

# Radiofrequency Ablation of Atrial Fibrillation (AF)



A treatment to correct an abnormal heart rhythm

**This leaflet has been written to provide information about treatment to correct an abnormal heart rhythm called Atrial Fibrillation (Radiofrequency Ablation of Atrial Fibrillation). We hope it answers some of the questions or concerns you may have about the procedure. It is not intended to replace talking with medical or nursing staff.**

### ***What is Radiofrequency Ablation of Atrial Fibrillation?***

Radiofrequency ablation is a procedure performed to treat patients who are experiencing problems with an abnormal heart rhythm called Atrial Fibrillation (AF).

### ***How is it done?***

The procedure is done through veins at the top of your right leg and sometimes under your left collarbone. You will be awake during the procedure but you will be given a local anaesthetic to numb the skin. You may be given sedation, which could make you feel quite drowsy. A small cut is made in your groin and wires are passed through the blood vessel into your heart. In most patients Atrial Fibrillation is started by extra beats originating in the veins at the back of the heart (pulmonary veins). The connection between these veins and the heart is 'burned away' (ablated) using radiofrequency energy.

### ***Will I have any pain or discomfort during the procedure?***

This type of procedure may provoke some anxiety and there are also aspects of the procedure that may be uncomfortable or even painful. The staff will attempt to minimise this for you as much as possible by using sedative drugs and pain killers as required. They will actively monitor you throughout your procedure to ensure that you are as comfortable as possible. However, if you suffer significant pain or find the procedure unpleasant then you should inform staff immediately. The level of pain that patient's experience does vary from feeling nothing at all or minimal pain to significant pain and unfortunately this cannot be predicted. If you do experience pain and if the

doctors are unable to control the discomfort then your procedure will be stopped, this happens infrequently. It is common to experience a fast heart rate during the procedure. Patients in Atrial Fibrillation at the time of the procedure may need an electric shock to the heart to restore normal rhythm. This would be done under heavy sedation.

### ***How long does the procedure take?***

It usually takes about three hours although it can be longer.

### ***How do I prepare for the procedure?***

You may be asked to attend a pre admission clinic prior to the procedure. You will have various tests and meet with a nurse practitioner who will talk to you about the procedure and answer any questions.

Before you come into hospital for the procedure it is helpful if you shave your right groin (crease at the top of your leg). You will need to have a bath or a shower.

You will be informed when to stop eating and drinking prior to the procedure.

### ***Will it be successful?***

The procedure is performed regularly in this hospital and is often successful in preventing further Atrial Fibrillation in many patients. It is sometimes necessary to require a second procedure. The remainder of patients may find their irregular heart rhythm is significantly improved on medication. Your doctor will discuss the chances of success with you in detail before the procedure.

### ***What are the benefits of having the procedure?***

Controlling Atrial Fibrillation can reduce your risk of having a stroke.

You may be able to discontinue medication that you are on to control your heart racing.

### ***What are the risks involved?***

As with any procedure there is a small risk of complications.

There is a small risk of collapsing the lung (pneumothorax) as the wires are passed under the left collarbone. If this happens you may require a tube inserting into your chest to reinflate the lung.

There is a small risk of bleeding around the heart (cardiac tamponade), during the procedure, which could require treatment.

There is a small risk of clots forming during the procedure, which could lead to a stroke. Drugs to thin the blood are used to help minimise the risk of this happening.

‘Burning’ (ablation) near to the pulmonary veins can cause them to narrow. If this happens you may get shortness of breath or a cough.

Any risks involved with the procedure will be discussed with you in more detail before you sign a consent form.

### ***What alternatives do I have?***

Having no treatment is sometimes an option for many people with AF.

Drugs called anti – arrhythmias and beta-blockers can be very effective at reducing heart rate and irregular heart rhythms.

Cardioversion (electric shock to the chest wall) can be successful in treating AF.

Pacemakers are often recommended for people with slow heart rates and sometimes for fast heart rates or irregular heart rhythms.

Your doctor would be happy to discuss any alternative treatments if they are applicable to you.

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

Following the procedure you will be taken back to the ward. You will need to rest on the bed for a few hours with your leg flat.

You will be able to eat and drink unless you require further tests.

The nurse looking after you will check your pulse, blood pressure and observe the puncture site at regular intervals.

### ***When can I resume normal activities?***

You may be able to go home the day after the procedure. You will not be able to drive for 2 days. If you have a large goods licence you will not be able to drive for six weeks. You will need to take blood thinning drugs (heparin and / or warfarin) for a period after the procedure. You may resume normal activities the following day although you must not lift heavy objects for 1 week. You should take about 1 week off work. This advice will be discussed with you before you go home and you will be given an advice sheet.

## For further information visit:

www.lhch.nhs.uk

www.nhsdirect.nhs.uk

www.bhf.org.uk

## Or contact:

The British Heart Foundation Heart Information Line on 0845 070 8070.

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

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