Debate for LAAO

講題	講師
13:40-14:20 Clinical Scenario 1: OAC intolerance Patients with oral anticoagulant (OAC) intolerance face challenges in stroke prevention for atrial fibrillation. Intolerance may arise from bleeding complications, drug–drug interactions, or poor adherence due to side effects. In such cases, alternative strategies—including left atrial appendage occlusion (LAAO), tailored antiplatelet therapy, or careful risk–benefit reassessment—are considered to balance thromboembolic protection with patient safety.	反方 台大柯宗佑 現職： 臺大醫院心臟血管內科主治醫師 學歷： 國立臺灣大學醫學院臨床醫學研究所博士班 經歷： 國立臺灣大學醫學院內科部臨床講師
14:20-14:40 Rebuttal Although OAC intolerance poses challenges, most patients can be managed through dose adjustment, switching agents, or supportive care. True intolerance is relatively uncommon, and premature reliance on invasive alternatives may expose patients to unnecessary procedural risks. Careful optimization of anticoagulation remains the cornerstone before considering non-pharmacologic strategies.	正方 成大黃睦翔 現職： 國立成功大學附設醫院心臟內科主治醫師 學歷： 國立成功大學醫療資訊研究所碩士/國立成功大學醫學系 經歷： 成大醫院派駐部立台南醫院心臟內科主治醫師/成大醫院斗六分院主治醫師
14:40-15:20 Clinical Scenario 2: OAC inadequacy Patients with atrial fibrillation may experience oral anticoagulant (OAC) inadequacy when treatment fails to provide sufficient stroke prevention. Causes include subtherapeutic dosing, poor drug absorption, persistent thromboembolic events	反方 長庚詹益欣 現職： 心臟內科教授級主治醫師 長庚大學中醫系教授 學歷： 陽明大學醫學系 經歷： 美國印第安那大學醫學中心進修心臟基礎電生理研究-光影造影於心律不整之運用 林口長庚心臟內一科主治醫師

despite therapy, or high variability in INR control with warfarin. In such cases, management strategies may involve switching to a different OAC, optimizing dosing and adherence, or considering non-pharmacologic interventions such as left atrial appendage occlusion (LAAO). The goal is to ensure effective thromboembolic protection while minimizing bleeding risk.	林口長庚心臟內一科住院醫師 林口長庚內科部住院醫師
15:20-15:40 Rebuttal Most cases of oral anticoagulant (OAC) inadequacy can be addressed through dose optimization, switching agents, or improving adherence. Persistent inadequacy is relatively rare, and premature reliance on invasive alternatives may expose patients to unnecessary risks. Careful optimization of pharmacologic therapy should remain the primary strategy before considering non-drug interventions.	正方 中國羅秉漢 現職： 中國醫藥大學附設醫院內科部心臟血管系副主任 學歷： 台北醫學大學醫學系學士 經歷： 南投縣草屯鎮惠和醫院醫療副院長、中國醫藥大學附設醫院心臟內科心導管室主任
15:55-16:35 Clinical Scenario 3: One-stop procedure as AF ablation if OAC intolerance/inadequacy For patients with atrial fibrillation who have intolerance or inadequacy to oral anticoagulants (OACs), a one-stop approach combining atrial fibrillation ablation with left atrial appendage occlusion (LAAO) offers an integrated solution. This strategy simultaneously addresses rhythm control and stroke prevention, reducing reliance on long-term anticoagulation. It is particularly valuable for patients at high bleeding risk or those with recurrent thromboembolic events despite OAC therapy. The combined procedure aims to improve patient outcomes by streamlining care	反方 北榮趙子凡 現職： 臺北榮民總醫院內科部心臟內科主治醫師 學歷： 陽明大學臨床醫學研究所博士 經歷： 臺北榮民總醫院心臟內科研究醫師

and minimizing procedural burden.	
16:35-16:55 Rebuttal While the one-stop approach combining AF ablation and left atrial appendage occlusion (LAAO) is appealing, it is not universally appropriate. The procedure carries added risks, technical complexity, and limited long-term evidence. Therefore, careful patient selection and optimization of medical therapy should remain the priority before adopting invasive combined strategies.	正方 台大蔡佳醍 現職： 國立台灣大學附設醫院老年醫學部主任 學歷： Case Western Reserve University 心血管醫工中心博士後研究員 國立台灣大學臨床醫學研究所博士 經歷： 國立台灣大學附設醫院內科住院總醫師 國立台灣大學醫學院內科講師 國立台灣大學附設醫院雲林分院內科主任