

Atrial Fibrillation Radiofrequency Ablation at the Gates Vascular Institute What You Should Know

Before the Procedure

- You must fast (no food) 6 hours before scheduled procedure time.
- Medications can be taken before procedure with a sip of water.
- The atrial fibrillation staff will instruct you, at time of appointment scheduling, if any blood thinners need to be held prior to day of procedure.
- If you use a CPAP machine for sleep apnea, please bring to the hospital with you. This will be used during your procedure.
- If you were told you may stay the night, please pack an overnight bag.
- If you were told you may be able to go home on the same day, please make arrangement for a ride home.
- Please arrive at Gates Vascular Institute (875 Ellicott Street, Buffalo NY 14203) TWO HOURS before your scheduled procedure time.
- You will be checked in and have a patient room ready for you and your loved ones.

Potential Risks and Complications

- Potential complications include:
 - Hematoma (bleeding at the groin)
 - Stroke
 - Cardiac Tamponade (blood around the heart)
 - Pulmonary Vein Stenosis (obstruction [blockage] in the blood vessels that bring oxygen-rich blood from the lungs back to the heart)
 - Atrioesophageal Fistula (passage between throat [esophagus] and left upper chamber [atria] of heart)

The cumulative risk of these complications is < 1%

During the Procedure

- You will be brought to the procedure holding area. Here the nurses will place an IV, obtain any necessary blood work, and obtain some brief medical information from you.
- When the procedure room is ready you will be brought over and introduced to your atrial fibrillation treatment team.
- Prior to the ablation you will have a transesophageal echocardiogram (TEE). Dr. Bhatia will place a probe down your throat (esophagus) to look at your heart. This is done to ensure there are no blood clots in the top chamber of your heart (atria) that would put you at risk for stroke. You will be sedated (but arousable) for the TEE.
- Your loved ones will receive a phone call in your patient room, during and immediately following the procedure to keep them updated. The procedure may last approximately between 1-3 hours. However, please keep in mind time varies on a patient to patient basis.
- After the TEE you will be moved to the exam table and the treatment team will:
 - Shave and clean your groin (if not yet done by previous staff).
 - Place sticky patches on your chest to help monitor your heart during procedures and assist with the 3D mapping.
 - A nasal temp probe will be placed down your nose to monitor temperatures in your throat (esophagus).
 - You will be sedated for this portion. Most people do not remember the preparation or procedure due to the medications used. The atrial fibrillation team strives to make your procedure a comfortable and pleasant experience.

After the Procedure

- You will be brought down to your room to recover.
- A provider from the Atrial fibrillation team will be down within a few hours to check on you and go over discharge with you (if going home same day).
- No strenuous activity for 5 days. May resume driving and light activity the next day.
- You may have recurrence of atrial fibrillation within the first 3 months, this is normal and not considered an ablation failure. If you feel you have been in atrial fibrillation longer than 24 hours (within first 3 months), please call the Afib Clinic at 859-AFIB (2342). A cardioversion (synchronized shock) may be done to assist getting you back into a normal rhythm.
- If you were placed on antiarrhythmic medications you may be instructed to continue these for 3 months or longer.
- If you were placed on anticoagulants you will take these daily for a minimum of 3 months. Depending on your risk factors, you may need to be on anticoagulants long-term to help prevent stroke.

Follow up appointments

- 1 month after ablation
- 3 months after ablation
- 6 months after ablation
- After 6 months, you may be asked to have routine follow ups every 6 months to 1 year.

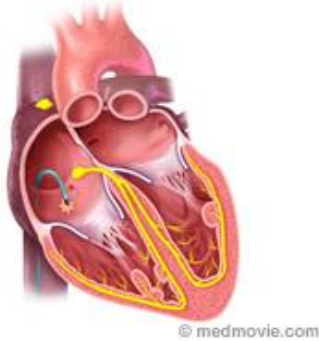
This follow ups may change on a patient to patient basis.

Please feel free to call the Atrial Fibrillation Clinic with any questions or concerns.

Your Atrial Fibrillation Team

Catheter Ablation

A normal heartbeat is controlled by a smooth, constant flow of electricity through the heart. A short-circuit anywhere along this electrical pathway can disrupt the normal flow of signals, causing an arrhythmia (an irregular heartbeat). Cardiac ablation is a procedure used to destroy these short-circuits and restore normal rhythm, or to block damaged electrical pathways from sending faulty signals to the rest of the heart.



What is an Ablation?

Ablation is performed by an electrophysiologist (EP), a doctor specializing in diagnosing and treating heart rhythm disorders. During catheter ablation, catheters (narrow, flexible tubes) are inserted into a blood vessel, often through a site in the groin (upper thigh) or neck, and guided through the vein until they reach the heart. Small electrodes on the tip of the catheters stimulate and record the heart's activity. This test, called an electrophysiology study (EPS), allows the doctor to pinpoint the exact location of the short circuit. Once the location is confirmed, the short circuit is either destroyed (to reopen the electrical pathway) or blocked (to prevent it from sending faulty signals to the rest of the heart). This is done by sending energy through the catheters to destroy a small amount of tissue at the site. The energy may be either hot (radio frequency energy), which cauterizes the tissue, or extremely cold, which freezes or "cryoablates" it.

Is an Ablation Right for You?

Ablation is used to treat many types of arrhythmias. It is often successful in eliminating the need for open-heart surgery or long-term drug therapy. Ablation may be an option in any of these cases:

- If your arrhythmia cannot be controlled with lifestyle changes or medication.
- If you cannot tolerate or do not want to take medication to treat your arrhythmia.

<http://www.hrsonline.org/Patient-Resources/Treatment/Catheter-Ablation>