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Author reply

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Key Words

Clinical: Electrophysiology – cardioversion

The high cardioversion success rates for atrial fibrillation reported using the Ottawa-AF cardioversion protocol¹ coupled with our study's findings² send an important message to physicians: that manual pressure augmentation (MPA) and the use of 360J defibrillators are alternative techniques rather than accepting 'permanent AF' after failed cardioversion using 200J with adhesive patches (as is standard practice at many centers). Of note, some of the patients in our study were referred for inclusion after failed cardioversion elsewhere, and perhaps this more selected population may

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explain the higher failure rates with 200J patches observed in our randomised study compared with the observational results reported by Ramirez et al¹. With respect to the methodology of manual pressure augmentation (MPA), this was performed in either the AA or AP configuration (50% each) and a single operator performed this on 75% of occasions. Hand held paddles are not routinely available at many Australian hospitals, and hence it was important to report the MPA technique (using gloves) as a safe and effective technique. In addition many centres do not have external defibrillators to provide shocks up to 360J. We have observed in some instances that a second operator applying MPA is required in morbidly obese patients (depending on the body size of the first operator) to achieve cardioversion success.

References

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