Outcome of High-power Short-duration Radiofrequency Ablation in Combination with Half-Normal Saline Irrigation for the Treatment of Atrial Fibrillation

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## Abstract

ABSTRACT Background: Data regarding the use of high-power short-duration (HPSD) radiofrequency (RF) in combination with half-normal saline irrigation for catheter irrigation is limited. Objectives: This study investigated the safety and efficacy of using HPSD RF ablation in combination with half-normal saline irrigation for the treatment of AF. Methods: One hundred consecutive patients with AF underwent RF ablation using HPSD combined with half-normal saline for catheter irrigation. In addition, the following ablation strategies were used: 1 mm tags for the display of ablation lesions on the mapping system, high-frequency jet ventilation (HFJV), low contact force, pacing after ablation to verify areas of noncapture, atrial/ventricular pacing at 500 to 700 ms to aid in catheter stability, use of two skin electrodes to reduce impedance, and post-ablation adenosine infusion. Power was started at 40-45 W and was modulated manually based on impedance changes. Results: The average age of patients was 65.2 years and 70% were male. Forty-seven percent had paroxysmal AF and the average CHA2DS2-VASc score was  $2.1\pm1.6$ . The average power and lesion duration were  $38.1\pm3.3$  W and  $8.1\pm2.3$  seconds, respectively. During a median follow-up period of 321+139 days, 89% of the patients remained free from any atrial arrhythmias after a single RF ablation procedure. No procedure-related death, stroke, pericardial effusion, or atrioesophageal fistula occurred during follow-up. Conclusions: Catheter ablation using HPSD RF lesions in combination with half-normal saline irrigation and is safe and effective, and results in high rate of freedom from AF.

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