

**The Society of Thoracic Surgeons  
Data Managers' Electronic Abstract Submission Form**

(Electronic Deadline: August 15, 2003, Midnight CDT)

ID# \_\_08\_\_\_\_\_ (for internal STS use only)

**1. Authors' Information:** Please provide full name and title for each participating author.

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**2. Institution(s) Information:** Please provide name of Institution(s).

Institution Name: Nebraska Methodist Hospital

City and State of Institution: Omaha, NE 68114

Institution Name: \_\_\_\_\_

City and State of Institution: \_\_\_\_\_

Institution Name: \_\_\_\_\_

City and State of Institution: \_\_\_\_\_

For additional institutions please submit a second form.

**3. Title of Abstract:**

**Title:** Provide the title of the abstract. Please provide a short and specific title which indicates the nature of the study. Please use the following formatting guidelines; title case, no periods, no abbreviations. Example: This is a Properly Formatted Title

Prophylactic Amiodarone and Beta Blocker Protocol Reduces Atrial Fibrillation After Coronary Artery Bypass Surgery

4. Abstracts are limited to 250 words and must be typed and electronically submitted. The 250 limit does not include the title of the abstract or the author(s) name or title(s).

- I. **Background:** A brief statement of the purpose of the study and the current state of research in the field.

Atrial fibrillation is a common complication after coronary artery bypass (CABG) surgery, occurring in up to 40% of patients. Although postoperative atrial fibrillation is not usually associated with significant morbidity, it has a major economic impact by increasing hospital costs and overall length of stay. Research studies have been unable to produce a protocol that consistently and effectively prevents atrial fibrillation after CABG surgery. The purpose of this quality improvement study was to evaluate the use of an oral amiodarone and beta-blocker protocol as prophylaxis against atrial fibrillation after CABG surgery..

- II. **Methods or Study Population:** The methods of study or experimental approach clearly, but briefly, defined.

All patients undergoing CABG surgery were considered eligible for the study. Exclusion criteria included bradycardia, hypotension and history of chronic atrial fibrillation. Patients were started on the amiodarone and beta-blocker protocol preoperatively. A loading dose of amiodarone was given to patients prior to surgery and scheduled doses were given postoperatively. Additionally, scheduled doses of beta-blockers were given to patients postoperatively. The Society of Thoracic Surgeons Database was utilized to analyze and extract prospective data.

- III. **Results:** A summary of the results of the study, including sufficient details to support the conclusions made. To summarize results you may include one table (not to exceed 10 columns, 10 rows), or one graph, or one illustration (jpg file not to exceed 4" x 3" at 300 dpi).

The new onset of atrial fibrillation was 24% (75/312) prior to implementation of the study protocol. This was reduced to 13% (31/240) following prophylactic therapy. Furthermore, postoperative length of stay was reduced from 8.6 days prior to prophylactic therapy to 6.8 days following prophylactic therapy..

- IV. **Conclusion:** A statement concerning the significance of the work and its implications for further research.

After implementation of this protocol, data collected suggests that oral amiodarone combined with beta blocker therapy offers opportunity to reduce the incidence of new onset atrial fibrillation. This can positively impact the postoperative length of stay, hospital costs and overall patient satisfaction.