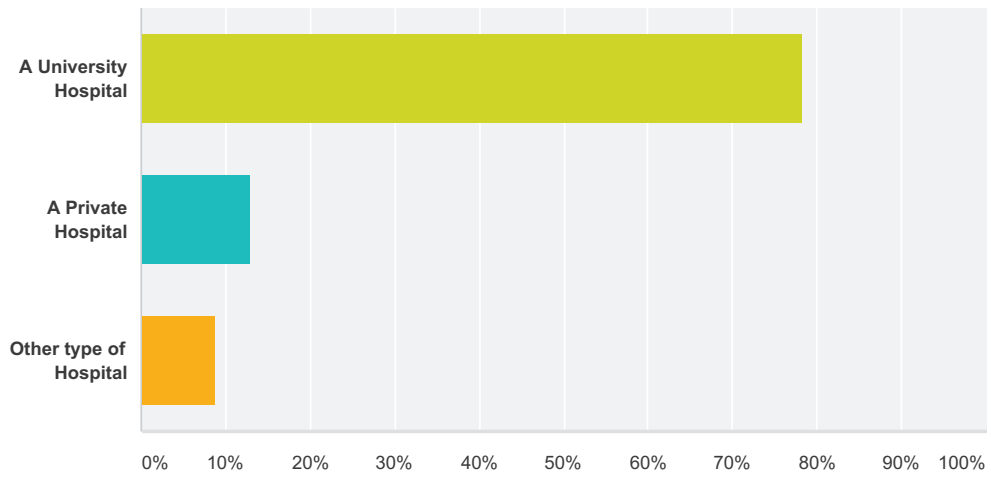


# EP Wire on NOAC after cardiac surgery in patients with atrial fibrillation

## Q1 Is your Institution :

Answered: 23 Skipped: 0



Answer Choices	Responses
A University Hospital	78.26% 18
A Private Hospital	13.04% 3
Other type of Hospital	8.70% 2
<b>Total</b>	<b>23</b>

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**Q2 In which Country and which city is your centre based ?**

Answered: 23 Skipped: 0

#	Responses	Date
1	Denmark	4/17/2016 5:12 PM
2	Denmark	4/16/2016 8:10 AM
3	Denmark	4/16/2016 6:14 AM
4	Czech republic, University Hospital Olomouc	4/15/2016 8:19 PM
5	France, Marseilles	4/15/2016 7:10 PM
6	France	4/15/2016 6:27 PM
7	belgium	4/15/2016 4:52 PM
8	Poland Zabrze	4/15/2016 3:16 PM
9	Norway	4/15/2016 12:26 PM
10	Romania	4/15/2016 11:33 AM
11	Madrid, spain	4/15/2016 11:27 AM
12	Italy	4/15/2016 11:18 AM
13	denmark, Copenhagen	3/31/2016 6:05 PM
14	Poland	3/25/2016 11:03 AM
15	Czech rep., Ostrava	3/21/2016 10:35 PM
16	Denmark	3/20/2016 1:03 PM
17	Armenia Yerevan	3/17/2016 7:10 PM
18	Denmark, Odense	3/16/2016 11:12 AM
19	Iceland	3/15/2016 10:51 PM
20	Germany	3/15/2016 7:24 PM
21	Italy	3/15/2016 7:21 PM
22	Lithuania	3/15/2016 7:03 PM
23	Hasselt	3/12/2016 12:18 PM

EP Wire on NOAC after cardiac surgery in patients with atrial fibrillation

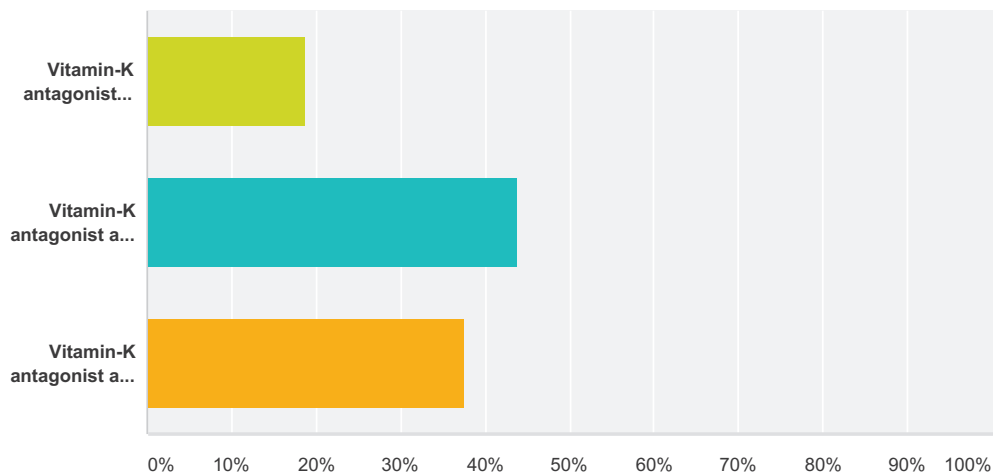
**Q4 What is the volume of isolated coronary artery bypass grafting, non-mechanical valve surgery, or combination of those over the last 6 months in your centre? (please enter the number of procedures in the box below)**

Answered: 16 Skipped: 7

#	Responses	Date
1	200	4/17/2016 5:17 PM
2	500	4/16/2016 8:11 AM
3	250	4/16/2016 6:16 AM
4	250	4/15/2016 8:34 PM
5	297	4/15/2016 8:21 PM
6	600	4/15/2016 6:29 PM
7	230	4/15/2016 4:52 PM
8	350	4/15/2016 11:36 AM
9	300	4/15/2016 11:28 AM
10	50	4/15/2016 11:22 AM
11	1000	3/31/2016 6:10 PM
12	400	3/25/2016 11:06 AM
13	75	3/17/2016 7:12 PM
14	230	3/16/2016 11:14 AM
15	130	3/15/2016 10:53 PM
16	130	3/12/2016 12:20 PM

**Q5 Which of the following anticoagulation regimens with vitamin K antagonists (VKA) is implemented in your centre in patients post cardiac surgery (excluding mechanical heart valves) with an indication for oral anticoagulation based on a history of atrial fibrillation (AF) or new onset post-operative AF with increased thrombo-embolic risk ( i.e. CHA2DS2-VASc  $\geq 2$ )?**

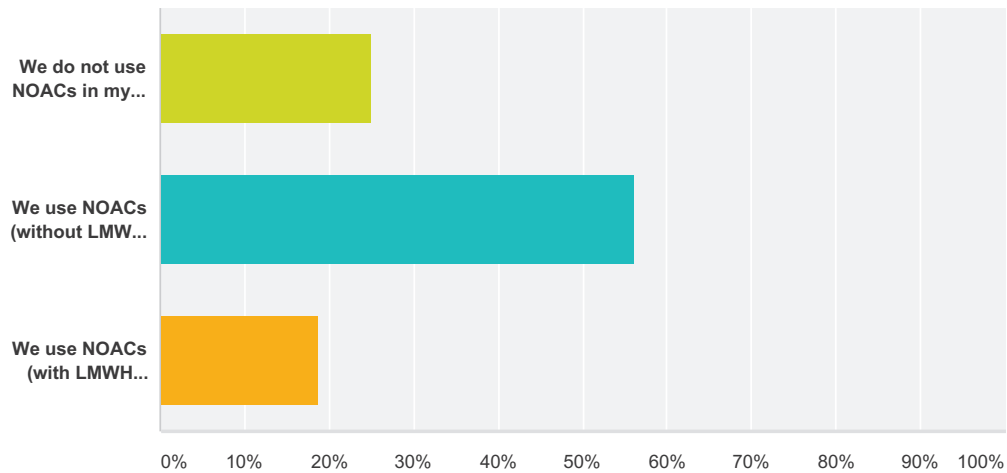
Answered: 16 Skipped: 7



Answer Choices	Responses
Vitamin-K antagonist without initial bridging with low molecular weight heparins (LMWH).	18.75% 3
Vitamin-K antagonist and initial bridging with LMWH at a venous thromboprophylactic dose (e.g. enoxaparine 40 mg OD).	43.75% 7
Vitamin-K antagonist and initial bridging with LMWH at a therapeutic dose (e.g. enoxaparine $\geq 80$ mg OD).	37.50% 6
<b>Total</b>	<b>16</b>

**Q6 Do you use non-VKA oral anticoagulants (NOAC/DOAC) in patients post cardiac surgery (excluding mechanical heart valves) with an indication for oral anticoagulation based on a history of atrial fibrillation (AF) or new onset post-operative AF with increased thrombo-embolic risk (i.e. CHA2DS2-VASc  $\geq 2$ )?**

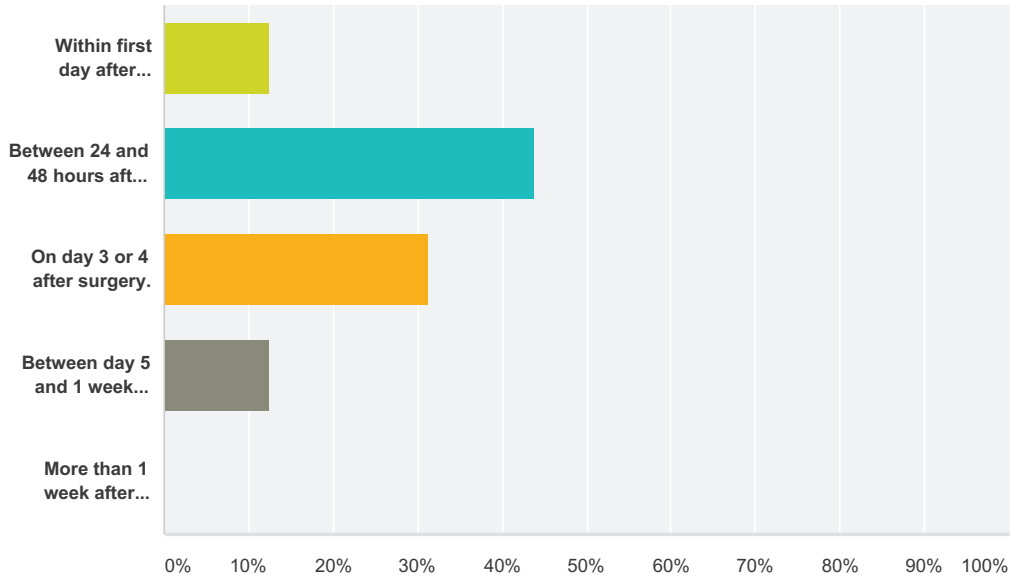
Answered: 16 Skipped: 7



Answer Choices	Responses
We do not use NOACs in my centre.	25.00% 4
We use NOACs (without LMWH bridging).	56.25% 9
We use NOACs (with LMWH bridging).	18.75% 3
<b>Total</b>	<b>16</b>

**Q7 If VKA is used in this setting, when is this systemic anticoagulation usually started, provided that the surgeon is satisfied with the hemostasis?**

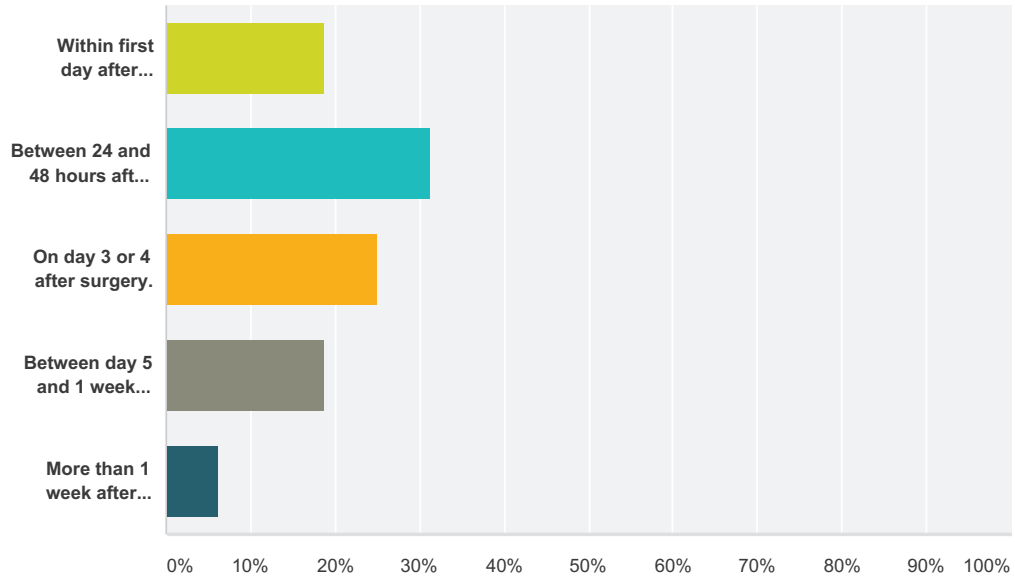
Answered: 16 Skipped: 7



Answer Choices	Responses
Within first day after surgery.	12.50% 2
Between 24 and 48 hours after surgery.	43.75% 7
On day 3 or 4 after surgery.	31.25% 5
Between day 5 and 1 week after surgery.	12.50% 2
More than 1 week after surgery	0.00% 0
<b>Total</b>	<b>16</b>

**Q8 If NOAC is used in this setting, when is this systemic anticoagulation usually started, provided that the surgeon is satisfied with the hemostasis?**

Answered: 16 Skipped: 7



Answer Choices	Responses
Within first day after surgery.	18.75% 3
Between 24 and 48 hours after surgery.	31.25% 5
On day 3 or 4 after surgery.	25.00% 4
Between day 5 and 1 week after surgery.	18.75% 3
More than 1 week after surgery	6.25% 1
<b>Total</b>	<b>16</b>

**Q9 In patients postoperatively given oral anticoagulants, how many major pericardial bleeding / hemorrhagic pericarditis (i.e. requiring pericardiocentesis) did you encounter over the last 6 months? (please enter the number in the box below)**

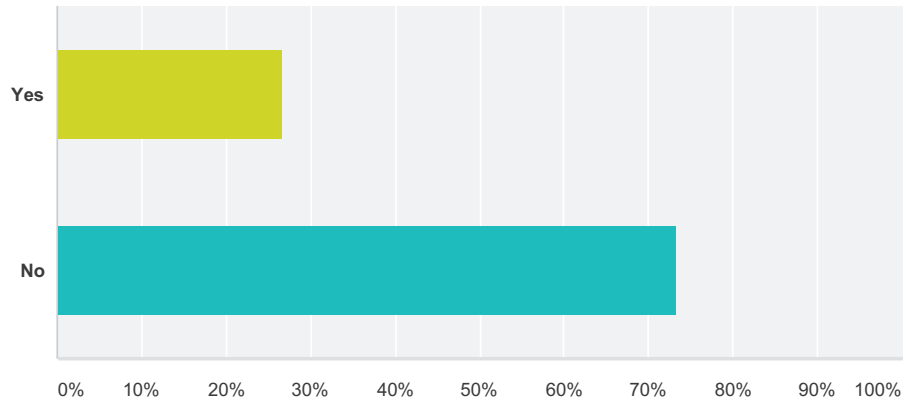
Answered: 15 Skipped: 8

#	Responses	Date
1	20	4/16/2016 8:12 AM
2	0	4/16/2016 6:18 AM
3	10	4/15/2016 8:35 PM
4	17	4/15/2016 8:21 PM
5	4	4/15/2016 6:30 PM
6	12	4/15/2016 4:53 PM
7	5	4/15/2016 11:37 AM
8	5	4/15/2016 11:29 AM
9	0	4/15/2016 11:24 AM
10	10	3/31/2016 6:14 PM
11	no idea	3/25/2016 11:08 AM
12	0	3/17/2016 7:13 PM
13	15	3/16/2016 11:15 AM
14	One	3/15/2016 11:02 PM
15	4	3/12/2016 12:20 PM



**Q10 If you now use NOAC/DOAC in this setting, do you have the impression that this has led to more need for pericardiocentesis than historically with VKA?**

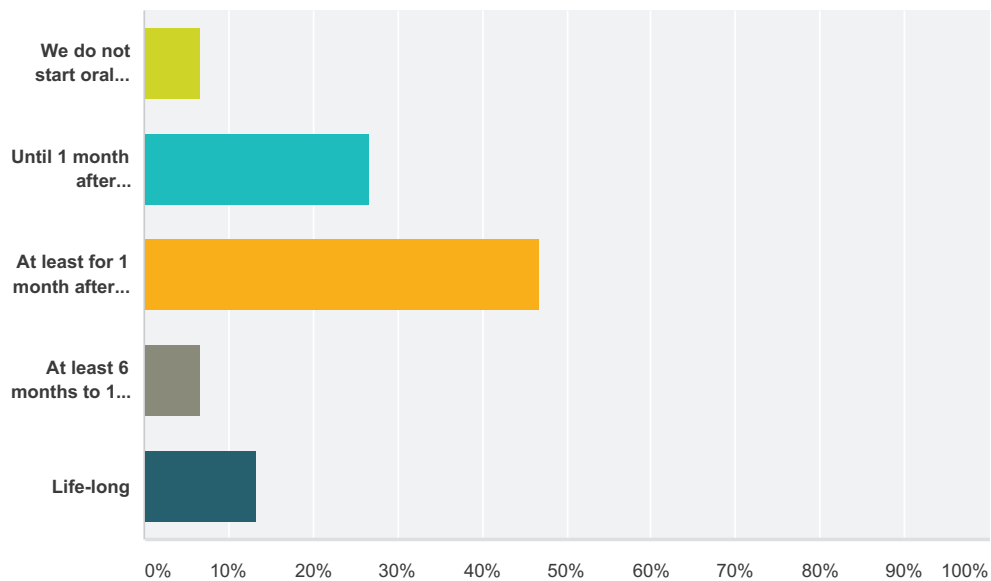
Answered: 15 Skipped: 8



Answer Choices	Responses	
Yes	26.67%	4
No	73.33%	11
<b>Total</b>		<b>15</b>

**Q11 In patients post cardiac surgery (but with exclusion of mechanical heart valves) with new onset post-operative AF with moderately increased thrombo-embolic risk (i.e. CHA2DS2-VASc 1 or 2), for how long do you provide maintenance systemic oral anticoagulation therapy?**

Answered: 15 Skipped: 8



Answer Choices	Responses
We do not start oral anticoagulation in such patients unless AF continues for $\geq 1$ week	6.67% 1
Until 1 month after conversion to sinus rhythm.	26.67% 4
At least for 1 month after conversion, with stopping only if no other risk factors (like spontaneous echo contrast, reduced left atrial function, biomarkers, etc ...)	46.67% 7
At least 6 months to 1 year	6.67% 1
Life-long	13.33% 2
<b>Total</b>	<b>15</b>