

Cardiac Ablation



Cardiac Ablation-

Typically for treatment of atrial fibrillation, atrial flutter, atrial tachycardia or other supraventricular arrhythmias. Sometimes for treatment of ventricular tachycardia, ventricular fibrillation or premature ventricular contractions.

What is cardiac ablation?

Normally, the top chambers of the heart — the atria — and the bottom chambers — the ventricles — work together, alternately contracting and relaxing to pump blood through the heart and into the body. Electricity flowing through the heart causes the contractions; every electric impulse causes your heart to beat.

Sometimes, the electrical flow becomes blocked or travels the same pathways over and over again, creating a “short circuit” and upsetting the heart’s regular rhythm. Cardiac ablation simply creates a scar in the tissue to break the short circuit and restore a normal heartbeat.

What does it treat?

- Cardiac ablation is most often used to treat rapid heartbeats beginning in the atria of the heart, which are known as supraventricular tachycardias, or SVTs.
- Ablation can be a good option for people who have tried medication without success, for those who have experienced serious side effects with medication, or for patients with types of arrhythmia that respond especially well to ablation, or who have a high risk of complications from their arrhythmia.

Facts about cardiac ablation

- Prior to your ablation procedure, you might have to undergo a full medical history review and complete physical examination, an electrocardiogram [ECG], an echocardiogram [Echo], a Holter monitor test, or other tests.
- Ablation is a non-surgical procedure, but is still performed in a hospital with the patient under anesthesia.
- Ablation typically takes between two and six hours, but complex cases can take longer.
- As with any procedure, there are risks. Of course, every precaution is taken to reduce risks. Your doctor will talk with you about the potential risks of the procedure.
- Your doctor or Nurse Navigator/educator will provide you with detailed directions about how to prepare for your ablation in terms of your medications, diet, etc.

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What happens during the procedure?

- You will be lying down, and a nurse will hook you up to an IV, which will deliver fluids.
- An anesthesiologist will administer medication via the IV to make sure you're comfortably asleep during the procedure.
- The doctor will numb either your groin, neck or arm, and insert catheters — thin, flexible wires — into a blood vessel at the selected site, winding the wire through the blood vessel into your heart.
- Electrodes at the tips of the catheters gather data pinpointing the location of the heart's "short circuit."
- Once the faulty site is confirmed, energy is used to disconnect the short circuit and restore a healthy heart rhythm. Energies might include radiofrequency (cauterizing), laser, or cryoblation (freezing).

What will you feel?

- You might feel fatigue or chest discomfort for the first 48 hours following the procedure. If discomfort persists or becomes severe, call your doctor.
- You might experience skipped heartbeats or brief episodes of arrhythmia following the procedure. Once your heart has healed, these should subside.

What happens afterward?

- Immediately following your cardiac ablation, you will remain still for four to six hours to ensure the catheter entry incision begins to heal.
 - No stitches are necessary; just keep your incision area clean and dry.
 - Once you're fully awake, your doctor will talk with you and your loved ones about the procedure and its results.
 - You may be able to go home the same day, or you may need to stay at the hospital up to three days.
 - Arrange for a ride to and from the hospital, and for help at home following the procedure.
 - According to the Heart Rhythm Society, ablation is successful in over 90 percent of the cases for many types of arrhythmia. But some people need repeat procedures, and some still need to take arrhythmia medication.
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