

Radiofrequency Ablation (RFA)

What Should I Expect?

A radiofrequency ablation (RFA), usually just referred to as an ablation, is a technique used to treat certain abnormal heart rhythms. If your doctor recommends an ablation, he/she has reason to believe that your heart has the ability to develop abnormal fast heart rhythms that can be treated by destroying a part of the electrical pathway that is causing the abnormal rhythm.

Why does the doctor do the procedure?

You may have an ablation if you have fast heart rhythms in the upper heart chambers and sometimes when you have fast heart rhythms in the lower heart chambers. You may have an ablation for any of the following abnormal heart rhythms:

- Supraventricular tachycardia (SVT)
 - Atrial tachycardia (AT)
 - AV Nodal Re-entrant Tachycardia (AVNRT)
 - AV Reciprocating Tachycardia (AVRT) or Wolff Parkinson-White syndrome (WPW)
- Atrial flutter
- Atrial fibrillation
- Right Ventricular Outflow Tract Tachycardia (RVOT)
- Ventricular tachycardia

AV node ablation – A special kind of ablation performed to treat atrial fibrillation or atrial flutter when medicines have been unsuccessful. Both of these abnormal heart rhythms cause rapid, sometimes irregular heart rates in the top chambers of the heart. The AV node ablation is focused on a small area of specialized tissue that conducts electrical impulses between the top chambers and the lower chambers of the heart. When you have this kind of ablation at the AV node, the communication between the top chambers and the bottom chambers of the heart will be destroyed. Therefore you must have a pacemaker or ICD that can pace the heart before you can have an AV node ablation.

What physicians perform this procedure?

A specially trained cardiologist, called an electrophysiologist, does the procedure in the heart catheterization lab. Nurses and technicians assist the doctor. During the first part of the procedure, you will have an electrophysiology study, usually referred to as an EP study. During the EP study, the doctor will attempt to cause the rapid heart rhythm he/she thinks you have. This is done to prove to the electrophysiologist exactly what type of abnormal heart rhythm you have so that the correct ablation can be performed. Sometimes, patients will not have any arrhythmias during the EP study which will often mean that the procedure will have to be cancelled. This is rare, however.

What should I expect before the procedure?

Lab work that must be completed includes Basic Metabolic Panel, CBC with platelets and differential and PT/INR. This is often done in the hospital on the day of your procedure but may need to be done before. If you are having your labs performed at another facility, ask for the results of the tests to be faxed to your doctor's office at least 48 hours before the procedure.

If you are a woman of childbearing age, you will need to have a urine pregnancy test on the day of the procedure. If you are pregnant, the procedure may have to be postponed or cancelled. If you think you might be pregnant, you should contact the doctor who will be doing the procedure.

If you are on blood thinners such as Coumadin or Warfarin, you will be told if and when to stop taking them before surgery. Usually, it is 5 days. If you have an artificial heart valve or have had a stroke in the past, please check with your physician before stopping the blood thinner.

If you take medicines to control your heart rhythm please check with your doctor to see if you need to stop taking them. Most patients who have ablations will need to be off their heart rhythm medications for 5 days.

If you take medications for diabetes, please do not take them on the day of the procedure. If you use Regular Insulin do not use it on the morning of the procedure. If you use NPH Insulin, use half of your normal dose.

Do not use powder or lotion on your body for 24 hours before the procedure.

Do not eat or drink anything after midnight the night before the procedure. You may have small sips of water with any medicines you take in the morning

Please make arrangements for transportation home. You will not be able to drive for 2 days.

What will I experience?

During the ablation, you will be taken into a special room in the heart catheterization lab. The doctor will explain the risks of the procedure and ask you to sign a consent form to give your permission to have it. An IV will be placed into a vein in your arm and you will be connected to a heart monitor, automatic blood pressure cuff, and a machine to measure your oxygen level. The nurse will give medication in the IV that will make you drowsy and relaxed. You will be awake enough to breathe on your own and respond to questions but most patients say they don't remember anything about the procedure at all.

You will be lying on a special exam table with an x-ray camera, monitors, and other equipment in the room. The doctor will numb the spot in your groin where the catheters will be inserted into the vein. Usually both groins are used. These special catheters are used to "map" or trace the electrical conduction system in your heart. When the abnormal electrical pathway has been identified, a catheter that can become hot at its tip will be placed at the position to destroy the small area of tissue that contains the abnormal pathway. This causes scar tissue, which cannot transmit electrical impulses. The abnormal pathway can no longer conduct the abnormal heart rhythm. This procedure can take several hours. During the procedure you may develop some back discomfort because of having to lie still for a long time. You may also have some discomfort during the ablation itself. If so, the nurse will give you pain medication

What should I expect just after the procedure?

After the procedure, the catheters are removed. A doctor or nurse will hold direct pressure to the site for approximately 5-10 minutes or longer to make sure there is no bleeding. Afterward you will be asked to lie quietly on your back for several hours. The doctor will explain the results of the procedure to you and your family. Many patients will go home the same day but you should come prepared to stay overnight if necessary. You may be admitted to the hospital overnight to monitor your heart rhythm.

What should I expect at home?

When you leave the hospital the doctor and nurse will give you the following discharge instructions:

- Take one adult strength aspirin (325 mg) by mouth once a day for 30 days. This will prevent blood clots and reduce inflammation and any discomfort at the ablation site. If you are on coumadin you may not need to take aspirin so check with your doctor
- The nurse will explain which of your normal medicines you should continue and which you should stop.
- You will have an appointment with your doctor 4 to 6 weeks after the procedure. Make sure the date, time and place are listed on your discharge instructions. If they are not, please call to make an appointment
- You should NOT drive the day you are discharged. You may drive starting the next day.
- You may shower 24 hours after the procedure
- Normally you may return to work after 3 days unless otherwise directed by your doctor.
- No heavy lifting or straining for 1 week.
- You may have a burning sensation across your chest area. Take ibuprofen or Tylenol to relieve it.
- After the ablation you may feel your heart start to race and then suddenly stop, or you may feel skipped beats. This is normal! You may experience extra beats and short pauses for up to 6-8 weeks
- It is also normal to have a bruise or small lump under the skin at the insertion site. It will generally disappear in 3 to 4 weeks.
- If you continue to have rapid heart rhythm, please try to get an EKG or rhythm strip at your local doctor's office or emergency room.

Go to your local emergency room if you have...

dizziness

chest pain

shortness of breath

racing heart--heart rate over 150 beats per minute

a passing out spell