Atrial fibrillation ablation

Pre-procedure information

If you have questions that are not answered by these instructions, please call your nurse or doctor.

You have been scheduled for an atrial fibrillation ablation at the Beth Israel Deaconess Medical Center. Your ablation is scheduled for _________________ (date) at _________________ (time).

On the day of your procedure, please use the Farr entrance at 185 Pilgrim Road on the medical center’s west campus. Once you are in the Farr lobby, take a left at the gift shop and follow signs for the Baker elevators. Take the Baker elevators to the 4th floor and check in at the reception area to the left of the elevators.

Public parking is available at the Pilgrim Road garage at the corner of Pilgrim Road and Longwood Avenue (the entrance is on Crossover Street). Please bring your parking ticket with you. You can have your ticket validated for a reduced rate.

What is atrial fibrillation?

Atrial fibrillation is a type of irregular heart rhythm. In most cases, it is caused by an area in the left side of the heart that is sending out rapid, irregular electrical signals. This causes an abnormal heart rhythm resulting in heart “pounding,” shortness of breath, and fatigue.

There are several ways to treat atrial fibrillation. Most patients start by taking medications to help control the heart rate and rhythm. In some patients, a “catheter ablation procedure” is recommended at some point.

What is catheter ablation?

A catheter ablation is a procedure in which areas of the heart that trigger the irregular signals are found and treated. The triggers are often found in the pulmonary veins (large blood vessels that lead from the lungs to the heart). During the procedure, long, thin tubes (catheters) will be placed into the groin and passed through the blood vessels into the heart. Once in place, the catheters will
help your doctor measure and examine the heart’s electrical signals. Your doctor will then look for the area causing the problem. Once the area is found, energy will be applied that burns or cools the tissue so it can no longer carry an electrical signal. (This is the “ablation.”) The areas of tissue that are treated are very small. The treatment does not affect the overall function of the heart.

You will be given general anesthesia for the procedure.

**What preparations are needed?**

- Once your procedure is scheduled there are several tests that need to be completed to ensure you have a safe and successful procedure. You will have either an MRI or a CT scan so that your doctor can see what your pulmonary veins look like before the catheter ablation.

- Some patients need an echocardiogram as well, which is a test that uses sound waves to examine the heart. Routine blood work will also be done before the procedure.

- If you have a fever, cough, or cold in the days leading up to your procedure, please call and let us know.

- **Important** - Your doctor may want you to stop taking certain medicines (such as Coumadin or diabetes medicine) in the days before your procedure. Please be sure you understand what to take and not to take as you prepare for your ablation. If you have any questions, please call the office. If you do not stop the right medications, the procedure may be cancelled.

**What to expect the day of the procedure?**

- **You must not eat or drink anything after midnight** the night before your procedure. You may only have a small sip of water to take your medications.

- If you take diabetes medicine, please be sure you know how to adjust the medicine on the day of your procedure when you will not be eating normally.
• Please come to Baker 4 on time so the appropriate pre-procedure steps can be taken.

• Do not bring any valuables to the hospital. Bring a list of your medications with doses. Include prescription medicines, nonprescription medicines, vitamins, herbs, and supplements.

• Once you check in, you will be brought to the preoperative area. You will change into a hospital gown and have an intravenous line (IV) placed. You will be monitored by the nursing staff until your procedure begins.

• The procedure will take place in the electrophysiology laboratory. The room looks similar to an operating room. You will see many people who will be helping your doctor with the procedure.

• You will be helped onto to the procedure table and connected to safety and monitoring equipment (such as blood pressure, and EKG).

• An x-ray machine will be used to help guide the catheters during the procedure.

• You will be given general anesthesia so that you are asleep during the procedure.

• The procedure will last approximately four to six hours.

**What can I expect after the procedure?**

• You will remain in the hospital overnight for monitoring.

• You will be able to eat and drink once you are fully awake.

• You may feel tired or sleepy from the anesthesia. However this will wear off over 24-48 hours.

• You need to have a responsible adult to drive you home from the hospital.
• Your groin may be tender after the catheter procedure. You will remain in bed overnight to allow the groin sites to heal, and so we can monitor you for any bleeding.

• You will be asked to refrain from any heavy exercise for one week. You’ll be given additional instructions about your recovery before you leave the hospital.

• At the end of the procedure, your heart will be back in a normal rhythm. You will be monitored closely to see if the rhythm stays normal after you return home. It is **not** uncommon to have episodes of atrial fibrillation during the first six to eight weeks after the procedure. This is due to the stress and inflammation of the procedure on your heart. You’ll be asked to contact us if you feel symptoms related to a return of your atrial fibrillation.