**INCIDENCE AND PREDICTIVE FACTORS OF POSTOPERATIVE ATRIAL FIBRILLATION IN PATIENTS UNDERGOING CORONARY ARTERY BYPASS GRAFTING**

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Background: Atrial fibrillation is still the most frequent rhythm disturbance following coronary bypass grafting surgery (CABG).

Objective: To estimate the incidence and predictive factors of Postoperative Atrial Fibrillation (POAF) in patients undergoing CABG.

Methods: This was a prospective study that recruited 46 patients with sinusal rhythm undergoing nonemergency CABG (37 men and 9 women), aged between 44 to 81 years (61.37±8.1). Echocardiography was performed, and BNP were measured, 24 hours before surgery. Patients were continuously electrocardiographically monitored during the first 72 hours after the operation and Holter monitoring during 48 hours more. The primary end point was POAF lasting >30 seconds. Pearson correlation and chi-square test were used to evaluate the association between risk factors with POAF. The logistic regression was used to investigate the probability of POAF. Results: The prevalence of POAF was 23.9% (n=11). Patients with POAF all were men, but of similar age that those with sinusal rhythm (63.36±9.6 vs. 60.74±7.7years, P=0.361). The BNP value was 36.8±43.6 and 54.9±64.8pg/mL in the sinusal rhythm and AF groups, respectively (P=0.294). Univariate analysis demonstrated that only the weight (r=0.303, P=0.041), creatinine (r=0.309, P=0.036) and not used of beta-blockers in postoperative (chi2=7.94, P=0.005) significantly correlated with POAF. Multivariate analysis identified the not used of beta-blocker in postoperative as independent predictor of POAF (OR= 7.704, 95%CI:1.67-35.51, P=0.009).

Conclusions: The not used of Beta-blocker increased the risk of developing POAF. Beta-blockers have been proved to prevent effectively AF following cardiac surgery and should be routinely used if there are no contraindications.