Cardiac Ablation

Cardiac means related to the heart. Ablation means destruction. Cardiac ablation is a procedure to disable a small amount of heart tissue in very specific places. The heart has many electrical connections. Sometimes these connections can become abnormal and can cause the heart to beat very fast or irregularly. By disabling some of the problem areas, the heart rhythm can be improved or made normal. Ablation is done for people who:

- Have Wolf-Parkinson-White syndrome.
- Have other fast heart rhythms known as *tachycardia.*
- Have tried medications for an abnormal heart rhythm that resulted in:
  - No success.
  - Side effects.
- May have a high risk heart beat (*arrhythmia*) that could result in death.

BEFORE THE PROCEDURE

- Let your caregiver know if:
  - You have an allergy to X-ray dye or seafood.
  - If you have kidney failure.
  - If you have had a kidney transplant.
- Follow your caregiver's instructions regarding eating and drinking before the procedure.
- Take your medications as directed at regular times with water unless instructed otherwise. If you are on insulin, ask how you are to take it and if there are special instructions. It is common to adjust insulin dosing the day of the ablation.

DURING THE PROCEDURE

- An ablation is usually performed in a catheterization laboratory with the guidance of fluoroscopy. Fluoroscopy is a type of X-ray that helps your caregiver see images of your heart during the procedure.
- An IV will be started before the procedure begins. You will be given a sedative to help you relax.
- An ablation is a minimally invasive procedure. This means a small cut (*incision*) is made in either your neck or groin. Your caregiver will decide where to make the incision based on your medical history and physical exam.
- The skin on your neck or groin will be numbed. A needle will be inserted into a large vein in your neck or groin and a thin, flexible tube called a *catheter* will be threaded to your heart.
  - A special dye that shows up on fluoroscopy pictures may be injected through the catheter. The dye helps your caregiver see the area of the heart that needs treatment.
  - The catheter has electrodes on the tip. When the area of heart tissue that is causing the abnormal heart rhythm is found, the catheter tip will send an electrical current to the area and "scar" the tissue.
- Three types of energy can be used to ablate the heart tissue:
  - Heat (*radiofrequency energy*).
  - Laser energy.
  - Extreme cold (*cryoablation*).
- When the area of the heart has been ablated, the catheter will be taken out. Pressure will be held on the insertion site. This will help the insertion site clot and keep it from bleeding. A bandage will be placed on the insertion site.
- An ablation procedure can take 1 to 6 hours to complete.

AFTER THE PROCEDURE

- After the procedure, you will be taken to a recovery area where your vital signs (blood pressure, heart rate and breathing) will be monitored. The insertion site will also be monitored for bleeding.
- You will need to lie still for 4 to 6 hours. This is to ensure you do not bleed from the catheter insertion site.
- If your blood pressure and heart rate are stable and no bleeding occurs at the insertion site, you may go

home the same day as your procedure.

- If complications occur or your caregiver feels you should be watched, you may need to stay in the hospital overnight.

LET YOUR CAREGIVER KNOW ABOUT:

- All previous heart procedures, such as:
  - Surgeries.
  - Tests.
  - Heart conditions.
- Allergies or previous reactions to:
  - Food.
  - Medicine.
  - Tape.

RISKS & COMPLICATIONS

- Depending on how long it takes to do the ablation, the dose of radiation can be high. This can increase the risk of cancer.
- Bruising and bleeding where the catheter was inserted.
- Bleeding into the chest, especially into the sack that surrounds the heart, is a serious complication that sometimes occurs.
- A permanent pacemaker may be needed if the normal electrical system is damaged.
- The procedure may not be fully effective, and this may not be recognized for months. Repeat ablations are sometimes required.

HOME CARE INSTRUCTIONS

- The day following the procedure, the bandage can be removed. If the insertion site oozes a small amount of blood, such as a few teaspoons (15 ml), place a clean bandage over the insertion site.
- Ask your caregiver when you may shower.
- Do not submerge the insertion site in water. This means do not sit in a bathtub, hot tub or swimming pool for 5 days or as instructed by your caregiver.

SEEK MEDICAL CARE IF:

- There is swelling larger than a walnut or half a lemon at the insertion site.
- You develop an oral temperature of more than 100.5° F (38.1° C).
- The insertion site:
  - Becomes red and swollen.
  - Is Painful.
  - Has drainage that is tan, yellow or green in color.

SEEK IMMEDIATE MEDICAL CARE IF:

- Bleeding from the insertion site does not stop. Hold pressure to this area. Call your local emergency service (911 in the US) **immediately!**
- If your insertion site was in your groin, and the leg that has the insertion site becomes:
  - Blue.
  - Pale and/or cold.
  - Numb.
- You develop chest pain that is crushing or pressure-like.
- You have difficulty breathing or shortness of breath.
- You develop an oral temperature of more than 101º F (38.3º C).

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 05/06/2010 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.