Patient & Family Guide
2025

Catheter Ablation

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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 on the back cover of this pamphlet.

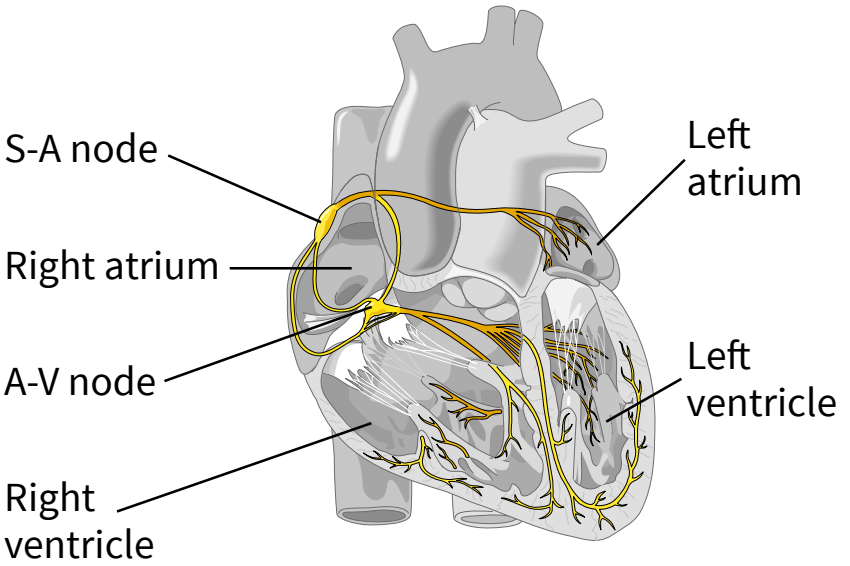
What is a catheter ablation?

- A catheter ablation is used to treat certain kinds of heart rhythm problems called **arrhythmias** which includes:
  - SVT (supraventricular tachycardia)
  - Atrial fibrillation
  - Atrial flutter
  - PVCs (premature ventricular contractions)
  - Atrial tachycardia
  - Ventricular tachycardia
- During a catheter ablation, a catheter (thin tube) is used to create scar tissue inside of your heart. This scar tissue will block the electrical signals that are causing your heart rhythm problem.

- This procedure is most commonly done under conscious sedation. You will be awake, but you are given medication through an intravenous (I.V.) in your arm or hand to help you relax and lower pain.
- This procedure can also be done under general anesthesia, where you are fully asleep.
- Your doctor will decide which method is best for you based on your arrhythmia and other medical conditions.

How does the heart work?

- The heart is a muscle. It is divided into 4 chambers. The top chambers are the left and right atrium. The bottom chambers are the left and right ventricles. The left and right side of the heart is divided by tissue called the septum. The top and bottom chambers are divided by heart valves.
- The heart works as a pump, sending blood throughout your body and to your lungs. 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 the rest of your body.



- Your heart has a built in electrical system, or pacemaker, that tells it when to pump. The main pacemaker is in the top of the right atrium, called the **SA node** (sinoatrial node). The SA node sets your heart rate. It sends an electrical impulse that travels to the top chambers (called **the atria**), and tells them to contract and pump blood into the ventricles. There is a delay, and the electrical signal travels to the **AV node** (atroventricular node), which is located at the bottom of the right atrium. The electrical signal then travels to the bottom chambers (called **the ventricles**), which causes them to contract and pump blood to your lungs and body.
- Depending on which type of arrhythmia you have, the doctors could be working in 1 or more areas of your heart.

What are the possible risks of catheter ablation?

The risks will depend on which type of ablation you are having. They are usually around the 1 to 3% range or lower. Your doctor will talk with you about these possible risks:

- You may develop a very fast or irregular heart rate which needs an electrical shock to bring it back to a normal rhythm.
- During the ablation, your heart's natural pacemaker may be injured, causing you to need a permanent pacemaker.
- The ablation may need to be repeated if it does not work.
- You may have bleeding from the area where the catheter tubes were placed (usually the veins at the top of the legs), or 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 blood thinners to prevent clotting.
- Very rarely, catheter ablation may cause:
  - › Infection
  - › Stroke
  - › Heart attack
  - › A partly-collapsed lung

If you have any questions about these risks, please ask your doctor.

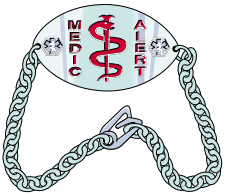
How do I get ready for a catheter ablation?

- **Do not eat or drink after midnight the night before your procedure**. You will be told which medications to take or hold before your procedure. Any medications you need to take can be taken with sips of water.
- You may be asked to stop taking the medication used to treat your heart rhythm problem before the procedure. You may also need to stop taking blood thinners.
- **Do not stop taking your medication(s) unless you are told otherwise**.

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

- On the morning of your procedure, take a shower.
- A nurse will shave both of your groins using clippers. If you have hair on your chest or upper back, this may also need to be shaved. These areas need to be shaved so that the sticky patches (electrodes) used during the procedure stick to your skin. Using clippers (not a razor) helps to lower the risk of infection.

- Leave all valuables (like jewelry, money, and credits cards) at home. **The hospital is not responsible for the loss of any item**.
- All jewelry must be removed at home. Any item used to pierce any body part (like nose, belly button, tongue, face, or ear) **must be removed**.
- If you have sleep apnea and use a CPAP machine, bring it with you to the hospital (if you are staying overnight).
- 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 in their original containers (including prescription and over-the-counter medications, inhalers, creams, eye drops, patches, herbal medications, vitamins, and supplements) or a list of your medications.

When you arrive

- If not already done, you will have blood tests and an electrocardiogram (ECG or EKG). This test checks the electrical activity of your heart.
- Before the procedure, a member of your health care team will examine you. They will explain the procedure to you and your support persons.
- If you have any questions about the procedure, please talk to a member of your health care team before you sign the consent form.
- You do not need to remove your dentures, hearing aids, or glasses (if you have them). You **may** need to remove them just before the procedure.
- You will change into a hospital gown. A nurse will place an I.V. into a vein in your arm or hand. If needed, they may clip the hair on your groins and chest or back.
- Just before the procedure, you will have time to go to the washroom.
- Staff will take you to the Electrophysiology (EP) Lab on a stretcher.
- The procedure can take anywhere between 1 to 2 hours, or 6 to 8 hours. Do not worry if it takes longer than expected.

In the EP Lab

- You will lie on your back on a table. A nurse will place electrodes on your chest and back to monitor your heart.
- A blood pressure cuff will be placed on your arm to monitor your blood pressure during the procedure. An oxygen probe will also be placed on 1 of your fingers to monitor your oxygen levels.
- A nurse will clean the skin on your groins with a cleansing solution. They will cover you with towels and sheets to keep the area clean.
- Usually, the doctor will use a vein (femoral vein) in 1 or both groins. Rarely, an artery will be used. The area 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.

- The doctor will place the tip of the catheter tube in the area that is causing the heart 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 get treatment (like a pounding heart, light-headedness, dizziness, trouble breathing, or pressure in your chest). **Tell the doctor or nurse if you feel any of these symptoms**.
- A small amount of energy will be sent in through the catheter tube to burn or create scar tissue in the problem area. This may need to be done several times.
- You may feel some discomfort in your chest for a few seconds.
- **It is important to try to stay still during the procedure**.
  - › If you are uncomfortable or have pain, tell the doctor or nurse and they will give you medication to help make you comfortable.

- The 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. The nurse will put firm pressure on the puncture site for a few minutes, then cover it with a small bandage. Sometimes, a stitch is placed on the puncture site. This will be removed before you go home.

After your catheter ablation

- You will be taken to your room on a stretcher. A nurse will check your blood pressure, pulse, and 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 your 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**.
  - › You can eat and drink.
  - › You may have an ECG/EKG to check your heart rhythm.
  - › A nurse will check the pulse in your foot.

- A 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 them if you are dizzy or have any pain.
- Depending on the type of ablation you are scheduled for, you may go home the same day or stay overnight in the hospital.

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 primary health care provider (family 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 home from the hospital?

- After checking your test results, your doctor will tell you when you can go home. You may need to come back 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 shower or a bath?

- You may shower the morning after your procedure. **Do not point the water right at the puncture site**.
- **Do not take a 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 24 hours after 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.

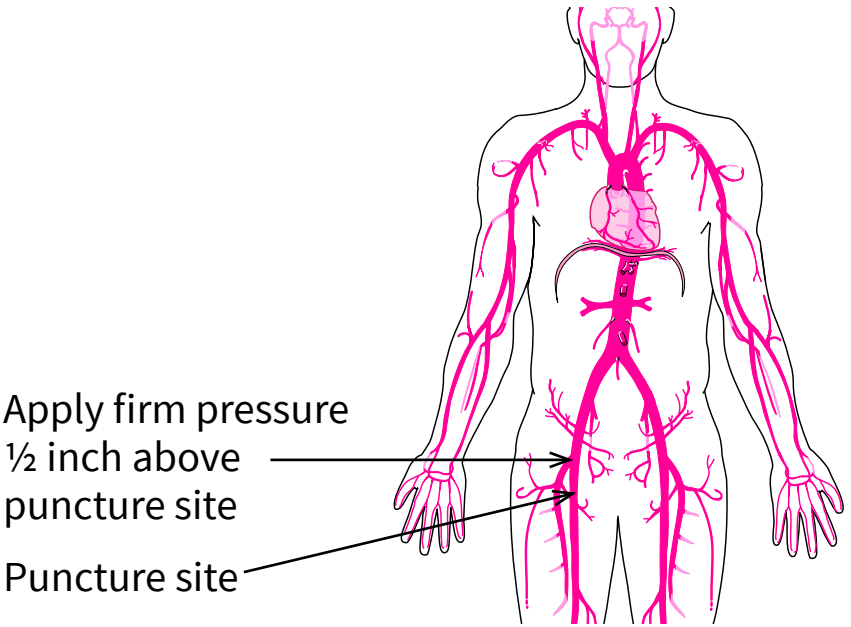
What should I do if I have bleeding from the puncture site?

For 2 days after the procedure:

- Put gentle pressure on the puncture site when you laugh, cough, sneeze, pee, or poop. 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 see a lump that gets bigger while in the hospital, use firm pressure (see picture on the next page). **Go back to bed and ring your call bell**.

- If bleeding happens after you are discharged, lie on your back and use 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 below).
- You may need someone to help you apply pressure. **If the lump does not soften after 5 to 10 minutes of pressure, have it checked by your primary health care provider the next day**.

If you cannot stop the bleeding, or the lump gets bigger, call 911, or go to the nearest Emergency Department right away. Do not drive yourself.



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 or changing any medications before you leave the hospital.
- To prevent blood clots, your doctor may recommend taking a blood thinner for several months after your ablation.

Changes to my medication:

Call your primary health care provider right away if you have any of these symptoms:

- Dizziness
- Trouble breathing
- Racing heart
- Swelling in your legs
- Bleeding, pus, or redness at the puncture sites
- A firm lump at the puncture sites that does not soften after using pressure for 5 to 10 minutes
- Fever (temperature above 38 °C or 104 °F)
- Chills
- Symptoms you had before your ablation:
  - Palpitations (extra beats, skipped beats, or heart racing)
  - This can sometimes happen in the weeks after your procedure. As your heart heals and the inflammation goes down, your symptoms will hopefully get better. **Call your primary health care provider if your palpitations do not stop**.

Go to the nearest Emergency Department right away if:

- you have severe (very bad) pain at the puncture site.
- your leg turns white, blue, or purple.
- you have a large bruise at the puncture site.
- you have swelling at the puncture site that gets bigger even after using pressure.
- you are not able to stop the bleeding at the puncture site.
- you have severe chest pain or trouble breathing.
  - Mild chest pain can happen after your procedure because of inflammation. It should go away within a couple of weeks.

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.

Questions for my health care team:

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 all patient education resources here:
www.nshealth.ca/patient-education-resources

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

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