

# Benefit of aspirin after A-fib ablation questioned

4 September 2017



gastrointestinal bleeding was 0.8, 1.9, and 1.1 percent, respectively (P = 0.06); and genitourinary bleeding was 1.7, 2.8, and 2.1 percent, respectively (P = 0.008). Compared with no therapy or [warfarin therapy](#), aspirin therapy was associated with increased risk for both CVA/TIA and across all CHA<sub>2</sub>DS<sub>2</sub>VASc scores.

"After [catheter ablation](#), low risk patients do not benefit from long-term aspirin therapy, but are at risk for higher rates of bleeding when compared to no therapy or warfarin," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—For atrial fibrillation (AF) ablation patients undergoing their index ablation, long-term aspirin therapy is associated with increased rates of bleeding and may not lower risk of stroke, according to a study published online Aug. 28 in the *Journal of Cardiovascular Electrophysiology*.

Victoria Jacobs, Ph.D., from the Intermountain Medical Center Heart Institute in Murray, Utah, and colleagues included 4,124 AF ablation patients undergoing index ablation in a retrospective observational study. The authors compared one- and three-year outcomes for patients receiving aspirin or warfarin as long-term therapies versus no therapy.

The researchers found that patients with higher CHADS<sub>2</sub>VASc scores were more likely to be female and have hypertension, diabetes mellitus, heart failure, or vascular disease (P<sub>2</sub>DS<sub>2</sub>VASc score, the occurrences of cerebrovascular accident/transient ischemic attack (CVA/TIA) were 1.4, 3.0, and 3.9 percent, respectively (P

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