Department of Health

From Dr Dan Poulter MP
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Ms H Hill
Assistant Coroner
Southwark Coroner's Court
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17 MAR 2015

Dear Ms Hill,

Thank you for your letter following the inquest into the death of Sandra Higham. In your report you state that Ms Higham died from cerebral ischaemia as the result of an atrial-oesophageal fistula which developed following an ablation procedure for atrial fibrillation. You note that the evidence you heard shows that a fistula of this nature is a very rare, but known, risk of the ablation procedure.

I was sorry to read of Ms Higham's death and wish to extend my sincere sympathies to her family.

You raise the following concerns:

- The ablation procedure for atrial fibrillation is becoming more widespread (an increase of around 20-30% has been seen in recent years).
- The development of an atrial-oesophageal fistula is a very rare, but known, risk of the ablation procedure (developing in around 0.01-0.2% of cases of percutaneous ablation and around 1-1.5% of cases of surgical ablation).
- If an atrial-oesophageal fistula does develop, it has a very high mortality rate (reported to be 67-100%).
- According to the literature there are no clear predictors of mortality from an atrial-oesophageal fistula, but early diagnosis, prompt surgical intervention and prolonged antibiotic therapy may be crucial for survival.
- Diagnosing an atrial-oesophageal fistula can be difficult, especially in an acute medical setting, given its range of non-specific symptoms and duration of onset, and the lack of awareness within the wider medical profession of such a fistula being a risk of the ablation procedure.

My officials initially contacted the Royal College of Surgeons (RCS) about this case and were advised to consult the Society for Cardiothoracic Surgery (SCTS) and the British Cardiovascular Society (BCS), as your concern relates to a specific type of procedure.

The SCTS confirmed that atrial-oesophageal fistula is a very rare complication of a cardiology procedure, which may present to upper gastrointestinal surgeons and, less often, thoracic surgeons.

The SCTS suggested that both cardiologists and electro-physiologists, through the BCS, were best placed to respond to your concerns and suggested that BCS could prepare a letter to be circulated to the upper gastrointestinal surgeons, thoracic surgeons and cardiac surgeons.

My officials have contacted the BCS about this suggestion and I understand that BCS are considering this proposal. Consideration includes the merits of circulating a letter to relevant surgeons, as the SCTS suggested.

A copy of your letter and our response will be sent to the BCS. I trust they will take the opportunity to respond to you directly about this issue.

You may of course wish to consider writing to the BCS, as the appropriate specialty organisation, yourself with your concerns. A copy of your letter and our response will also be sent to the RCS for their information.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Ms Higham's death to my attention.

Best wishes,

DR DAN POULTER