



Patient & Family Guide
2022

Catheter Ablation

**Bring this pamphlet with you
when you come to the hospital.**

Aussi disponible en français : FF85-1914



www.nshealth.ca

Catheter Ablation

This pamphlet will help you and your loved ones learn what to expect before, during, and after your catheter ablation. Your health care team can answer any questions you may have. Please write your questions at the end of this pamphlet.

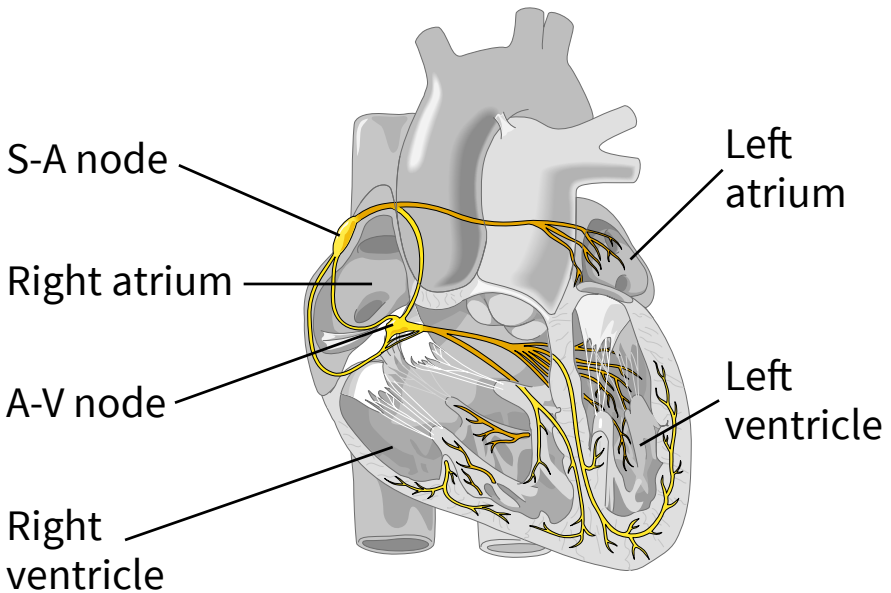
What is catheter ablation?

Catheter ablation is a treatment for certain kinds of heart rhythm problems. During a catheter ablation, a special kind of energy is sent to burn or destroy the heart tissue that is causing the problem. You will be awake during the procedure.

How does the heart work?

- The heart is a muscle. It is divided into 4 parts. The 2 upper parts are called the right atrium and left atrium. The 2 lower parts are called the right and left ventricles.

- The right side of the heart pumps blood from the body to the lungs to get oxygen. The left side pumps oxygen-rich blood to all parts of the body.



- Your heart has an electrical system that controls the pumping. There is a pacemaker in the right atrium called the S-A node (sinoatrial node). The S-A node sets your heart rate. It sends an electrical impulse that travels through the A-V (atrioventricular) node to the ventricles. This makes the ventricles contract (squeeze together) and pump blood.

Heart rhythm problems

Many different kinds of heart rhythm problems can be treated with catheter ablation. You and your doctor will talk about your rhythm problem.

What are the possible risks of catheter ablation?

Your doctor will talk with you about the risks, which include:

- You may develop a very fast or irregular heart rate which needs an electrical shock to bring it back to normal.
- You may need a permanent pacemaker. This depends on the kind of ablation you need.
- The ablation may not work and you may need to have it done again.
- You may bleed from the area where the catheter tubes were placed, or have damage to the blood vessels. Rarely, surgery is needed to repair damaged blood vessels.
- You may develop a blood clot. This is why it is important for some people to take ASA (Aspirin®) or other medications (like warfarin, Eliquis®, Pradaxa®, or Xarelto®) to prevent clotting. Your nurse or doctor will tell you what medications are OK to take.

- Very rarely, catheter ablation may cause:
 - › Infection
 - › Stroke
 - › Heart attack
 - › A partly-collapsed lung

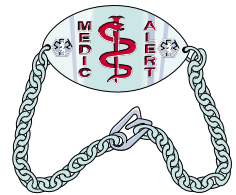
How do I get ready for catheter ablation?

- Your doctor may ask you to stop taking the medication you use to treat your heart rhythm problem before the procedure. Blood thinners or medications that prevent your blood from clotting (like warfarin, Eliquis®, Pradaxa®, or Xarelto®) may also need to be stopped. **Do not stop taking your medication(s) unless your doctor tells you to.** Your nurse or doctor will tell you what medications are OK to take.

You must have a responsible adult take you home after your procedure. Make arrangements for a responsible adult to pick you up on the unit, drive you home, and stay with you the night after your procedure.

- **Do not to eat or drink after midnight the night before your procedure.** Your health care team will tell you what medications are OK to take with sips of water.

- On the morning of your procedure, take a shower.
- **Do not shave** your groin, back, or chest before your procedure. Your nurse will shave both of your groins using clippers. If you have hair on your chest and/or your upper back, this may also need to be shaved using clippers. This is because large sticky monitoring patches will be placed on your chest and upper back. Shaving using clippers (not a razor) can help prevent infection after the procedure.
- Leave all valuables (like jewelry, money, and credits cards) at home. The hospital is not responsible for the loss of any item.
- All jewelry, including toe rings, must be removed at home. Any item used to pierce ANY body part, such as the nose, belly button, tongue, face, or ear, must be removed.
- You may bring a pillow from home with you. This may help to make the procedure more comfortable.
- Wear your MedicAlert® bracelet, if you have one.
- Bring all of your medications with you in their original containers. This includes over-the-counter medications, herbal medications, and supplements.



When you arrive

- You do not need to remove your dentures, hearing aids, or glasses (if you have them).
- You will have an ECG (electrocardiogram, an electrical tracing of your heart) and blood tests.
- Before the procedure, a member of your health care team will examine you. They will explain the procedure to you and your loved ones.
- Some catheter ablations take 1 to 2 hours, but some may take up to 6 to 8 hours. Your loved ones should not worry if the procedure takes longer than expected.
- If you have concerns, be sure to ask questions before you sign the consent form.
- You will be asked to change into a hospital gown.
- Just before the procedure, go to the washroom and empty your bladder (pee).
- Staff will take you to the Electrophysiology (EP) Lab on a stretcher.

In the EP Lab

- You will lie on your back on a narrow table. A nurse will place sticky patches (electrodes) on your chest and back to monitor your heartbeat.
- A cuff will be placed on your arm to monitor your blood pressure. An intravenous (IV) line may be started in a vein in your hand or arm before or during the procedure. Medications and fluids can be given through this tube.
- You will get medication through your IV for pain and to help you relax during the procedure. A nurse will clean the skin of your groin(s) with a special cleansing solution. They will cover you with towels and sheets to keep the area clean.
- Usually, the doctor will use a vein(s) in one or both groins. Rarely, an artery will be used. Your skin will be frozen with medication. This may burn or sting for a short time.
- When your skin is frozen, 2 or 3 small catheter tubes will be placed into the vein or artery and passed through to your heart.

- Your doctor will place the tip of one tube on the spot in your heart that is causing the rhythm problem. It may take a long time for the doctor to find the right spot. You may feel like your heart is skipping beats as the tubes are placed. You may also feel the symptoms that caused you to seek treatment (like a pounding heart, light-headedness, dizziness, shortness of breath, or pressure in your chest). **Tell the doctor or nurse if you feel any of these.**
- A small amount of energy will be sent down the tube to burn the spot. This may need to be done a few times. You may feel some discomfort in your chest for a few seconds. **It is important that you try not to move or change position during the procedure.** If you are uncomfortable or have pain, tell your nurse or doctor and they will give you medication to help make you comfortable.
- Your doctor will check that the ablation has worked. You will rest on the table while being monitored during this time. When the doctor is sure that the ablation has worked, the catheter tubes will be taken out. A nurse will place firm pressure on the puncture site for a few minutes, then cover it with a small bandage.

After your catheter ablation

- You will be taken to your room on a stretcher. Your nurse will check your blood pressure, pulse, and the bandage for bleeding. **If the doctor used a vein in your leg, you must lie in bed for at least 3 hours. You must keep your leg straight so that it does not bleed.**
- Arteries take longer to heal than veins. **If the doctor used an artery in your leg, you must lie in bed for up to 6 hours. You must keep your leg straight so that it does not bleed.** The pulse in your foot will also be checked. You can eat and drink. You may have an ECG to check your heart rhythm.
- Your nurse will tell you when you are able to get up. They will help you to sit on the side of the bed for a few minutes before you stand up. Tell the nurse if you are dizzy or have any pain.

Going home

Care after sedation

- Sedation is medication given to relax you and help with pain during a procedure. After having the medication, you may be drowsy and may not remember parts of your procedure.
- The effects of sedation should not last for more than 24 hours (1 day).
- **For 24 hours after your procedure:**
 - › **Do not** make important decisions.
 - › **Do not** sign legal documents or make large purchases.
 - › **Do not** drink alcohol.
- **Do not drive for 48 hours (2 days) after your procedure.** Talk with your doctor or nurse practitioner about when you can drive again.

A responsible adult must meet you on the unit, drive you home, and stay overnight with you.

When will I be discharged from the hospital?

- After checking your test results, your doctor will tell you when you can go home. You may need to come back to the same hospital in a couple of months for a follow-up appointment.
- If you live far from the hospital where you had your procedure, your primary health care provider or heart doctor may be able to see you for a follow-up appointment.

When can I take a bath?

- You may shower the morning after your procedure. **Do not point the water right at the puncture site.**
- **Do not** take a tub bath, swim, or use a hot tub for 48 hours after your procedure.

When can I take off my bandage?

You may take off your bandage on the evening of your procedure.

When can I go back to work?

Ask your doctor when you can go back to work. This will depend on the kind of work you do.

Activity

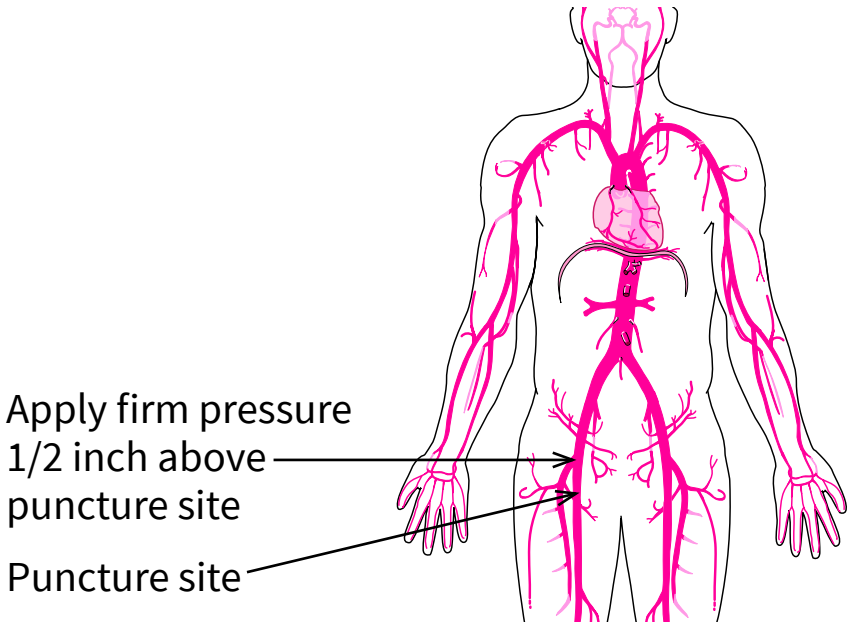
- **Do not** bend, squat, or lift anything heavier than 10 pounds for at least 3 to 5 days after your ablation.
- **Do not** do any sports (like jogging or tennis), for 3 days after your procedure.
- Climb stairs slowly for the first 3 days.
- **Do not** walk fast for 3 days.

What should I do if I have bleeding from the puncture site?

- Apply gentle pressure to the puncture site when you laugh, cough, sneeze, urinate (pee), or move your bowels (poop) for 2 days after your procedure. This will help prevent bleeding. Blood may flow from the puncture site or stay under the skin as a firm lump.
- If you have bleeding or notice a lump that gets bigger while in the hospital, apply firm pressure (see picture on next page). Return to bed and ring for a nurse.
- If bleeding happens after you are discharged, lie on your back and apply firm pressure until the bleeding stops or the lump softens and gets smaller. Pressure should always be applied with your hand about half an inch **above** the puncture site (see picture on next page).

- You may need someone to help you apply pressure. If the lump does not soften after 5 minutes of applying pressure, have it checked by your primary health care provider the next day.

If you are not able to stop the bleeding, or the lump keeps getting bigger, call 911 to take you to the nearest Emergency Department right away.



Why do I need to drink more fluids after my procedure?

Drink plenty of fluids for 24 hours after your procedure to prevent dehydration (not having enough fluids), unless you cannot because of another health condition. Try to drink water or juice.

Will my medications change after my catheter ablation?

- Your heart doctor will talk with you about stopping any medications before you leave the hospital.
- To prevent blood clots, your doctor may recommend that you take ASA (Aspirin®) or stronger blood thinners every day for 2 to 6 months after your ablation.

Changes to my medication:

Call your primary health care provider right away if these problems come back:

- Dizziness
- Shortness of breath
- Racing heart
- Symptoms you had before your ablation:
 - › You may feel extra beats, skipped beats, or as though your heart is going to race, but then does not.
 - › Extra beats may cause your heart to race if you had a short circuit. If the procedure was a success, your heart should not keep racing.
 - › It can be normal to have extra beats.

Call your primary health care provider if you have:

- › Swelling in your legs
- › Bleeding, pus, or redness at the puncture site(s)
- › A firm lump at the puncture site(s) that does not soften after applying pressure for 5 minutes
- › Fever (temperature above 38.5⁰ C/101.3⁰ F)
- › Chills
- › Trouble breathing

Go to the nearest Emergency Department right away if you:

- › have intense (very bad) pain at the puncture site.
- › notice a change in the colour of your leg (white, blue, or purple).
- › have a large bruise at the puncture site.
- › have swelling at the puncture site that gets bigger even after applying pressure.
- › are not able to stop the bleeding at the puncture site.
- › have a lot of chest pain or trouble breathing.

If you have questions or concerns about your catheter ablation, please call your primary health care provider or your heart doctor.

Bring this pamphlet with you to your follow-up appointment with your primary health care provider.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Cardiology 6.2, QE II

Illustration by: LifeART Super Anatomy 1 & 2 Images, Copyright © 1994,
TechPool Studios Corp. USA

Designed by: Nova Scotia Health Library Services

WG85-0636 © February 2022 Nova Scotia Health Authority
The information in this pamphlet is to be updated every 3 years or as needed.