

contour of LA in two orthogonal planes around the long

Anesthesia

All patients undergoing off-pump CABG were given general anesthesia. Standard anesthetic technique was used for all patients.

Surgical technique:

In case of all patient median sternotomy was done, LIMA and venous conduit were harvested, anticoagulation is achieved with heparin and off pump CABG is done. Hemostasis is achieved. Then chest is closed keeping drain tube in situ.

ICU management

Standard ICU management protocol was used and the patient is subsequently shifted to post-ICU and then to ward or cabin and discharged accordingly to operating consultant's judgment.

Development of research instrument:

A structured questionnaire was developed containing all the variables of interest

2.3. Study procedure

Data were collected by interview of patients, clinical examination and laboratory examinations and preoperative findings and postoperative outcomes using the research instrument

2.4. Statistical analysis

Data are presented as proportions (%) for categorical variables and as mean $\pm$ SD for continuous variables. For skewed variables, the median (first to third quartile) will be reported.

Characteristics are compared across the group using chi-square tests and Fisher exact test for categorical variables and student's t-test for continuous variables.

To estimate association between POAF and echocardiographic features in a setting possible within subject correlation as well as possible important concomitant risk factors multivariate logistic regression analysis will be employed.

A p level of <0.05 will be required to reject the null hypothesis. Data will be presented as odds ratios (OR) and 95% confidence intervals (CI).

All calculated p values will be two sided and $p < 0.05$ will be considered statistically significant. Statistical

analysis will be performed using SPSS version 27 for windows.

This is a prospective observational study with a total study population of 60 patients.

From July 2024 to June 2025 were underwent isolated and elective off-pump CABG in our institution and fulfilled the study selection criteria constituted the study cohort. Patients were divided into two groups depending on the occurrence of POAF. Preoperative and intra-operative variables and postoperative outcomes were recorded and compared between the groups using appropriate statistical tools. Out of total 60 patients POAF found in 13 patients (21.66%)

Clinical features of this patient population are summarized in Table 1,

details of CABG intervention and CABG complications in Table 2, and echocardiographic measurements in Table 3. The majority of patients were male (50 patients), The mean ($\pm$ SD) age of the study population was 62.46 ± 7.28 years and 55.55 ± 6.79 years in group-A and group-B respectively. In group-A, 10 (76.9%) patients were male followed by 3 (23.1%) patients were female. In group-B, 40 (85.5%) patients were male followed by 7 (14.9%) patients were female. The mean Euroscore of group A and group B were 6.23 ± 1.74 and 5.59 ± 2.03 respectively. The difference in Euroscore between two groups was statistically significant, $p = 0.01$. (Table 1) All patient in the cohort studied were discharged alive. POAF was observed in 61 patients (27.7%) and was treated by IV amiodarone in 56 patients (91.8%) and by electrical cardioversion in four (6.6%); in four patients

(6.6%), AF did not respond to therapy and became permanent (Table 2).

In 14 patients (23.33), severe anemia with postoperative hemoglobin < 8 g/dL was observed. Packed red cell transfusion was used in those patients Table II.

Subjects with POAF were older (6.462 ± 7.28 vs. 55.55 ± 6.79 had higher Euroscore (6.23 ± 0.92 vs. 5.59 ± 0.74 ; $p = 0.012$), and had higher serum