

2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation

Corrigendum November 29, 2016

In the article “2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation” by Macle et al., published Online: September 05, 2016 in the Canadian Journal of Cardiology ([http://www.onlinecjc.ca/article/S0828-282X\(16\)30829-7/fulltext](http://www.onlinecjc.ca/article/S0828-282X(16)30829-7/fulltext)), the authors wish to correct unfortunate errors that crept into the text:

1. The following typo has been corrected in recommendation 7 (part 7, recommendation 10 in the online supplement):

If the patient is aged ≥ 65 years **or** the CHADS₂ score ≥ 1 , we suggest that clopidogrel 75 mg/d and OAC be given, without concomitant ASA, for 12 months post-PCI (Conditional Recommendation, Moderate-Quality Evidence), to be followed by OAC alone (Strong Recommendation, High-Quality Evidence).

2. Table 1 (bleeding risks for various invasive/surgical procedures) has been updated to reflect recent changes to Thrombosis Canada’s Bleeding Risk Classification Guide. Please see revised table 1 on the following pages.
3. Figure 2 has been updated to include a footnote that states “Primary CAD prevention with ASA may be considered in selected high-risk patients”. Please see revised figure 2 on the following pages.

We deeply apologize for these errors.

Revised Table 1: Bleeding risks for various invasive/surgical procedures

High risk
Any surgery or procedure with neuraxial (spinal or epidural) anesthesia
Neurosurgery (intracranial or spinal)
Cardiac surgery (e.g. CABG, heart valve replacement)
Major intra-abdominal surgery
Major vascular surgery (e.g. aortic aneurysm repair, aortofemoral bypass)
Major orthopedic surgery (e.g. hip or knee replacement)
Lung resection surgery
Urological surgery (e.g. prostatectomy, bladder tumour resection)
Extensive cancer surgery (e.g. pancreas, liver)
Intestinal anastomosis surgery
Reconstructive plastic surgery
Selected procedures (e.g. kidney biopsy, prostate biopsy, cervical cone biopsy, pericardiocentesis, colonic polypectomy)
Intermediate risk
Other intra-abdominal surgery (e.g. laparoscopic cholecystectomy, hernia repair)
Other general surgery (e.g. breast)
Other intrathoracic surgery
Other orthopedic surgery
Other vascular surgery
Non-cataract ophthalmologic surgery
Gastroscopy or colonoscopy with biopsies
Selected procedures (e.g. bone marrow biopsy, lymph node biopsy)
Complex dental procedure (e.g. multiple tooth extractions)
Low risk
Dental extractions (1 or 2 teeth), endodontic (root canal) procedure, subgingival scaling or other cleaning
Cataract surgery
Dermatologic procedures (e.g. biopsy)
Gastroscopy or colonoscopy without biopsies
Coronary angiography
Permanent pacemaker insertion or internal defibrillator placement (if bridging anticoagulation is not used)
Selected procedures (e.g. thoracentesis, paracentesis, arthrocentesis)

The procedural/ surgical risk categorization list may be updated based on new information, and can be found at Thrombosis Canada (<http://thrombosiscanada.ca>)

Revised Figure 2: A summary of our recommendations for the management of antithrombotic therapy in patients with concomitant atrial fibrillation (AF) and an indication for primary coronary artery disease (CAD) prevention or stable CAD/arterial vascular disease. ASA, acetylsalicylic acid (aspirin); CHADS₂, Congestive Heart Failure, Hypertension, Age, Diabetes, Stroke/Transient Ischemic Attack; NOAC, non-vitamin K antagonist oral anticoagulant; OAC, oral anticoagulant.

