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19th December 2014

Ms Henrietta Hill
Assistant Coroner
Inner South London Coroner's Court
1 Tennis Court
London
SE1 1YD

Dear Ms Hill

**REPORT ON DEVELOPMENT OF ATRIO-OESOPHAGEAL FISTULA
FOLLOWING ABLATION FOR ATRIAL FIBRILLATION**

Ablation as a therapeutic option for the management of atrial fibrillation (AF) is an increasingly common procedure undertaken for patients with significant symptoms secondary to this arrhythmia. In the UK, some 6,000 catheter based ablation procedures were undertaken for AF from April 2013 to March 2014. There are recognised risks associated with this procedure: recent reported evidence shows that atrio-oesophageal fistula occurs in 0.04% of patients,¹ although this is likely to be an underestimate and the actual incidence is probably between 0.1 and 0.2%. This complication always presents sometime after the procedure. Other complications, such as pulmonary vein stenosis or Dressler's syndrome will also have a delay to presentation. The British Heart Rhythm Society (BHRS) is of the opinion that there are two areas that can be looked at to help reduce this complication. Procedural considerations include an awareness of the risk of this complication, reduction / titration and location of energy delivered. However, there is no evidence that newer ablation technologies or other strategies such as oesophageal temperature monitoring, make a significant difference to the occurrence of this complication. Operators should be aware that they need to limit the amount of ablation that takes place to the posterior wall of the left atrium and be aware of the possibility of this complication. BHRS believes that colleagues who perform this procedure are aware of this complication and take appropriate steps to reduce the likelihood of its occurrence.

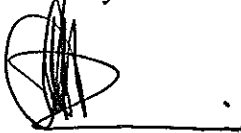
¹ Cappato R, Calkins H, Chen SA, et al. Updated worldwide survey on the methods, efficacy, and safety of catheter ablation for human atrial fibrillation. *Circ Arrhythm Electrophysiol* 2010; 3: 32–8.

The second area is patient education and this is likely to be of more benefit. Patients can be made more aware of this complication and also warning signs such as fever, epigastric pain, headache etc. They need to be told in this situation to (a) go to their local emergency department immediately and (b) they should contact the centre where the ablation was performed. We feel we should work with our sister organisations, the AF Association and the Arrhythmia Alliance (A-A) both of which are patient orientated organisations to improve the information and education patients are given; the information leaflets and on line information produced by these organisations will be amended to reflect this. We will work to develop a leaflet which can be downloaded from these sites. Patients could be issued with this on discharge following their AF ablation, giving information as to what symptoms to be aware of and advice to medical teams as to how to investigate and manage this complication, together with contact details for the ablation centre.

PROPOSED ACTIONS

- BHRS will include an article on avoidance and recognition of atrio-oesophageal fistula in its winter newsletter which is circulated to all BHRS members in January and remind its members to ensure this complication is recorded in the national cardiac rhythm management database for which BHRS and the National Institute for Cardiovascular Research (NICOR) are responsible.
- BHRS will work with the AF Association and A-A to re-design the patient information relating to complications of AF ablation to include information on recognition of symptoms associated with the complication. As part of this, a leaflet will be developed, as detailed above, which will be able to be downloaded from the AF Association, A-A and BHRS websites to be given to patients on discharge following their AF ablation. This should be able to be completed by the end of March 2015.

Yours sincerely

A handwritten signature in black ink, consisting of several overlapping loops and a horizontal line extending to the right.


President, British Heart Rhythm Society