

# Convergent Ablation Procedure for Persistent Atrial Fibrillation

## Preoperative Preparation

A right radial arterial line is placed for continuous blood pressure monitoring during the procedure.

General endotracheal anesthesia (GETA) is administered using an endotracheal tube sized 8.0–8.5. The tube should be positioned approximately 3–4 cm above the carina to facilitate placement of a bronchial blocker.

## Initial Assessment

Transesophageal echocardiography (TEE) is performed to rule out the presence of atrial thrombus. If a clot is detected on echo, the case is canceled.

## Lung Isolation and Central Access

A bronchial blocker is placed, and its position is confirmed using a bronchoscope. The left cuff is inflated to ensure the left lung is deflated for surgical access. A central line is then placed for intravenous access.

A baseline activated clotting time (ACT) is obtained prior to the ablation procedure.

## Surgical Steps

A subxiphoid incision is made, and initial ablation is performed, typically lasting around 30 minutes.

The left lung remains deflated to allow for thoracotomy. Atrial clipping is performed, which usually takes about 30 minutes. The cardiologist verifies the procedure with TEE.

Additional ablation is carried out for approximately one hour, followed by cryoablation of the ribs, which lasts about 15 minutes.

Following the ablation, the lung is reinflated and the TEE probe is removed. An esophageal temperature probe is placed for monitoring.

Confirmation is obtained using a C-arm. Heparin is administered and ACT is checked again.

The procedure concludes with a return to the subxiphoid region for further ablation, which typically lasts an additional hour.