

CARDIOLOGY GRAND ROUNDS

Title: Controversies in AF ablation, pros/cons, LT outcomes

Speaker: Bruce D. Lindsay

Section Head, Clinical Cardiac Electrophysiology,
Vice-Chair Cardiology
Cleveland Clinic



Date: Monday, October 17, 2016

Time: 7:00 – 8:00 AM

Location: ANW Education Building, Watson Room

OBJECTIVES

At the completion of this activity, the participants should be able to:

1. Distinguish the concepts related to atrial fibrillation that affect our ablation strategies.
2. Identify factors that affect long term success for ablation of atrial fibrillation.
3. Recognize the potential advantages and limitations of novel technologies for ablation of atrial fibrillation.

Physician: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allina Health and Minneapolis Heart Institute Foundation. Allina Health is accredited by the ACCME to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse: This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

DISCLOSURE STATEMENTS

Speaker: Dr. Lindsay has declared the following relationships; Consultant: Abbott Laboratories, Biosense Webster, and Medtronic, Inc.

Planning Committee: Dr. JoEllyn Abraham, Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Dr. Michael Miedema, Dr. Scott Sharkey, Eva Zewdie and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship – honoraria: Boston Scientific.

ACKNOWLEDGMENT OF SUPPORT

This presentation is partially funded by an educational grant from **Abbott Vascular**.

PLEASE SAVE A COPY OF THIS FLIER AS YOUR CERTIFICATE OF ATTENDANCE

Signature: _____

My signature verifies that I have attended the above stated number of hours of the CME activity.

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