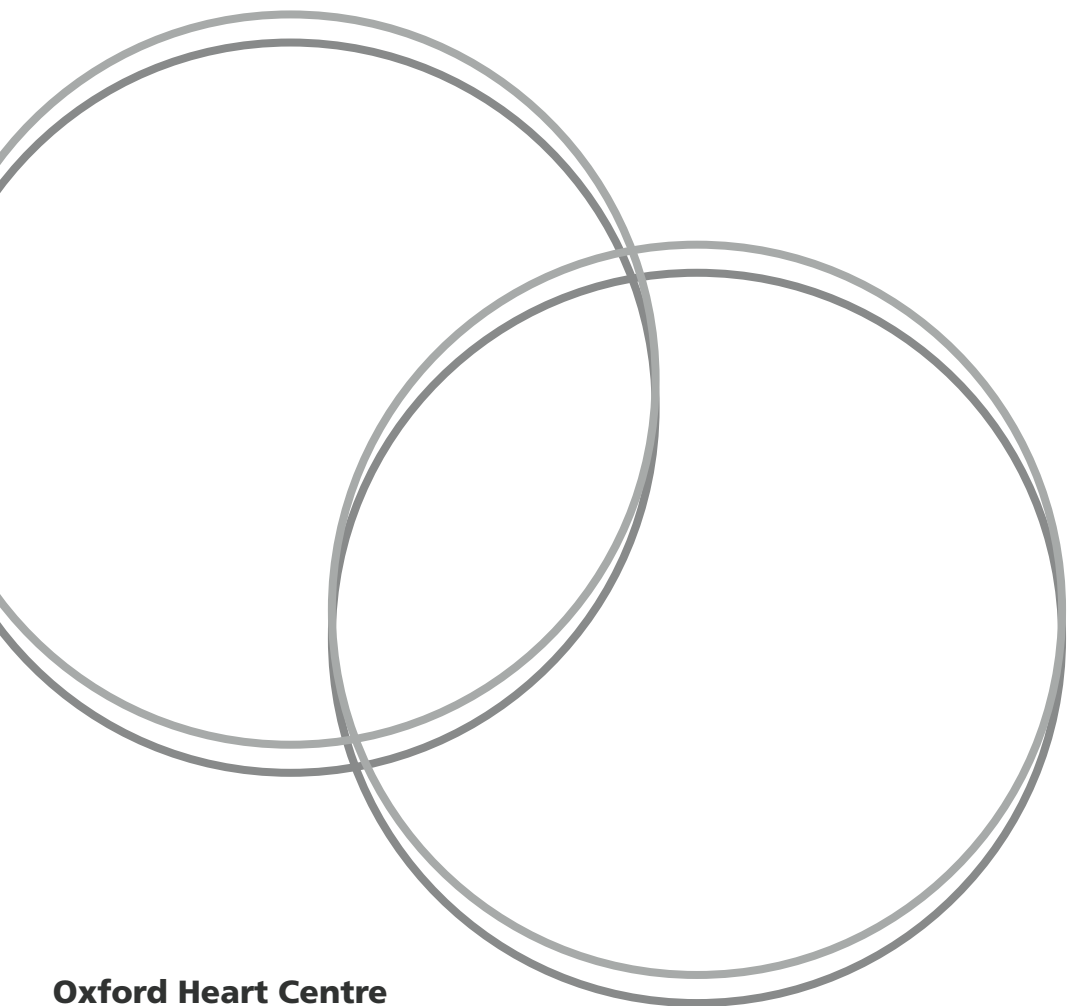


Atrioventricular (AV) nodal catheter ablation

Information for patients



Your clinician has recommended that you have a procedure known as catheter ablation. This involves the creation of precise, controlled lesions inside your heart in order to alter the normal electrical wiring.

In your case your rapid heartbeats arise from the upper chambers (atria) in the heart. The electrical link between the upper chambers and the bottom chambers (ventricles) in the heart is known as the 'atrioventricular node' or AV node. AV node ablation involves destroying the AV node with heat (radio frequency energy) to prevent the rapid impulses being transmitted to the ventricles. In order to have an AV node ablation, you will need to have a pacemaker implanted to take over the heart rhythm completely, unless you have one already. Pacemakers are very reliable and are extensively tested. Rarely, we may receive notifications from the manufacturers of the pacemaker to indicate that there can be an issue with a batch of pacemakers and in this situation it is possible that we may need to do a procedure to replace the pacemaker itself.

We advise you to read the '*Implantation of a pacemaker*' leaflet in addition to this one.

What happens during the ablation procedure?

The technique involves inserting several small, flexible wires (catheters) into the top of your leg. The doctor inserting the wires will be able to see where they are going by using X-rays taken during the procedure. Many cases are performed under sedation (drugs to make you feel sleepy) although some may require general anaesthetic.

Although moving the catheter is usually painless, you may feel some slight discomfort when the actual ablation treatment is carried out. If this happens we can give you more pain relief medication into the vein in your arm through the cannula.

This procedure takes place in the Cardiac Angiography Suite. The length of time it will take varies from person to person but is usually about an hour.

Benefits

The main benefit from having an AV nodal catheter ablation is to improve the symptoms of palpitations. It is also often undertaken in patients with a cardiac synchronisation therapy (CRT) device, to improve its functioning. However, to maintain a normal heart rhythm, you will also need to have a pacemaker, which may either already be in place, or need to be implanted straight after the ablation procedure. Having AV node ablation will mean that you are dependent upon the pacemaker for the rest of your life in order to keep your heart beating at a normal speed.

Risks

There are several potential complications associated with catheter ablation:

- 1 in 100 (1%) risk of having a problem with the blood vessels at the top of the leg, such as severe bleeding that may require prolongation of your hospital stay and /or an injection or surgery.
- There is a 1 in 100 (1%) risk of the blood vessels or lining of the heart being damaged, resulting in a collection of fluid around the heart. This is called a pericardial effusion. The severity of this may vary from mild, requiring no treatment, to more serious, which will require the insertion of a temporary drain to relieve the fluid collection.
- There is a small risk that the procedure could result in a serious complication or death. The risk of this happening is around 1 in 2000.
- The procedure involves ionising radiation (X-rays) to produce images of your heart. A specialist has agreed that the benefit of the procedure outweighs the risk from radiation. For patients aged 12 to 55 inclusive, please make a member of staff aware if there is any possibility that you might be pregnant.

It is always a personal decision for you to weigh up the risks and benefits of having a procedure. However, following discussions with you, we have recommended a catheter ablation as it was felt that overall, the benefits of the procedure outweigh the risks.

The figures quoted in this document are average figures for all cases. Your clinician will discuss with you any other specific risks related to your health before the procedure.

Alternatives

Your cardiac specialist has recommended that this is the most appropriate treatment for your condition. If you wish to discuss alternatives or have any other questions or concerns, please talk to the cardiac specialist before you sign the consent form.

After the catheter ablation

- Once fully awake, you can eat and drink.
- You will be able to go home late that afternoon or the following morning. You will need to be accompanied home by a responsible relative or friend.
- It is not unusual to be aware of some extra or missed heart beats for several weeks after the ablation. This is quite normal and nothing to worry about. However, if you do experience any episodes of the fast heart rhythm problem that you had before the procedure, you should report this to your General Practitioner. Please also let the Arrhythmia Nurses know.
- Please be aware that the DVLA has regulations that determine how long after these procedures you cannot drive for. This depends on several factors, so you should ask your doctor about this before you are discharged. When you return to driving you must be able to comfortably perform an emergency stop.
- Please check the DVLA website for more information.
- Your pacemaker will need to be adjusted one month after your procedure, then again at two months and again at three months. You may be seen in the arrhythmia clinic a few months after the ablation.

How to contact us

Cardiac Angiography Suite Day Case Unit

Telephone: **01865 572 616**
(Monday to Friday, 7.30am to 9pm)

Cardiology Ward

Telephone: **01865 572 676**
(24 hours)

Arrhythmia Nurses

Telephone: **01865 228 994**
(Monday to Friday, 8am to 6pm)

Further information

Atrial Fibrillation Association

Specific information about atrial fibrillation.
Website: www.atrialfibrillationassociation.org.uk

Arrhythmia Alliance

Website: www.heartrhythmcharity.org.uk
Telephone: **01789 867 501**

Please note:

The department where your procedure will take place regularly has professional observers. These may include healthcare professionals, (qualified or in training) professionals involved in research, and on occasions, specialist company representatives.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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