



AF Association
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Preparing for an ablation for atrial fibrillation (AF)

This information sheet has been written by patients, for patients, to help them prepare for a catheter ablation. It is intended to provide general, non-medical information that will help the patient understand what is likely to happen during and after the procedure so that they can be prepared for the time they will be in hospital. Of course, it should be used in conjunction with any information provided by the hospital and Atrial Fibrillation Association.

How does AF ablation work?

Almost 20 years ago doctors worked out that many people's AF is triggered by electrical signals in the heart. These originate from the left atrium (one of the upper chambers in the heart). Ablation works by creating scar tissue on the inside surface of this chamber which blocks the rogue impulses that cause AF. The scars can be formed by either burning or freezing tissue, using a catheter (flexible wires), which normally enters the body in the groin and then passes through veins before entering the heart.

The procedure can be performed either under general anaesthetic, or under sedation and the time it takes may vary depending upon several factors including the technique used, how long the AF has been present, and other individual patient characteristics.

A short time before the procedure it is normal for the patient to attend a pre-operative assessment to ensure that they are prepared and understand the medical aspects of the procedure. It is advisable if possible, to take someone with you as it may help you to remember the information provided and for them to take notes. Also take along a recent prescription of current medications. You will be asked about your medical and surgical history as well as any allergies you may have and medications you take. An ECG and blood tests may be done. You may

be given a fact sheet about the procedure to take home with you. It is important to make a note of any adjustments to medication you must make before the procedure takes place. If you are taking anticoagulants, please ask the medical staff if you should continue taking your medication, or whether it should temporarily be paused until after the procedure.

Preparation

Obviously, situations will differ between hospitals but generally you will be asked to attend in good time to prepare for the procedure. Do not worry if you are in sinus rhythm as the Electrophysiologist can induce AF as and when required. You should also be prepared to shave your groin(s) in preparation for inserting the catheter(s).

The pre-operative assessment will have informed you of their 'nil-by-mouth' policy (what you can eat and drink and when) and what medications to take and/or omit that day.

Try to take as little "luggage" as possible but there are some items that you may find helpful and they will be covered later. For patients opting for sedation, once preparations on the ward are complete, you will be taken to the Catheter Laboratory where you will meet the team performing the procedure.

For some, all the equipment can be quite intimidating but the team will make sure you are comfortable before the procedure begins. Again, experiences vary but generally any pain or discomfort is minimal but should you begin to feel uncomfortable, you should tell the Consultant and he will adjust the sedation accordingly. Patients opting for general anaesthetic will, of course, be unaware of anything until they regain consciousness in the recovery ward.



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Back in the ward

Once the procedure is completed and you are returned from the recovery room to your ward you will be asked to lie still and flat for several hours. This is to prevent any strain on the groin so that the healing process can begin as soon as possible. Your groin area will be monitored closely, as will your blood pressure and general condition. Normally, water will be provided but you might find it useful to take sports style bottles so that you can drink with minimum movement.

Restricting movement for several hours can be challenging so consider taking a tablet computer or books/magazines but also take earphones so that you do not disturb other patients who may wish to sleep. Some people suggest taking lip balm to keep your lips moist and also disposable underwear as bedpans may be used during this period. A charger for your phone is also useful, as well as money for the hospital television and radio service.

Once the nursing staff are happy with the condition of the groin wound you will be asked to gently walk in the ward and also be encouraged to test your bowel and bladder movements.

Normal hospital meals are provided and it is quite normal for some people to be discharged the same day and some to have at least one overnight stay in the hospital. You may want to take some snacks in with you as well.

Discharge

All being well, it is normal to be discharged later the same day or the following morning. You will be provided with details of any changes to your medication and information about protecting the wound in your groin. Make sure you have contact details for the Arrhythmia Nurse or anybody else that can give you medical advice, should you require it.

Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional. If you would like further information or would like to provide feedback, please contact AF Association.

When leaving the hospital, it is very important that you are escorted by a family member or a friend. You must not carry anything or use many flights of stairs as this could cause damage to the groin. If possible, avoid using public transport as it will be more difficult to deal with any issues should you feel unwell. It is much better, if possible, to go home in a car.

Back at Home

Of course you will be relieved when it is all over and you are in the safety of your own home but it is very important that you do not do anything strenuous for the first week and not much more for the second. It is therefore useful to arrange to have the freezer topped up and plenty of bread and milk available. If you live on your own try to arrange some help for the first week at least, but do not be tempted to do too much, even if you feel well and able, as it can put a strain on both your groin and heart. It is easy to overlook the trauma your heart has experienced. If your groin is bruised consider how your heart must feel! Additionally, organising adequate childcare if appropriate is also important.

The DVLA forbid driving a car for a minimum of 48 hours. But many hospital teams will advise people not to drive for up to a week. This is mainly to minimise problems with the puncture sites in the leg(s). If you drive a bus or lorry or other large vehicle then you should check with the arrhythmia nurse/ablation team about when you can drive those again. Remember it can take up to three months or even longer for the heart to properly heal. During this time you may experience runs of AF, ectopic beats (missed heartbeats) and a heart rate faster than before. It will be helpful if you record such events so that they can be discussed at your review appointments.

To view our patient resources, scan the QR code below:



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