2020		2016	
Recommendations for rhythm control/catheter ablation of AF			
AF catheter ablation after drug therapy failure			
AF catheter ablation for PVI is recommended for rhythm control after one failed or intolerant class I or III AAD, to improve symptoms of AF recurrences in patients with: • Paroxysmal AF, or • Persistent AF without major risk factors for AF recurrence, or • Persistent AF with major risk factors for AF recurrence.	**I**	Catheter or surgical ablation should be considered in patients with symptomatic persistent or long-standing persistent AF refractory to AAD therapy to improve symptoms, considering patient choice, benefit and risk, supported by an AF Heart Team.	**IIa**
First-line therapy			
AF catheter ablation: • Is recommended to reverse LV dysfunction in AF patients when tachycardia-induced cardiomyopathy is highly probable, independent of their symptom status.	**I**	AF ablation should be considered in symptomatic patients with AF and HFrEF to improve symptoms and cardiac function when tachycardiomyopathy is suspected.	**IIa**
• Should be considered in selected AF patients with HFrEF to improve survival and reduce HF hospitalization.	**IIa**		
Techniques and technologies			
Complete electrical isolation of the pulmonary veins is recommended during all AF catheter-ablation procedures.	**I**	Catheter ablation should target isolation of the pulmonary veins using radiofrequency ablation or cryothermy balloon catheters.	**IIa**
If patient has a history of CTI-dependent atrial flutter or if typical atrial flutter is induced at the time of AF ablation, delivery of a CTI lesion may be considered.	**IIb**	Ablation of common atrial flutter should be considered to prevent recurrent flutter as part of an AF ablation procedure if documented or occurring during the AF ablation	**IIa**