



# "New Methods to support AF Ablation"

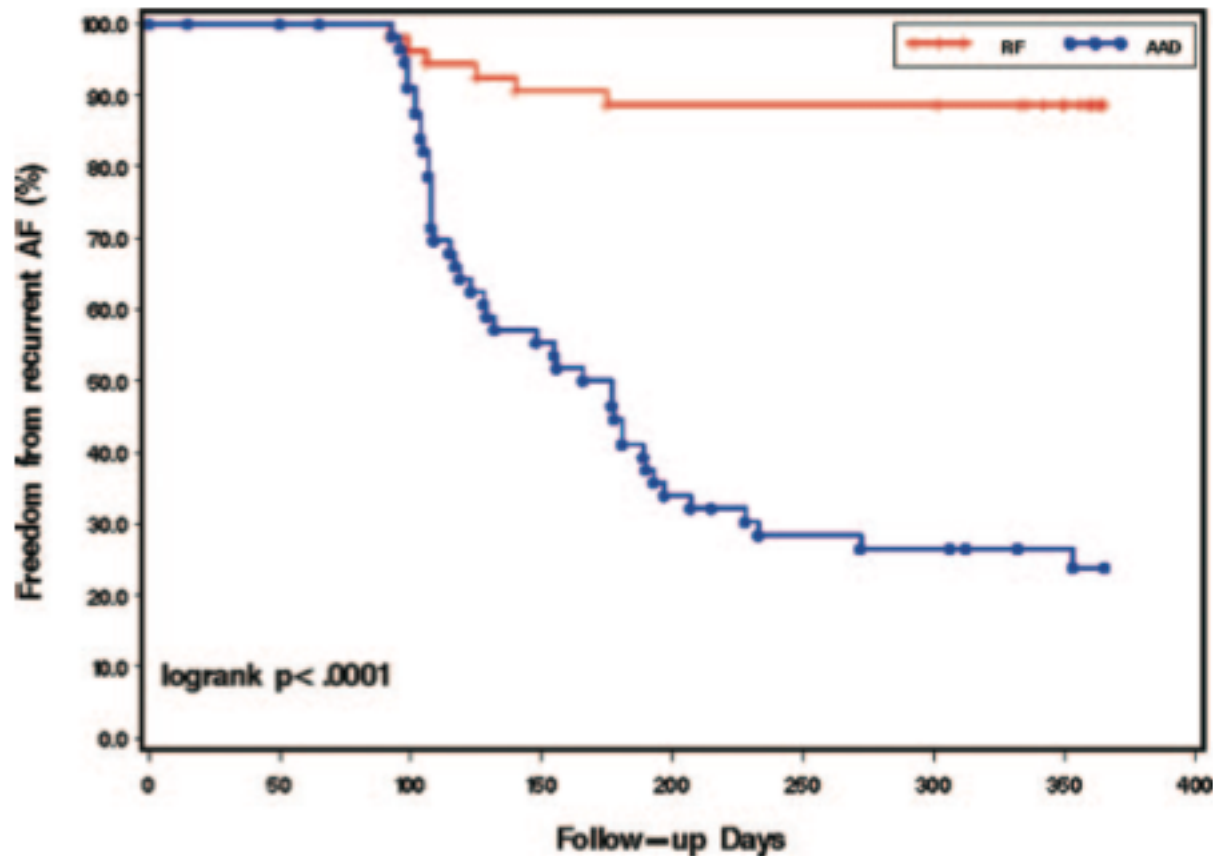
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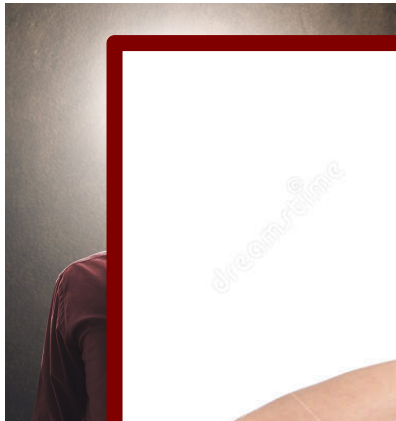
# Catheter Ablation Versus Antiarrhythmic Drugs for Atrial Fibrillation

## The A4 Study



*Circulation.* 2008;118:2498-2505.





# Procedure tolerability



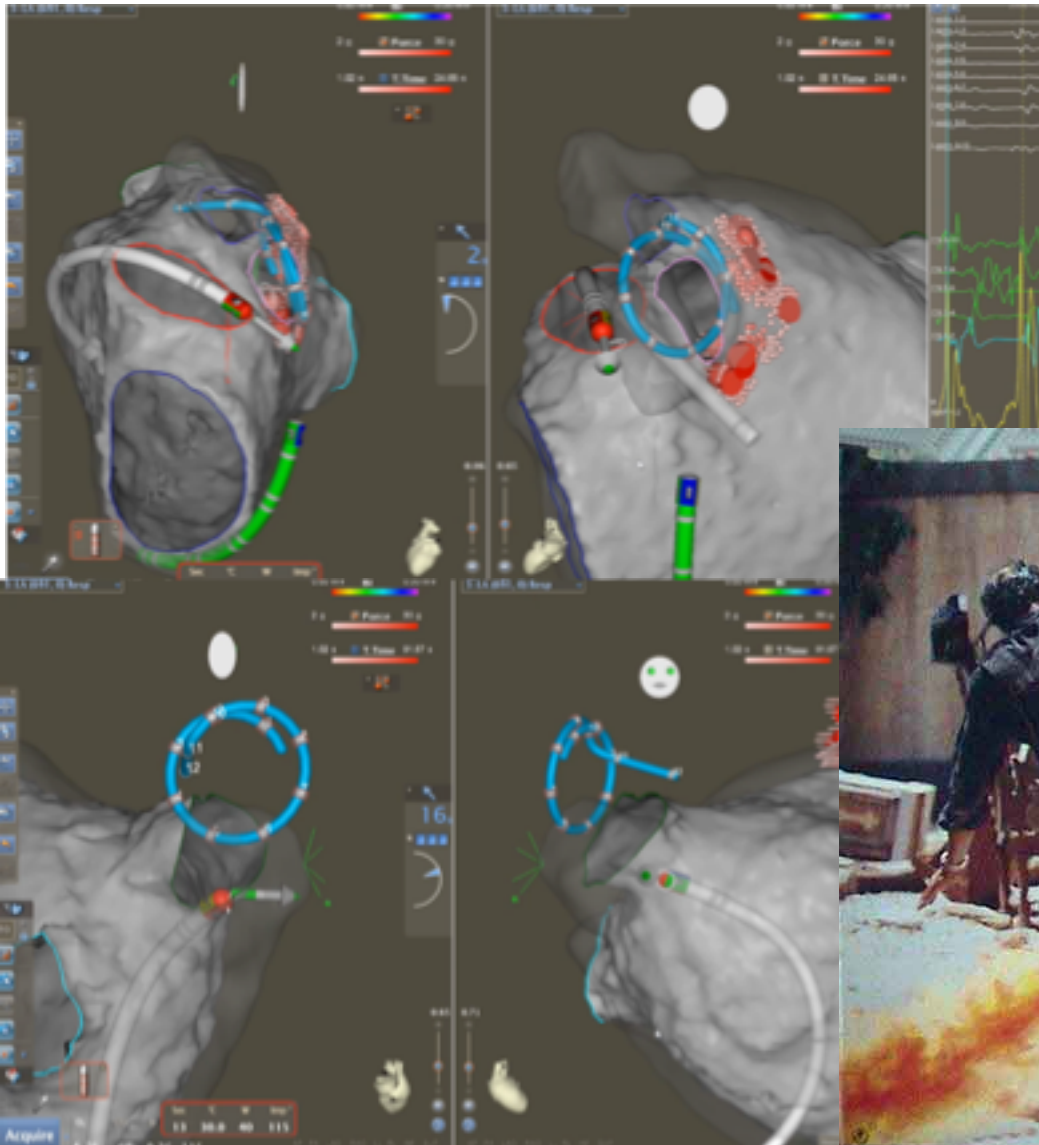
# AF ABLATION: STATE OF THE ART

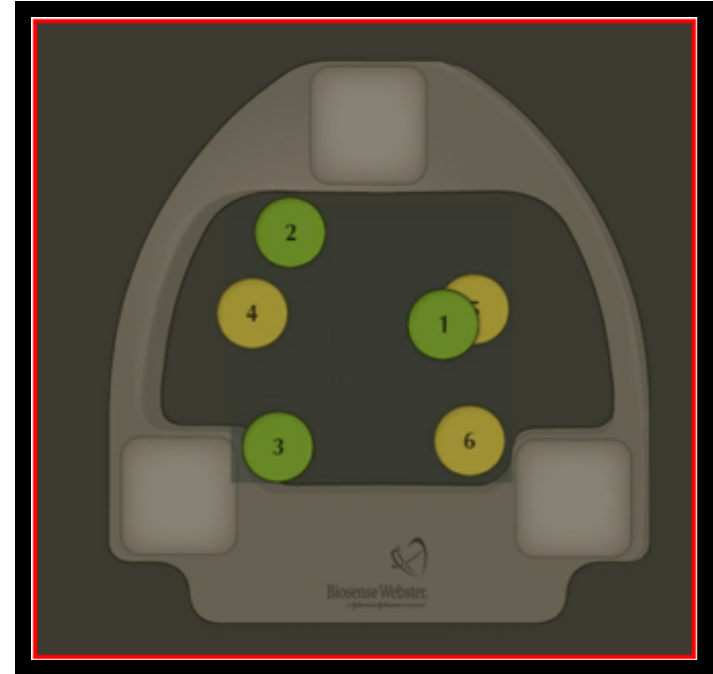
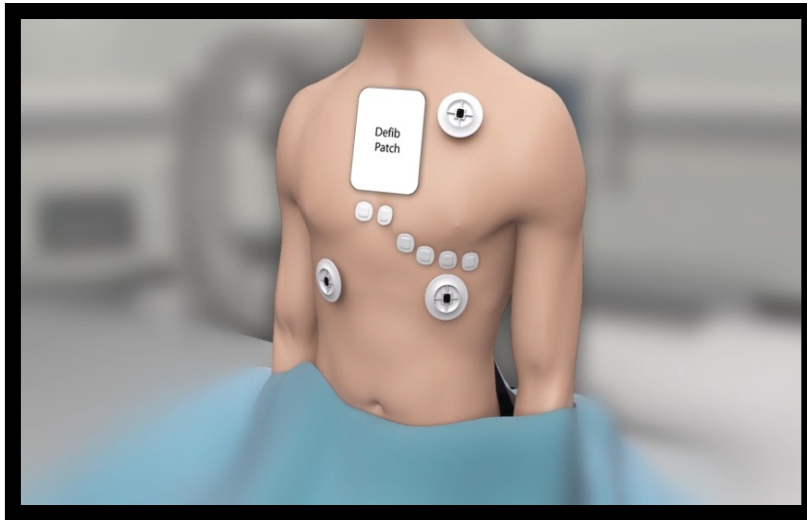
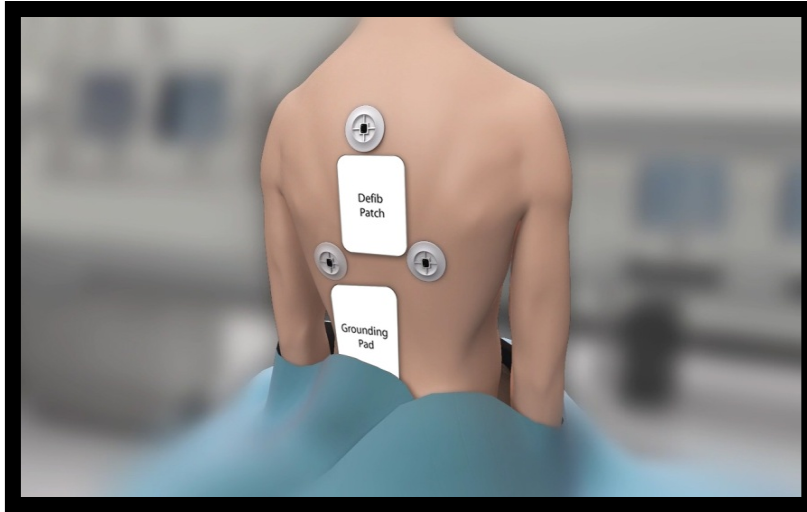
| Study                         | Number Patients | Procedural Length<br>min (h) |
|-------------------------------|-----------------|------------------------------|
| Fire and ICE Trial. NEJM 2016 | 762             | 140,9 (2,3)                  |
| STAR AF II Trial. NEJM 2015   | 500             | 100 (2,2)                    |
| <b>MEAN LENGHT ABOUT 3 h</b>  |                 |                              |
| Bassiouny et al Circ AE 2016  | 90              | 252 (4,2)                    |
| SELECT AF trial Circ AE 2014  | 86              | 221 (3,6)                    |



# ABLATION

Radiofrequency  
energy is effective  
but .....



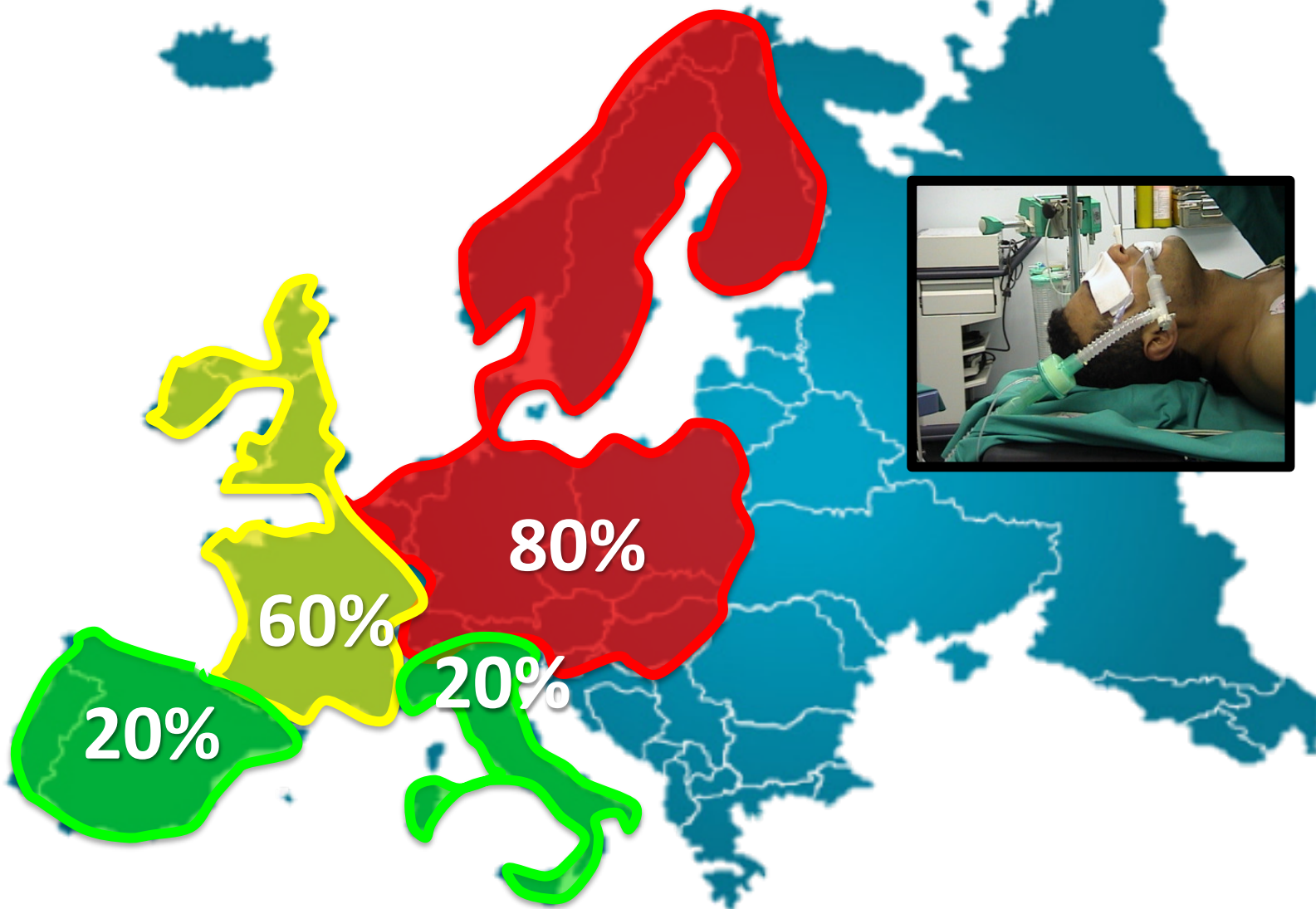


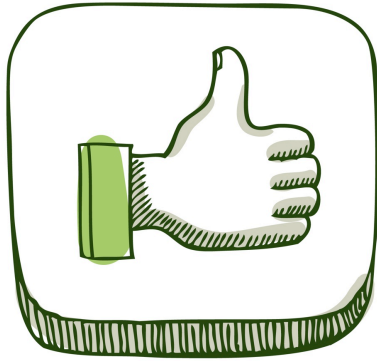
**6 patches – 3 front + 3 back**  
**Surrounding the heart**  
**Inside the accurate mapping zone**



# AF ABLATION

## PERCENTAGE OF DEEP SEDATION/NARCOSIS





**The patient is still**

**No anxiety**

**No pain**

**Anesthetic drugs (side effects?)**

**Post procedural discomfort  
(Intubation)**

**Lost of patient interaction  
(No cough and esophageal pain)**

**Complex set-up  
(Anesthesiologist)**





# NEW ABLATION WORKFLOW

## LENGTH 80 min XRAY 90 SEC



**ALL THE PATIENTS HAVE GIVEN INFORMED CONSENT AND AGREEMENT TO THE PROJECTION OF THE VIDEO OF THE PROCEDURE**



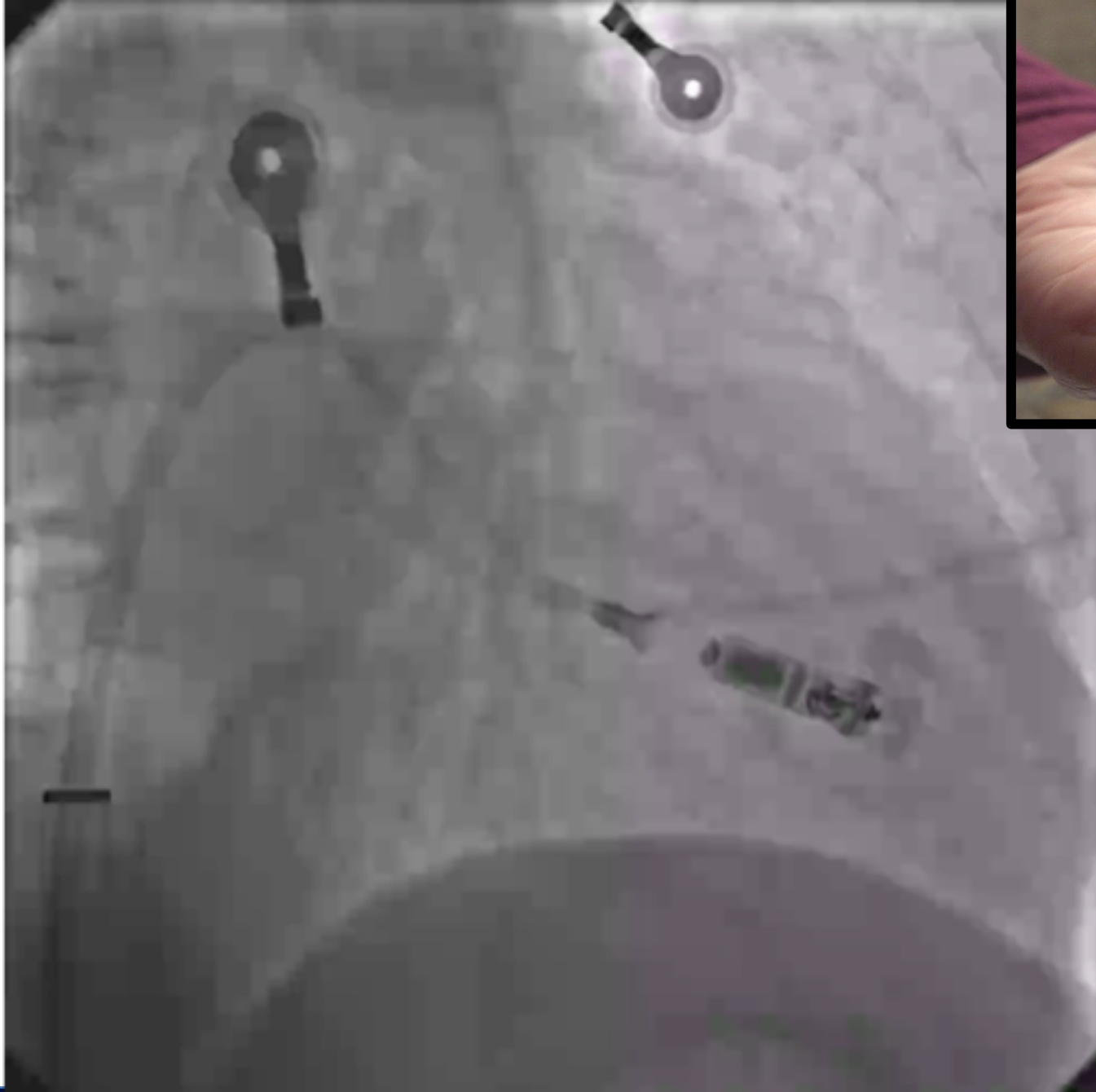


EP Lab, Cardiovascular Division, Cardinal G. Massaia Hospital, Asti, Italy



# TRANSESOPHAGEAL ECHOCARDIOGRAPHY NO DRUGS ONLY TOPIC LIDOCAIN



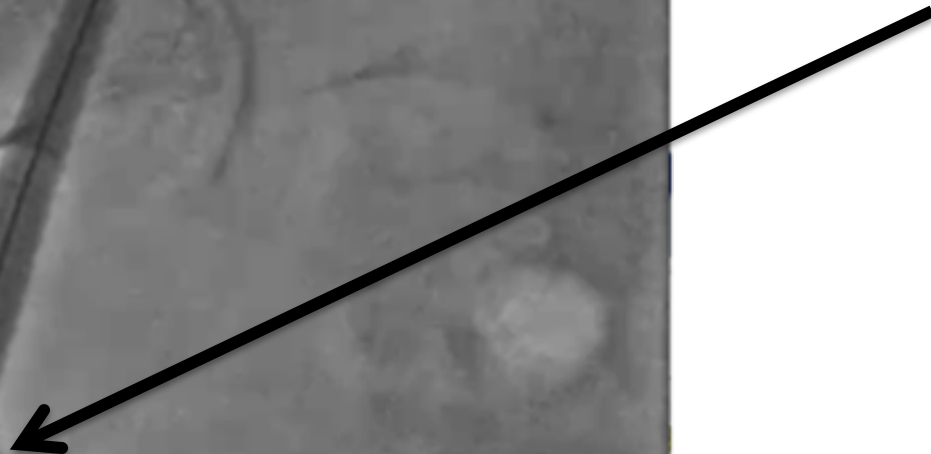


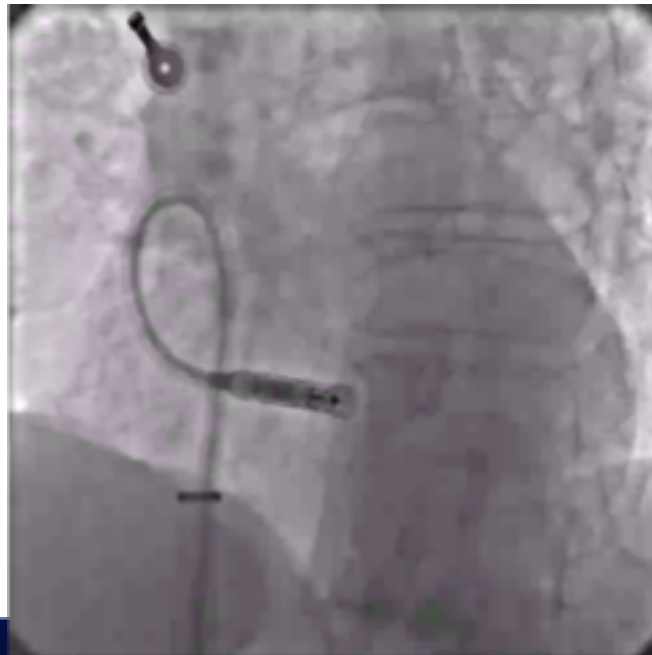
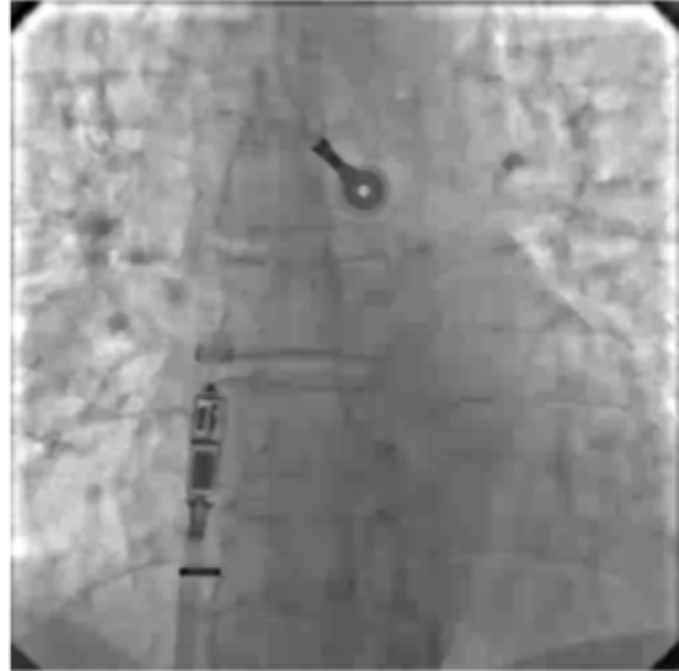
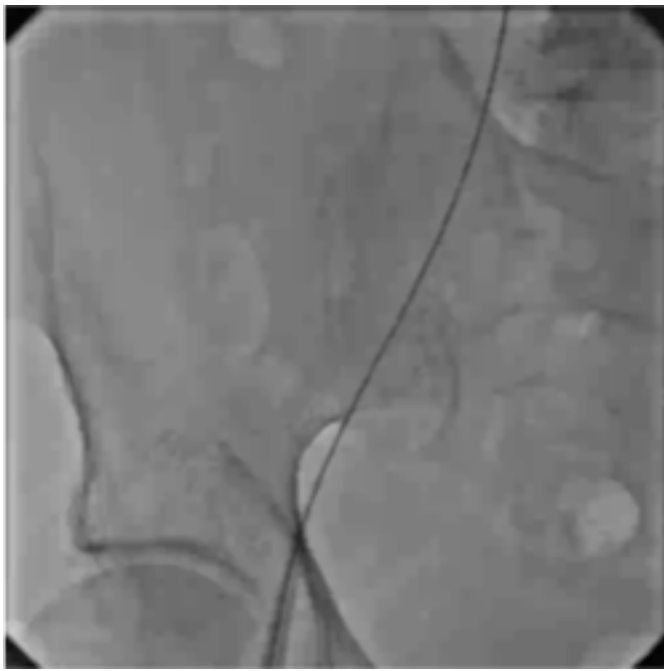
# MICRA IMPLANT





**27 F**





# NO PREVIOUS DRUGS



# IT IS NOT MAGIC !!!!





# HYPNOTIC LANGUAGE

We each shape our own reality. Perceptions and cognitive processes unique to each of us determine our individual perspective on the world, and we present to ourselves what we are programmed to see. But what if we could change our perceptions and cognitive processes—and consequently our reality?

**John Burton EdD**

**Bob G. Bodenhamer DMin**

One way of achieving this is by harnessing the power of hypnotic language. This remarkable book examines the structures of the hypnotic sentence, and the very cognitive dimensions that allow hypnotic language to be effective in changing our minds. Defining the three facets that allow the mind to be susceptible to hypnotic language

patterns, *Hypnotic Language* provides new language patterns that address beliefs, time orientation, perception, spiritual matters and states of mind, and devises new hypnotic language applications that emphasize the importance of Gestalt principles and cognitive factors.



the outside all of this seems mysterious. Even spooky. From the outside the person seems to be asleep (hence the word hypnosis). But from the inside, ah, from the inside – your mind is never more alert and awake, more in control and expansive. And it all occurs upon the wings of language.

**John Burton EdD**

**Bob G. Bodenhamer DMin**



# HYPNOTIC LANGUAGE

- Hypnosis has a rich history as a standalone treatment and as an adjunct to a variety of psychotherapeutic and medical procedures (**Gauld 1997**).
- In the 1980s, well-controlled studies empirically evaluated the role of hypnosis in the treatment of medical conditions and began to provide convincing evidence for the efficacy of hypnosis-based interventions in settings ranging from the laboratory to the operating room (**Lynn 2000; Pinnell 2000**).
- Hypnotic analgesia interventions can result in substantial cost savings following medical procedures (**Lang 2000**).
- Increasing demand for non-pharmacologic therapies without the same troublesome side effects associated with many medical procedures (**e.g., Blumstein 2005**).
- Hypnosis is almost always a benign approach with little likelihood of causing side effects (**Jensen 2006**).



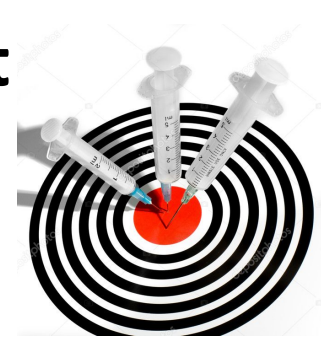


Meta-analysis of **hypnotic analgesia** for surgical pain found that **89%** of surgical patients who received hypnotic intervention **benefited** relative to individuals receiving standard care.

**Montgomery 2002**

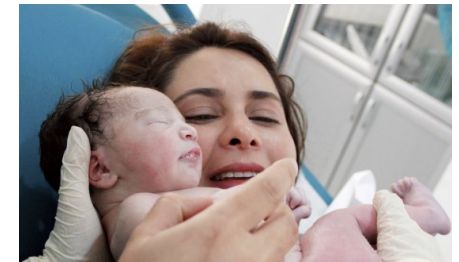


**Hypnotic analgesia is effective in the treatment of both acute and chronic pain. **Patterson 2003****



**Hypnotic suggestion reduce acute pain:**

**Labor during childbirth. **Harmon 1990****



**Burns. **Patterson 1989; Patterson 1992; Wakeman 1978;****

****Wright 2000****



**Various surgical and radiological procedures**

****Faymonville 1997; Kuttner 1988; Lang 1996; Lioffi 2003;****

****Syrjala 1992; Weinstein 1991****

**Medical and dental settings. **Pinnell 2000****



# **Hypnosis as an effective and inexpensive option to control pain in transcatheter ablation of cardiac arrhythmias**

Umberto Barbero<sup>a,c</sup>, Federico Ferraris<sup>a</sup>, Milena Muro<sup>b</sup>, Carlo Budano<sup>a</sup>,  
Matteo Anselmino<sup>a</sup> and Fiorenzo Gaita<sup>a</sup>

Supportive care for pain relief and back discomfort during electrophysiology interventions is usually needed in the electrophysiology lab, especially in long-lasting procedures like atrial fibrillation ablation. Although this is usually achieved with conventional pharmacologic anesthesia, hypnosis has recently aroused interest as a reliable tool to complement and possibly enhance conscious sedation. We collected five case of percutaneous arrhythmia ablation in which, after informed consent, hypnosis was performed by nurse anesthetists in the cath lab. In each case at the end of the intervention, the patients described complete alterations of perception or memory of the pain or of the length of the study. No anesthetic drug was needed. While waiting for more robust data, we suggest hypnosis could be a reliable, inexpensive and well tolerated tool to obtain

complete pain control and comfort during arrhythmia ablation.

*J Cardiovasc Med* 2018, 19:18–21

**Keywords:** arrhythmia ablation, electrophysiology, hypnosis

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ISTITUTO  
FRANCO GRANONE  
CIICS 

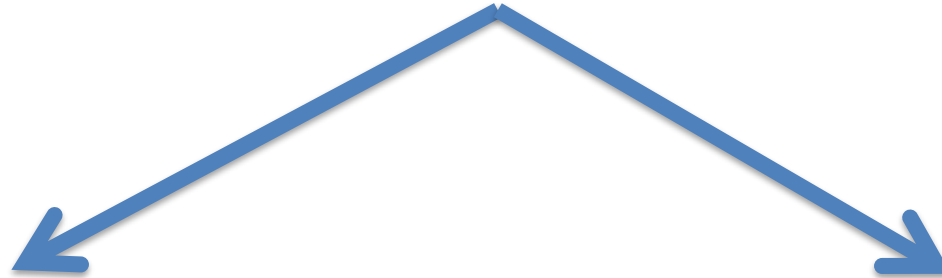
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centro italiano ipnosi  
clinico sperimentale



# Hypnotic language

Total Population **80** patients (12-76 y)



**Successful**

Induction **77** pts

**Unsuccessful**

Induction **3** pts

**SUCCESS 96 %**

Exclusion criteria:

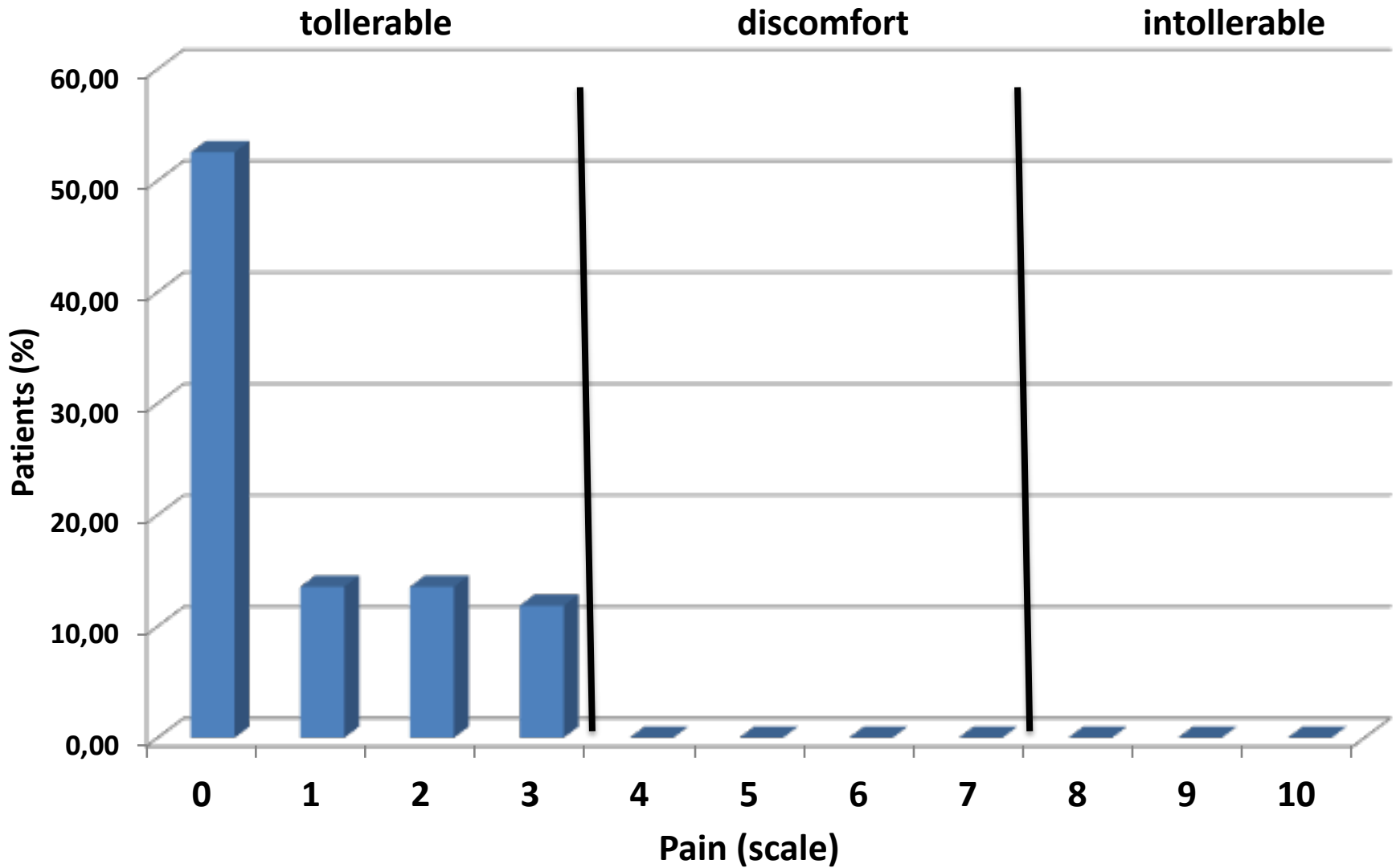
- Psychotic disorders patients
- Cognitive Impairment patients







# Pain (AF Patients 40)

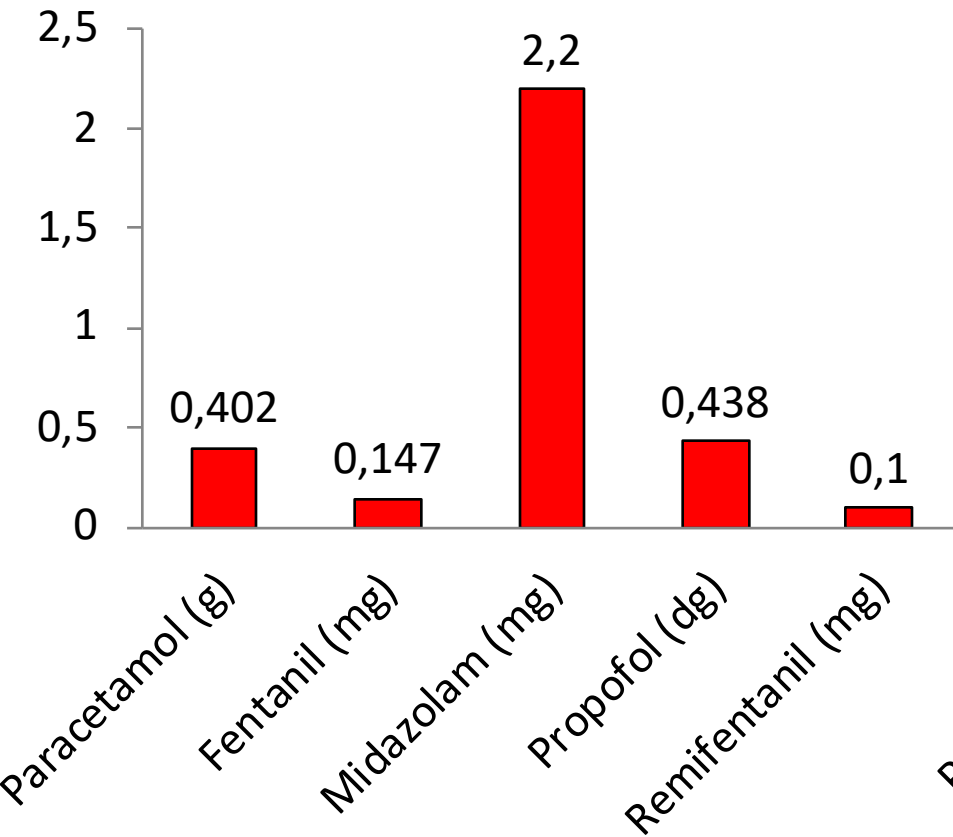




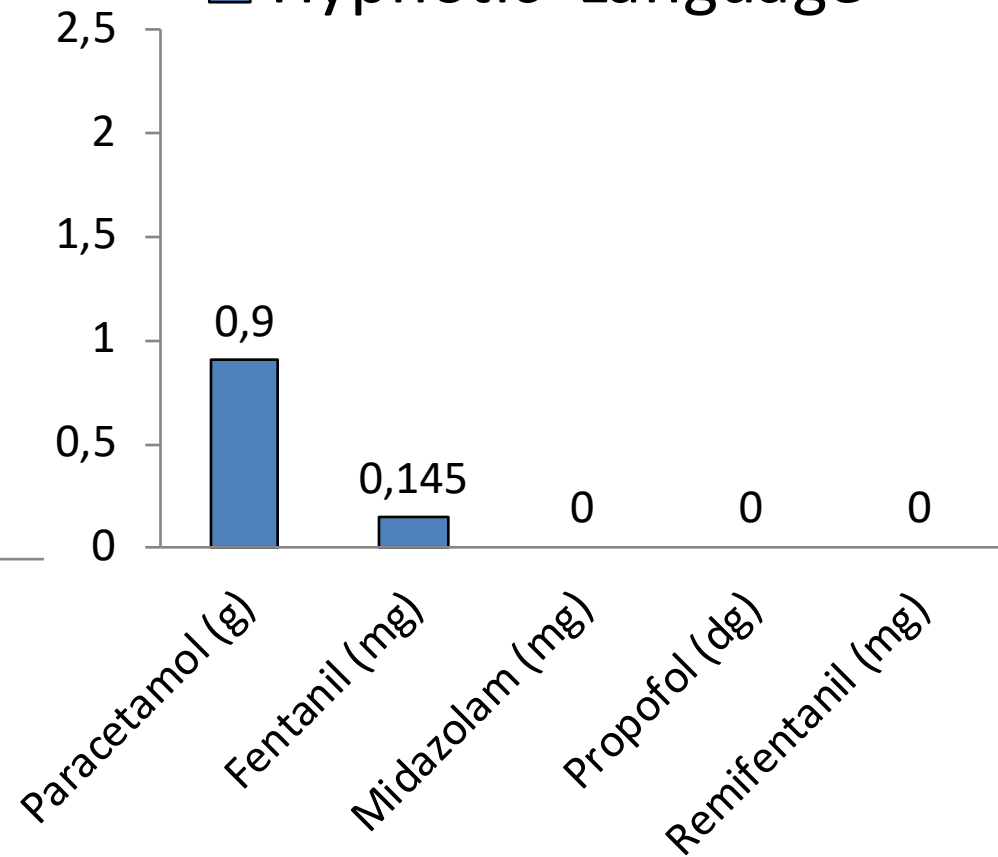
# Drugs (AF Patients n 40 vs 40)

2 narcosis

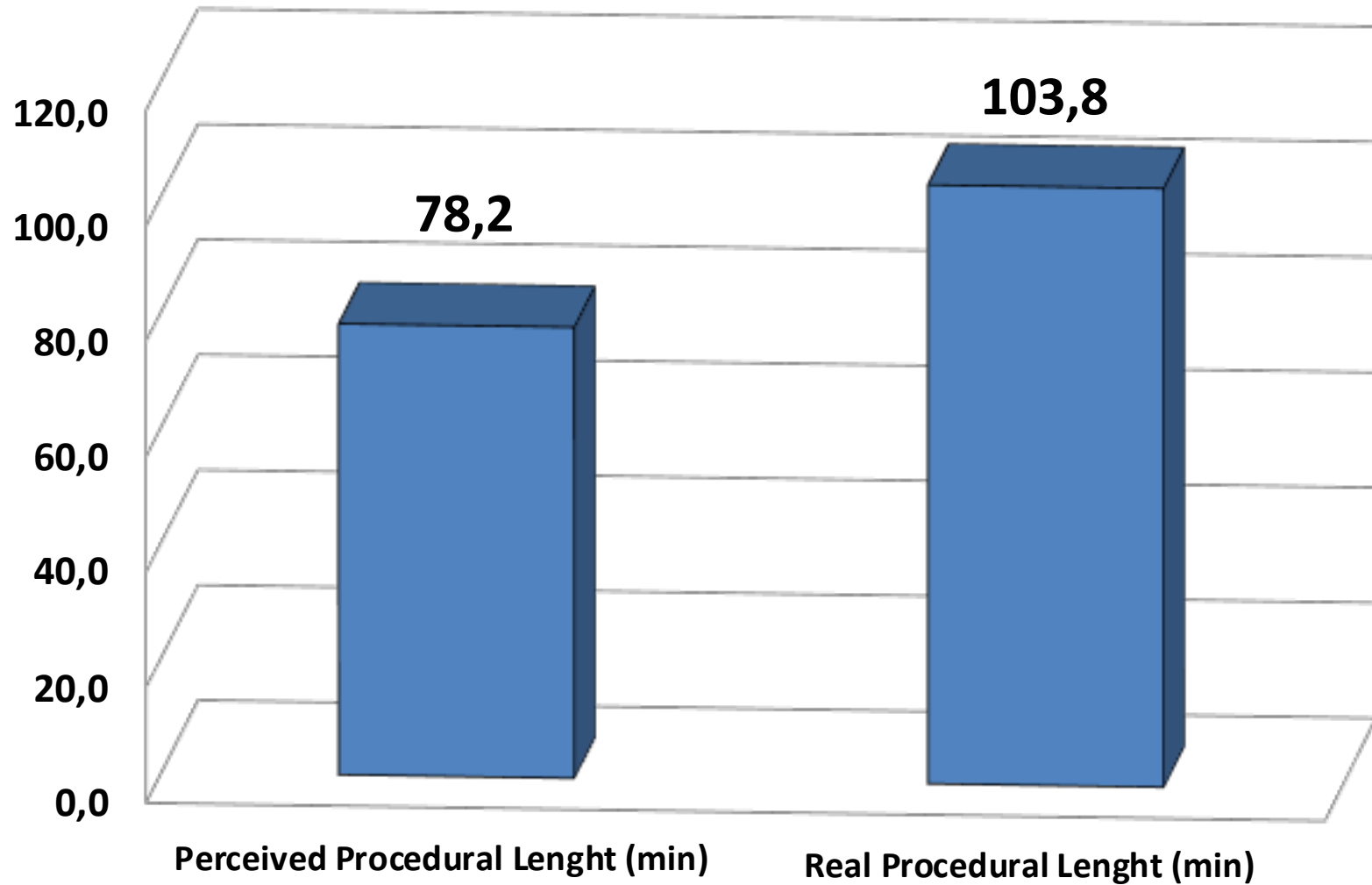
■ Traditional Approach



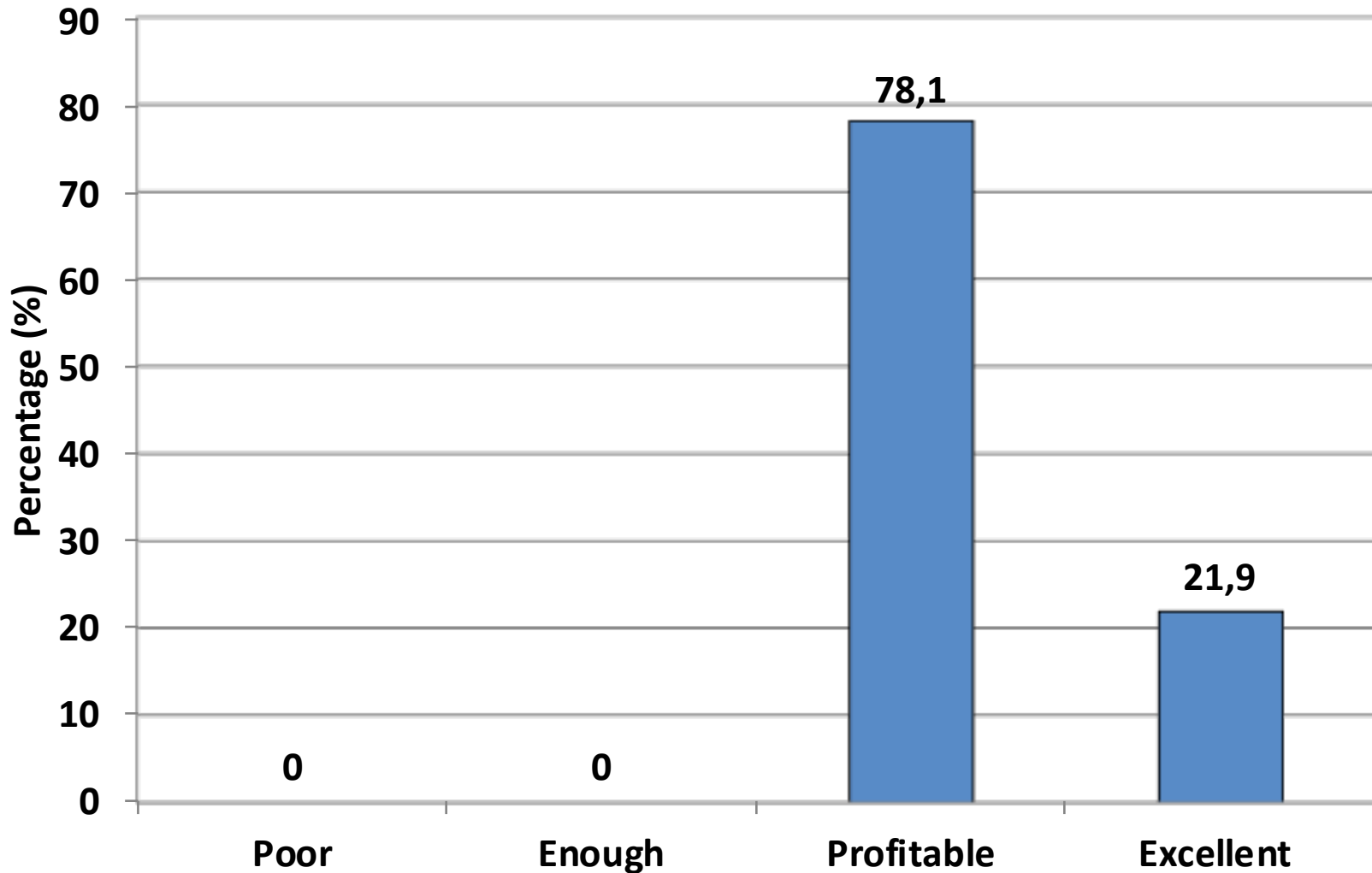
■ Hypnotic Language



# Procedural length (AF Patients 40)



# Communication Support (AF Patients n 40)



# ... THE PUSH TO GO FURTHER ...



# A SMALL KEY MAY OPEN A BIG DOOR





**THANKS TO:**

**Milena Muro**

**Fiorenzo Gaita**

**Carlo Budano**

**Daniela Nicolosi**

**Paula Fernandez**

**WORDS OPEN YOUR MIND**





