

COMPARISON OF WARFARIN VS DIRECT ORAL ANTICOAGULANTS AFTER LEFT ATRIAL APPENDAGE OCCLUSION: A SYSTEMATIC REVIEW AND META-ANALYSIS

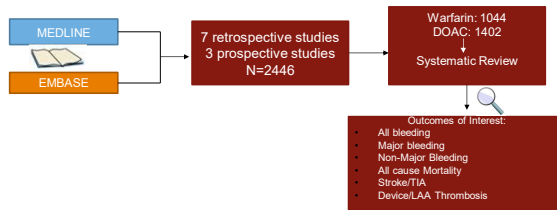
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BACKGROUND

The optimal anticoagulation strategy after left atrial appendage occlusion (LAAO) is not clearly established. We hypothesized that clinical outcomes would be similar between patients taking warfarin and direct oral anticoagulants (DOACs) post-procedurally after LAAO.

METHODS



RESULTS



Warfarin use was associated with higher rates of any bleeding (OR 2.16; 1.45-3.22; p=0.0002) and minor bleeding (OR 3.39; 1.76-6.51; p=0.0003). There was a non-statistically significant increase in major bleeding (OR 1.63; 0.94-2.82; p=0.08) and stroke (OR 2.12; 0.96-4.67; p=0.06) with warfarin use. No difference was observed in terms of all-cause mortality or device related thrombosis between the two groups.

CONCLUSION

Use of Warfarin after LAAO was associated with higher rates of bleeding, particularly minor bleeding, but does not reduce the risk of stroke or device related thrombosis when compared to DOACs.



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Warfarin after Left Atrial Appendage Occlusion leads to higher rates of bleeding, particularly minor bleeding compared to direct oral anticoagulants.

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DISCUSSION

In this study, we compared warfarin to direct oral anticoagulants (DOACs) to see if there was any benefit for using warfarin over DOACs after left atrial appendage occlusion. We found that warfarin wasn't associated with a reduced risk of stroke or device related thrombosis. However, warfarin was associated with increased rates of bleeding, particularly minor bleeding.

FIGURE 1

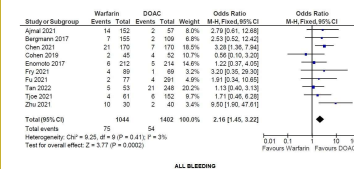


FIGURE 2

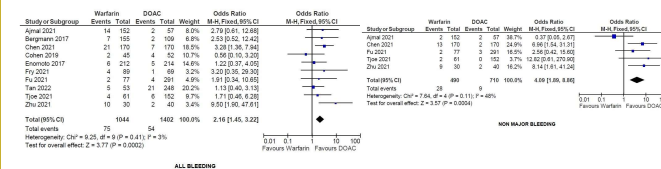


FIGURE 3

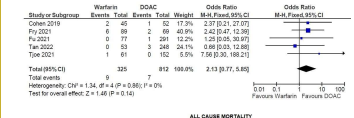


FIGURE 4

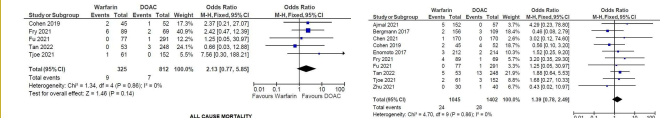


FIGURE 5

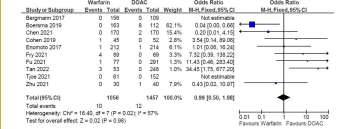
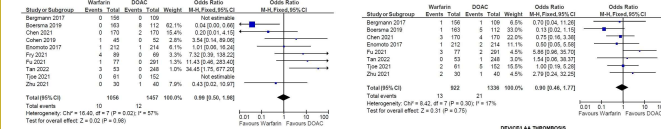


FIGURE 6



DISCLOSURE INFORMATION

The authors have no industry relationships to disclose.