

# EP WIRE on Management Preexcitation syndromes



## 1. Is your Institution:

		Response Percent	Response Count
A University Hospital		70.7%	41
A Private Hospital		13.8%	8
Other Type of Hospital		15.5%	9

Institution name: 50

answered question 58

skipped question 0

## 2. In which country is your centre based ?

	Response Count
	58

answered question 58

skipped question 0

## 3. Which City ?

	Response Count
	58


answered question 58

skipped question 0





#### 4. At what email address would you like to be contacted?

	Response Count
	56
answered question	56
skipped question	2





#### 5. Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website ?

		Response Percent	Response Count
Yes		100.0%	58
No		0.0%	0
	answered question		58
	skipped question		0





#### 6. Number of Catheter ablations (all type of arrhythmia) at your institution last calendar year :

		Response Percent	Response Count
1 - 99		19.0%	11
100 - 199		19.0%	11
<b>200 - 299</b>		<b>32.8%</b>	<b>19</b>
400 or more		29.3%	17
None		0.0%	0
	answered question		58
	skipped question		0






**7. Number of Implantations (Sum of new implants and replacements) at your institution last calendar year :**

		Response Percent	Response Count
1 - 99		6.9%	4
100 - 199		17.2%	10
200 - 299		24.1%	14
<b>400 or more</b>		<b>51.7%</b>	<b>30</b>
None		0.0%	0
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>0</b>

**8. Number of pacemakers at your institution last calendar year :**

		Response Percent	Response Count
1 - 99		8.6%	5
<b>100 - 199</b>		<b>34.5%</b>	<b>20</b>
200 - 299		31.0%	18
400 or more		25.9%	15
None		0.0%	0
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>0</b>






### 9. How many patients had a catheter ablation of an accessory pathway performed at your institution during year 2011 ?

		Response Percent	Response Count
We don't perform ablation		0.0%	0
1 -9		12.5%	7
10-24		17.9%	10
<b>25-49</b>		<b>39.3%</b>	<b>22</b>
50-74		21.4%	12
>74		8.9%	5
If you answered "we don't perform ablation", skip Q10 and Q11			0
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>





### 10. How many of these patients (%) undergoing catheter ablation for an accessory pathway had ?

	Response Average	Response Total	Response Count
<b>Open (overt) WPW (i.e. deltawaves on 12 lead ECG) = x %</b>	<b>55.95</b>	<b>3,133</b>	<b>56</b>
Concealed accessory pathway = y %	44.85	2,467	55
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>

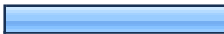
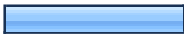
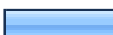


**11. How many of the patients (%) who had ablation of an accessory pathway at your institution had previously had (spontaneous) pre-excited atrial fibrillation?**

		Response Percent	Response Count
< 5%		55.4%	31
5 – 10%		26.8%	15
11-20%		8.9%	5
21-50%		5.4%	3
> 50%		3.6%	2
I do not know		0.0%	0
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>

**12. How many children (< 12 years) received catheter ablation for an accessory pathway at your institution in 2011 (absolute numbers) ?**

		Response Percent	Response Count
0		46.4%	26
1-9		46.4%	26
10-24		3.6%	2
25-49		0.0%	0
> 49		3.6%	2
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>

**13. Have you observed a decline in the total number of patients ablated for an accessory pathway at your institution during the last 10 years ?**

		Response Percent	Response Count
Yes – a definite decline (> 25% decrease)		35.7%	20
Yes – a slight decline (< 25% decrease)		28.6%	16
No – unchanged number		17.9%	10
No – increased number		12.5%	7
Not sure		5.4%	3
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>

**14. Do you refer asymptomatic patients with an overt (open) accessory pathway for risk stratification regarding sudden cardiac death using: a) invasive electrophysiological testing (invasive EPS); b) non-invasive electrophysiological testing by transesophageal pacing (non-inv EPS), c) exercise testing or d) pharmacological testing (by drugs like flecainide) to evaluate the conduction capabilities of the accessory pathway?**





	Never as an isolated procedure	Rarely and only when patient or referring physician insist	Rarely – and only in patients with specific occupational (like pilots, firemen etc.) and recreational activities or other reasons	Often	Always	Rating Count
Invasive EPS	<b>30.2% (16)</b>	7.5% (4)	20.8% (11)	24.5% (13)	17.0% (9)	53
Non-inv EPS	<b>57.4% (31)</b>	16.7% (9)	3.7% (2)	13.0% (7)	9.3% (5)	54
Exercise testing	<b>25.0% (13)</b>	15.4% (8)	11.5% (6)	23.1% (12)	<b>25.0% (13)</b>	52
Pharmacological testing	<b>64.7% (33)</b>	13.7% (7)	15.7% (8)	5.9% (3)	0.0% (0)	51
<b>answered question</b>						<b>56</b>
<b>skipped question</b>						<b>2</b>

## 15. Do you have national guidelines in your country which:






	Yes	No	Rating Count
Describe which patients are candidates for catheter ablation ?	39.3% (22)	<b>60.7% (34)</b>	56
Describe how to treat pre-excited AF with the aim of conversion to sinus rhythm ?	36.4% (20)	<b>63.6% (35)</b>	55
Describe how to treat ortodromic and antidromic AV-reentry tachycardia with the purpose of termination of the tachycardia ?	38.2% (21)	<b>61.8% (34)</b>	55
Describe pharmacological prophylactic therapy of AV-reentry tachycardia ?	30.9% (17)	<b>69.1% (38)</b>	55
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>



**16. How do you anticipate that a young adult patient (20-30 years) with accidentally diagnosed WPW pattern on ECG without symptoms and without specific occupational or recreational risk would be treated at your institution ?**

		Response Percent	Response Count
Referral for risk stratification (at your own centre or referral centre)		51.8%	29
Referral for ablation (at your own centre or referral centre)		32.1%	18
Wait and see approach (no treatment, information to return to clinic if symptoms occur)		12.5%	7
Initiation of prophylactic antiarrhythmic medical therapy (Please indicate: first choice of antiarrhythmic drug)		3.6%	2
None of the above		0.0%	0
Comment field if you have answered "None of the above" and to indicate your first choice of antiarrhythmic drug.			1
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>


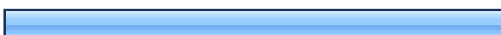


**17. How do you anticipate that an older patient (> 65 years) with accidentally diagnosed WPW pattern on ECG without symptoms and without specific occupational or recreational risk would be treated at your institution ?**

		Response Percent	Response Count
Referral for risk stratification (at your own centre or referral centre)		42.9%	24
Referral for ablation (at your own centre or referral centre)		21.4%	12
Wait and see approach (no treatment, information to return to clinic if symptoms occur)		32.1%	18
Initiation of prophylactic antiarrhythmic medical therapy		1.8%	1
None of the above		1.8%	1

Comment field if you have answered "None of the above" and to indicate your first choice of antiarrhythmic drug 2

<b>answered question</b>	<b>56</b>
<b>skipped question</b>	<b>2</b>

**18. What will most likely be the treatment strategy for a patient seen at your institution with first-time pre-excited atrial fibrillation ?**

		Response Percent	Response Count
Referral for risk stratification (at your own centre or referral centre)		12.5%	7
<b>Immediate referral for catheter ablation to be performed within weeks (at your own centre or referral centre)</b>		<b>80.4%</b>	<b>45</b>
Wait and see approach (no treatment, information to return to clinic if symptoms return)		3.6%	2
Initiation of prophylactic antiarrhythmic medical therapy and only in case of recurrence the patient is referred for ablation		0.0%	0
None of the above		3.6%	2
	Other (please specify)		1
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>2</b>


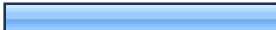

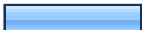

**19. What would you anticipate the treatment strategy would be for a patient presenting at your emergency department with a second episode of ortodromic AV-reentry tachycardia (after conversion to sinus rhythm ) in each of the following 2 situations: Without pre-excitation vs. with pre-excitation on sinus rhythm 12 lead ECG ?**

	without pre-excitation on 12 lead ECG	with pre-excitation on 12 lead ECG	Rating Count
Referral for risk evaluation at own or other institution	<b>72.7% (8)</b>	54.5% (6)	11
Immediate referral for ablation	79.2% (42)	<b>90.6% (48)</b>	53
Wait and see approach (no treatment, information to return to clinic if symptoms return)	<b>100.0% (7)</b>	0.0% (0)	7
Initiation of prophylactic antiarrhythmic medical therapy and only in case of recurrence the patient is referred for ablation	<b>85.7% (6)</b>	14.3% (1)	7
None of the above	<b>66.7% (2)</b>	33.3% (1)	3
Comment field should you have answered "None of the above"			1
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>3</b>







**20. What is your anticipated treatment strategy for a child presenting at your emergency department with open WPW (pre-excitation) and symptomatic orthodromic AV-reentry tachycardia ? Score your degree of agreement with the statement: 1 - 5 (1 = fully disagree 5 = fully agree)**

	1	2	3	4	5	Rating Count
Only ablation if severely symptomatic	15.7% (8)	13.7% (7)	17.6% (9)	<b>27.5% (14)</b>	25.5% (13)	51
Only ablation if severely symptomatic despite attempts to treat with medicine	18.0% (9)	20.0% (10)	8.0% (4)	22.0% (11)	<b>32.0% (16)</b>	50
Only ablation if patient is larger than 15 kg	14.0% (7)	10.0% (5)	14.0% (7)	<b>38.0% (19)</b>	24.0% (12)	50
Only ablation if parents have a strong wish for cure	16.0% (8)	14.0% (7)	24.0% (12)	<b>32.0% (16)</b>	14.0% (7)	50
I will wait with an ablation until the child can make its own decision (ideally > 18 years)	<b>37.3% (19)</b>	17.6% (9)	13.7% (7)	13.7% (7)	17.6% (9)	51
I will use accessory pathway location based on 12 lead ECG and only perform ablation in free lateral (right or left) accessory pathways (i.e. not septal)	<b>33.3% (17)</b>	21.6% (11)	17.6% (9)	15.7% (8)	11.8% (6)	51
I will use accessory pathway location based 12 lead ECG and only perform ablation in left free wall accessory pathways (i.e. not septal not right sided free wall)	<b>44.9% (22)</b>	20.4% (10)	14.3% (7)	16.3% (8)	4.1% (2)	49
I will refer to another centre and let them decide	<b>64.2% (34)</b>	9.4% (5)	5.7% (3)	3.8% (2)	17.0% (9)	53
<b>answered question</b>						<b>55</b>
<b>skipped question</b>						<b>3</b>

**21. How often do you (read: your institution) discontinue a scheduled WPW ablation due to location of the accessory pathway close to the AV node ?**

		Response Percent	Response Count
Never		16.4%	9
<b>Very rarely</b>		<b>43.6%</b>	<b>24</b>
Rarely		16.4%	9
Sometimes		21.8%	12
Often		1.8%	1
We don't perform catheter ablation at my institution		0.0%	0
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>3</b>

## 22. What is the strategy at your centre if you during an RF catheter ablation find out that the accessory pathway is close to the AV node ?

		Response Percent	Response Count
I would never start up with RF ablation on this kind of patient		5.5%	3
<b>I would go for staged energy delivery (staged increasing energy output)</b>		<b>50.9%</b>	<b>28</b>
I would switch to cryo-ablation during same procedure		29.1%	16
I would discontinue the procedure and not perform another ablation later		3.6%	2
Referral to other centre who also perform ablation		3.6%	2
We don't perform ablation at my centre		0.0%	0
None of the above		7.3%	4

Comment field should you have answered "None of the above"

5

**answered question**

**55**

**skipped question**

**3**

**23. How many of accessory pathway ablations at your institution are a re-do ablation procedure (irrespective of the first ablation was performed at your institution or not) ?**





		Response Percent	Response Count
< 1 %		18.2%	10
< 1 - 1,9%		21.8%	12
< 2 - 4,9%		<b>41.8%</b>	<b>23</b>
5 – 10%		18.2%	10
We don't perform ablations at our centre		0.0%	0
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>3</b>

**24. In a patient presenting at your emergency department with pre-excited AF what would be your preferred strategy to convert the arrhythmia to SR ?**

		Response Percent	Response Count
<b>Electrical cardioversion</b>		<b>50.9%</b>	<b>28</b>
Attempt to pharmacologic conversion with iv class 1c antiarrhythmic medication		34.5%	19
Attempt to pharmacologic conversion with iv amiodarone		10.9%	6
Attempt to pharmacologic conversion with iv betablocker		1.8%	1
Other approach		1.8%	1
Comment if other approach :			3
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>3</b>



**25. Which antiarrhythmic medication would you consider to put a patient who has presented with pre-excited AF on while waiting for a catheter ablation ? (Multiple answers are possible)**

		Response Percent	Response Count
Class 1c antiarrhythmic medication		80.0%	44
Betablocker		25.5%	14
Amiodarone		20.0%	11
Dronedarone		0.0%	0
Other drugs		1.8%	1
	Other drugs ( Please specify)		1
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>3</b>