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Boston Scientific highlights pulsed field ablationâ??s growing role in APAC atrial fibrillation care

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Atrial fibrillation (AFib), an irregular heart rhythm, is becoming a growing healthcare concern across APAC, with tens of millions of people - much higher than has been calculated for other global regions - living with the condition. As populations continue to age and cardiovascular risks increase, healthcare systems will need more effective and efficient ways to manage AFib care.



A growing burden demands a new approach

Cardiac ablation treats AFib by targeting heart cells that send erratic signals. Established catheter ablation treatments for AFib include thermal approaches such as radiofrequency ablation and cryoablation, which destroys those cells by burning or freezing them. By contrast, a relatively new type of catheter ablation, pulsed field ablation (PFA), uses precisely targeted, short electrical pulses to target the heart tissue responsible for abnormal rhythms, resulting in an equally safe and more predictable method that doctors find relatively easier to apply. Boston Scientific's PFA platform is among the systems driving adoption of PFA.

To better understand AFib care and the role of PFA in the region, Boston Scientific commissioned a report, "PFA in APAC, from Promise to Practice". The report gathers insights from electrophysiologists (EPs) in Australia, China, Japan and South Korea, focusing on current PFA adoption, its benefits and the gaps that still need to be addressed. Amongst the findings are that many patients in the region continue to experience delays in diagnosis, referral and treatment despite advances in rhythm control strategies and ablation technologies. According to Boston Scientific's Chief Medical Officer in APAC, Dr Ahmed Abdelaal, the challenge is no longer only about developing innovative treatments but also ensuring that patients can benefit from them in a timely and equitable way.

By surfacing this discussion, Boston Scientific aims to extend its role in the region beyond technology development to support evidence generation, facilitate dialogue with EPs and healthcare stakeholders, and contribute to practical conversations on PFA implementation readiness across APAC.

From innovation to implementation

PFA has emerged as an important innovation in catheter ablation. Unlike traditional thermal ablation methods such as radiofrequency and cryoablation, PFA uses electrical pulses, or electroporation-based energy delivery, to treat heart tissue. Its value lies not only in clinical outcomes, but also in its potential to support procedural safety, shorter procedure times, smoother workflow and faster patient recovery.

The Boston Scientific report shows that EPs in APAC are gaining confidence in PFA. Among surveyed EPs, 71 percent said PFA offered shorter procedure duration compared with other ablation methods. Another 63 percent reported higher patient satisfaction, while 56 percent said the learning curve was easier than other approaches.

Why clinicians are optimistic about PFA

Workflow efficiency is becoming an increasingly important part of the conversation around AFib care. As AFib prevalence continues to rise, healthcare systems are facing growing pressure on electrophysiology services. Surveyed EPs recognised PFA's potential contribution not only to procedural performance, but also to overall system capacity.

These perceived benefits could extend to both patients and healthcare systems. For patients, this could mean faster recovery and lower post-procedure discomfort, helping them return to their daily lives sooner. For clinicians and healthcare systems, shorter and more efficient procedures could help reduce pressure on electrophysiology labs. As a result, innovation in AFib care is increasingly being evaluated not only on safety and efficacy, but also on patient-centred outcomes such as procedural comfort, recovery time, confidence in treatment decisions and the ability to return to normal daily activities, alongside its impact on clinical workflows and healthcare capacity.

Bridging the implementation gap

The report also shows that PFA adoption is still inconsistent across APAC. While 92 percent of surveyed EPs said they were likely to make PFA their preferred ablation modality within the next two years, only 26 percent said PFA currently accounts for more than half of their AFib ablation cases.

This suggests there is still a gap between clinical confidence and real-world adoption. Innovation alone is not enough. While EPs see the value of PFA, they identified several practical barriers to broader adoption, including delayed referrals, workforce and capacity constraints, reimbursement, infrastructure readiness and variations in patient access. The conversation is shifting from whether the technology works to what it takes to implement it at scale successfully and consistently.

Addressing barriers to wider adoption

One of the biggest challenges to adoption is delayed referral. According to the report, 83 percent of surveyed EPs said fewer than half of eligible AFib patients were referred for ablation within one year of diagnosis. This shows that many patients may not be reaching specialists early enough to benefit from timely rhythm control treatment.

Knowledge gaps among referring healthcare professionals also remain an issue. Sixty-eight percent of surveyed EPs cited these gaps as a contributor to delayed referral and treatment. This highlights the need for stronger education and awareness across the full care pathway, from primary care to cardiology and specialist EP care.

Addressing delayed referral will require stronger alignment across the broader healthcare ecosystem. This includes greater awareness of AFib and its long-term implications, clearer referral pathways, consistent application of clinical guidance and better coordination between primary care physicians, cardiologists and EPs. The goal is not to refer every patient immediately for ablation, rather to ensure that eligible patients are identified and evaluated at the right time.

Beyond referral pathways, access to PFA also depends on whether healthcare systems are ready to support adoption. Reimbursement, workforce capacity and institutional readiness all influence whether patients can benefit from innovation. As healthcare systems across APAC continue to evolve, priorities will differ across markets, but improving equitable access will require alignment between clinical need, policy frameworks and healthcare system readiness.

The path forward to better AFib care

Dr Abdelaal believes the next phase of AFib care in APAC can be shaped not only by medical technology, but also by stronger clinical pathways, system readiness and collaboration across the healthcare ecosystem.

Moving forward, the report calls for AFib care to move from reactive treatment towards earlier and more proactive multidisciplinary care. This would include better guideline implementation, workforce development, patient education, holistic access decisions and closer collaboration with EPs.

While PFA will inevitably play a growing role in the future of AFib care across APAC, technology alone will not define the next chapter of care. Realising its potential will depend on how effectively clinicians, professional societies, policymakers, healthcare institutions and industry work together to strengthen referral pathways, improve access, support clinician training and ensure innovation reaches the patients who need it.