

atrial fibrillation consult clinic facts for referring providers



What sets the UW Medicine Atrial Fibrillation Program apart from other programs in the Pacific Northwest?

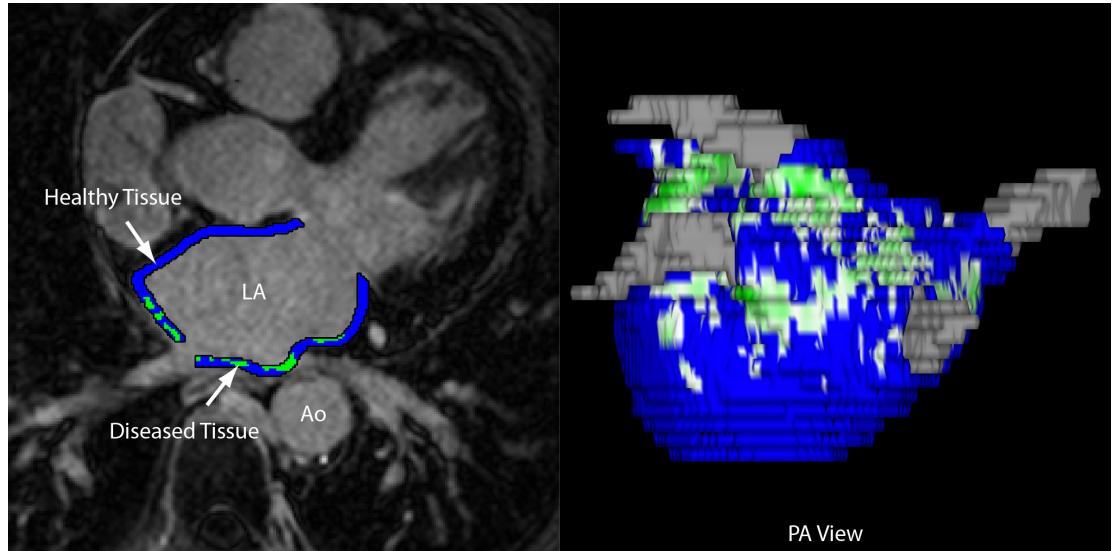
The UW Medicine Atrial Fibrillation Program offers a comprehensive and personalized approach to the evaluation and management of the individual patient with atrial fibrillation (AF). Our consultation addresses the various aspects of AF management including risk assessment and treatment options to reduce AF-related stroke, as well as extensive options for rhythm management of electrical abnormalities.

Referring providers have direct access to Nazem Akoum, M.D., Director of UW Medicine Atrial Fibrillation Program, (nakoum@uw.edu, 206.543.3269) to discuss a specific patient prior to referral.

Why should I refer to the AF Consult Clinic?

The AF Consult Clinic brings together clinicians from many disciplines to provide the best care to patients, promoting the excellence that UW Medicine is known for. Our physician team includes general cardiologists, cardiac electrophysiologists (EP), and access to interventional cardiologists and cardiac surgeons as needed. We manage AF by offering state-of-the-art treatments that address both correction of arrhythmia and reduction of AF-related risk of stroke.

Our center is the only one in the region to offer atrial fibrosis quantification through cardiac magnetic resonance imaging and integrate this in clinical decision making. Atrial fibrosis quantification is a non-invasive marker and guiding predictor of stroke risk and choosing the best ablation option.



The left panel is a 2 dimensional MRI image of the heart with the left atrial (LA) wall outlined in color. The right panel is a 3-D reconstruction of the LA. Blue represents healthy tissue while green represents diseased or fibrotic tissue in both panels.

UWMC is also one of the busiest in the region in radiofrequency and cryoballoon ablation, and surgical maze for rhythm management of AF, as well as percutaneous left atrial appendage (LAA) closure to reduce stroke risk as an alternative to anti-coagulation in specific cases.

We provide the most comprehensive care and partner closely with the patient and referring providers to achieve the treatment goals. We have five clinic locations throughout the area to offer patients convenience and greater access.

When should I refer my patients to the AF Consult Clinic?

We encourage starting the discussion about treatment options for AF early in the disease process. However, patients at any stage, including those with medical co-morbidities and in need of overall consultation for complex management, are also appropriate for this clinic. Based on the patient's current condition and history, many treatment options and strategies may be offered, from medical to catheter-based therapies, as well as possible referral for surgical treatment.

What should patients expect to experience at the visit?

If patients have not yet been seen by a cardiologist and are early in their diagnosis and management of AF, they will be seen by one of our cardiologists who will work closely with the referring provider. The evaluation will consist of testing and workup depending on what has already been completed. Certain diagnostic tests can be completed through the primary care or general cardiology physician, while more complex tests will be done by our providers at one of our facilities listed below. If patients already have a cardiologist who is seeking advanced or a complex care consultation, then the initial visit will be with one of our electrophysiologists.

What decisions or treatment plans should the patient and referring provider expect to receive at the clinic appointment?

Service level can be limited to a one-time consultation or it can extend to subsequent treatment, as needed, for care management assistance or procedure. The latter will be performed at UW Medical Center or Northwest Hospital. Patients will have regularly scheduled follow-up appointments with our team after any procedure is performed.

It is very important to us that patients maintain a close relationship with you, the referring provider, and we will reaffirm this at every encounter. No matter what the level of service being sought, we will work closely with you on a treatment plan that is acceptable to both you and your patients.

Are patients enrolled in or offered participation in research studies?

- Approximately 5 million people in the U.S. have AF.
- AF patients are five times more likely to suffer a stroke.
- 15-20% of all strokes are AF-related.
- Ablation therapy is superior to anti-arrhythmic drugs in maintaining normal heart rhythm.
- Patients with low levels of atrial fibrosis detected by MRI have the best results from ablation therapy.

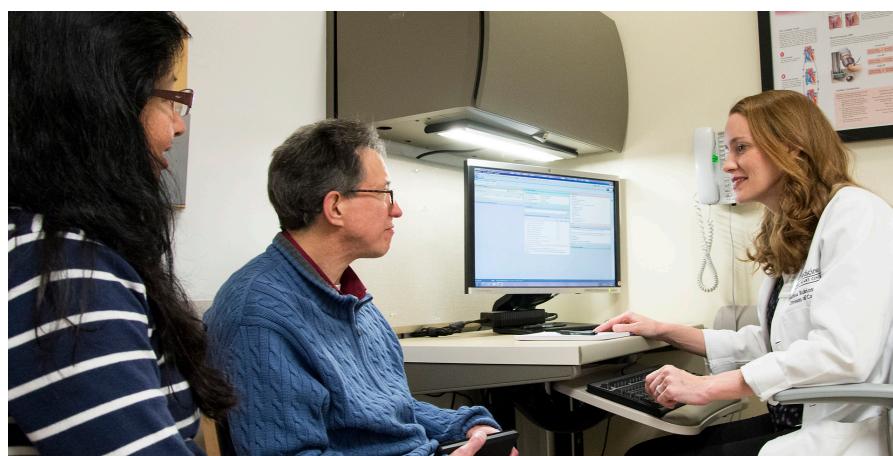
All patients will receive clinical evaluations first.

In addition, patients will be offered a discussion of research studies they may be appropriate for. Choosing to participate in or to decline research will not affect patients' clinical care and treatment.

How do I refer my patient?

To refer a patient or speak with any of the AF Consult Clinic physicians, call 1.866.UWHEART (894.3278); fax 206.598.7451.

If you have any other questions or need further information, you may also contact the Physician Liaison, Laura Matheson, at mathla@u.washington.edu or 206.598.3473.



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Contact information

Appointments: UW Medicine Contact Center, **206.520.5000**

Consultations (*with an attending cardiologists*): Medcon, **800.326.5300**

Referrals: **866.UWHEART** (866.894.3278) Fax: **206.598.7451**

Transfers: **888.731.4791** Physician Liaison: **206.598.3473**

UW Cardiology Faculty

UWMC Cardiovascular Clinic

1959 NE Pacific St, Seattle, WA 98195
Phone: 206.598.4300 Fax: 206.598.7451

Physicians

Kris Patton, M.D.

Nazem Akoum, M.D.

Jeanne Poole, M.D.

Jordan Prutkin, M.D.

Melissa Robinson, M.D.

UW Medicine RHC – Eastside Specialty Center

1700 116th Ave NE, Bellevue, WA 98004
Phone: 425.646.7777 Fax 206.520.2249

Physicians

Jordan Prutkin, M.D.

Melissa Robinson, M.D.

UW Medicine RHC – Edmonds

21701 76th Ave. W., Edmonds, WA 98026
Phone: 425.774.8251 Fax: 425.775.1063

Physicians

Nazem Akoum, M.D.

UW Medicine RHC Affiliate Clinics

UW Medicine RHC – Northwest Hospital

Summit Cardiology

1536 N. 115th St, Suite 200,
Seattle, WA 98133

Phone: 206.363.1004 Fax: 206.363.3548

Physicians

Lee Dolack, M.D.

Daniel Wilkinson, M.D.

UW Medicine RHC – Valley Medical Center

Southlake Clinic Cardiology

4011 Talbot Rd. S., Fifth Floor,
Renton, WA 98055

Phone: 425.251.5110 Fax: 425.793.7376

Physicians

Lee Dolack, M.D.