation via a "tailored approach" therapy for any patient, is certainly the most effective approach. The approach must be increasingly present or it must rather be present in all the centers where patients are referred to for the treatment of atrial fibrillation.