Table. Anticoagulation after endocardial ventricular tachycardia ablation procedures.

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| Study | Study design | Number of patients who received anti-thromboembolic therapy | Anti-thrombotic drug | Duration of drug use | Bleeding and thromboembolic complication |
| Siontis et al. 2 | Single center, non-comparative study | 214# | Warfarin (n=186)  Enoxaparin (n=1)  DOAC (n=3, 2 dabigatran, 1 rivaroxaban)  Antiplatelet agents (n=24) | 3 months | One patient had a lower extremity arterial embolism 12 hours after the procedure while receiving bridging anticoagulation.  After discharge, no definite or possible thromboembolic events or bleeding events were documented. |
| Thermocool VT ablation trial 3 | Multicenter, non-comparative study | 226\* | Aspirin (325mg) or warfarin  (163 warfarin) | 3 months | No procedure-related thromboembolic  complications or strokes had been detected by a neurological examination.  Complications related to vascular access (femoral hematomas or pseudoaneurysms) occurred in 4.7% of the patients. |
| STROKE-VT trial 4 | Multicenter, randomized study | 246 | DOACs ( n=123; 14 dabigatran, 40 rivaroxaban, 69 apixaban)  Aspirin (81mg) (n=123) | 30 days | Post-procedure cerebrovascular events (strokes and TIAs) were lower in the DOAC arm versus the aspirin arm (0% vs. 6.5%; P < 0.001 and 4.9% vs. 18%; P < 0.001, respectively). |
| Deshmukh et al.5 | Single center, non-randomized study | 80 | Warfarin (n=38)  DOAC (n=42; 88%, apixaban) | 3 months | One patient in the DOAC group developed a right branch retinal artery occlusion one day after ablation. One patient in the warfarin group had an iliac deep venous and right atrial thrombus one day after ablation. For bleeding outcomes, hematomas related to vascular access, occurred in 2 (4.8%) patients with DOACs and in 6 (15.8%) patients receiving warfarin (p=0.2). |

\* Anti-thromboembolic therapy was recommended if ablation had been performed over an area of >3 cm between the ablation sites.

# Patients with a large LV endocardial ablation area (>3 cm between ablation lesions) were started on a low-dose, slowly escalating to an unfractionated heparin (UFH) infusion 8 hours after access hemostasis, followed by 3 months of anticoagulation. Patients with less extensive ablation were treated only with antiplatelet agents post-ablation.