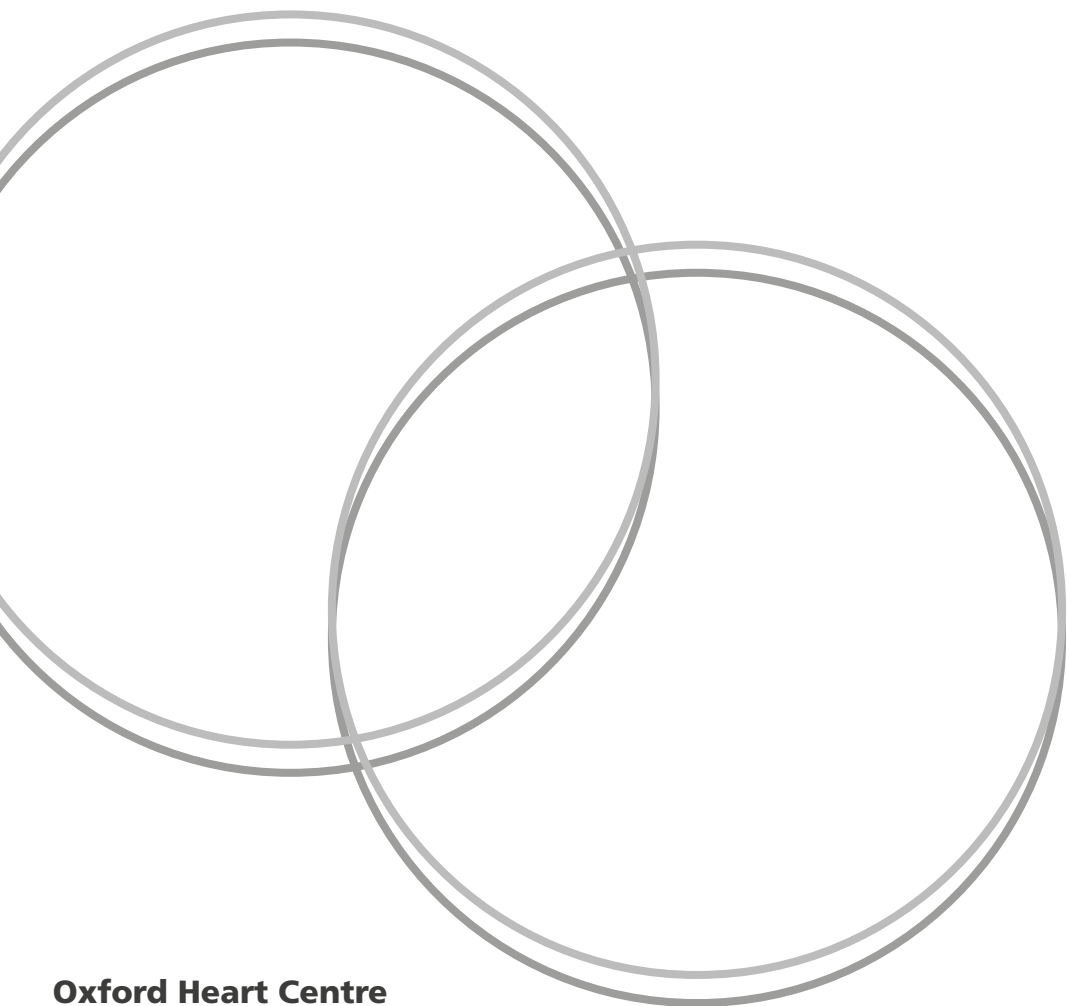




Oxford University Hospitals
NHS Foundation Trust

Catheter ablation for typical right atrial flutter

Information for patients



Oxford Heart Centre

Your clinician has offered a procedure known as catheter ablation. This is used to treat typical right atrial flutter. This involves the creation of precise, controlled radiofrequency energy burns inside your heart to alter the electrical pathways or circuits, which can be the cause of atrial flutter.

What happens during the ablation procedure?

The technique involves inserting several small, flexible wires (catheters) into your heart from the blood vessels at 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. You will be given sedation during the procedure (drugs to make you feel sleepy) through a small tube (cannula) inserted into a vein in your arm. Many people find that they fall asleep.

Although moving the catheters 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.

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 2 hours.

Benefits

In most cases (90%) the benefit of catheter ablation is that the atrial flutter is cured. This means that you may not need to take heart rhythm medication for this condition after the ablation, and you should not have any more atrial flutter.

If flutter is your only rhythm problem, successful ablation may allow you to eventually stop anticoagulation after a few months. If you have also had atrial fibrillation and need protection against stroke, anticoagulation will need to be continued indefinitely.

Often atrial flutter and atrial fibrillation co-exist, and the risk of developing atrial fibrillation is higher in those individuals who have successful atrial flutter ablation. Even if not seen yet, there remains a future risk of developing atrial fibrillation.

Risks

The procedure is established and considered safe, but as with any invasive procedure, there are risks associated with catheter ablation.

- We expect to cure 90% (90 in 100) of people after the first procedure. For various reasons, approximately 10% of people require another procedure to get a successful result.
- 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 the radiation. For patients aged 12 to 55 inclusive, please make a member of staff aware if there is any possibility of pregnancy.
- Bruising at the top of the leg is common but nothing to be concerned about.
- 1% (1 in 100) of people have severe bleeding or bruising that may require an injection or surgery to seal the hole in the blood vessel at the top of the leg.
- In rare cases (1 in 500 or 0.2%), the blood vessels or lining of the heart may be 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.
- Rarely, the normal electrical wiring in the heart can be damaged during the ablation, or sometimes restoring the normal rhythm can unmask an underlying problem with the electrics of your heart. If this happens, you may require insertion of a pacemaker. The chances of this happening are around 0.5% (1 in 200).

- The risk of coronary artery damage is 1 in 500 or 0.2%.
- The risk of having a stroke related to the procedure is 1 in 2000 or 0.05%.
- Very rarely the procedure could result in death. The risk of this happening is around 0.05% (1 in every 2000 patients).
- 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 offered you catheter ablation as it was felt that overall, the benefits of the procedure outweighed the risks.

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

Alternative

Your clinicians have suggested 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 clinician before you sign the consent form.

What happens 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 adult.
- 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 rules state that you **cannot drive for 48 hours** after an ablation (**2 weeks for HGV drivers**). We recommend that you take a bit longer off driving as you may find driving uncomfortable. When you return to driving you must be able to comfortably perform an emergency stop. Please check the DVLA website for more information.
- You will be seen in the outpatient clinic or receive a telephone follow up roughly 4 months after your ablation, although this time will vary depending on demand.

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
(voicemail Monday to Friday, 8am to 6pm)

Further information

Arrhythmia Alliance

Information and support for people with arrhythmias.

Telephone: 01789 867 501

Website: www.heartrhythmalliance.org/aa/uk

Please note:

The department where your procedure will take place regularly has professional observers. These may include health care professionals (qualified or in training), professionals involved in research, and on occasions, specialist company representatives. If you do not wish observers to be present during your procedure, please tell a doctor or nurse.

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
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