

Supplementary material

Wojdyła-Hordyńska A, Baran J, Mazurek M, Derejko P. Results of a survey concerning atrial fibrillation ablation strategies in Poland. *Kardiol Pol.* 2020; 78: 974-981.

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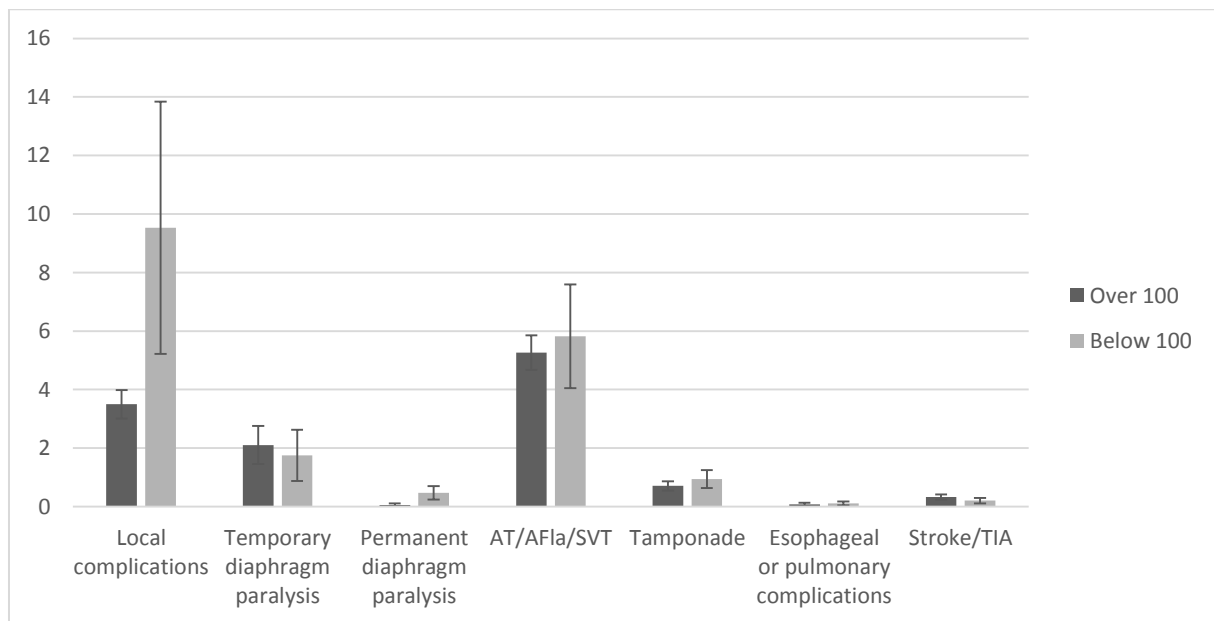
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Table. S1. Mild complications rate (depending on venous access) and serious complication in the form of stroke / TIA depending on the strategy of ACT measurement during the procedure

	<i>Me.</i>	<i>IQR</i>	
		<i>25c.</i>	<i>75c.</i>
Both femoral veins	4.00	2.50	7.50
One femoral vein	3.00	2.00	5.00
Femoral vein + cervical/ subclavian vein	5.00	5.00	5.00
ACT every 15 min.	0.00	0.00	1.00
ACT every 20 min.	0.00	0.00	0.10
ACT every 30 min.	0.50	0.00	1.00
Other	0.10	0.00	0.60

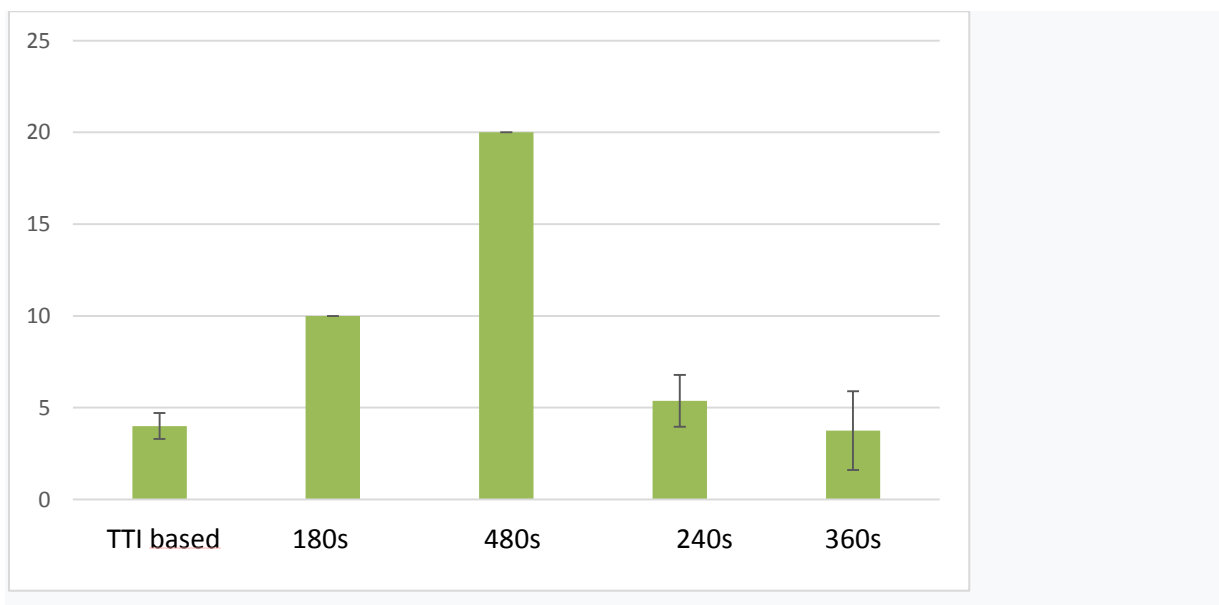
Me. - median; *IQR* – quartile range; *25c.* i *75c.* – lower and upper quartile, *n* – no of observations; *M* - mean; *SE* – standard error; *95%CI* - confidence interval for the differences between the means; *LL* and *UL* - confidence interval lower and upper level, ACT –activated clotting time

Figure S1. Atrial ablations complications rate according to volume of the center



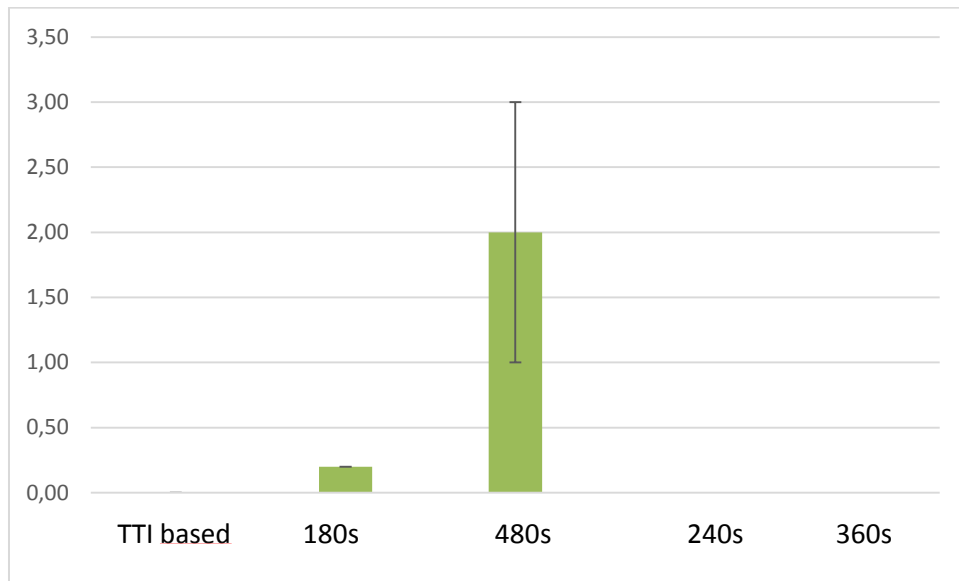
AT- atrial tachycardia, AFLA- atrial flutter, SVT supraventricular tachycardia, TIA-transient ischemic attack

Figure S2. Comparison of the incidence of complications / after CBA procedure in the form of atrial flutter / supraventricular tachycardia depending on the time of applications used.



TTI -Time to isolation, s- seconds

Figure S3. Percentage of permanent diaphragmatic nerve palsy depending on the CBA applications strategy



For abbreviations - see Figure S2