Atrial Flutter Ablation

Vancouver General Hospital
Atrial Fibrillation Clinic
899 West 12th Avenue
Vancouver BC V5Z 1M9
Tel: 604-875-4111
Your doctor has offered you an ablation procedure for the treatment of atrial flutter. Atrial Flutter is a rapid, regular arrhythmia (abnormal heart rhythm). It occurs in the top right chamber of your heart (the right atrium).
What is the procedure and how might it help you?

Atrial flutter ablation is a non-surgical procedure that is done to correct atrial flutter. A special catheter is advanced to the heart from a vein in the groin. The catheter tip is then used to destroy tissue that is conducting the abnormal electrical signals in the heart. Once this tissue is destroyed, the abnormal electrical signals are blocked, and the heart’s natural rhythm will be restored.

The procedure is performed under conscious sedation. You are given sedation that will make you feel sleepy and prevent you from feeling any pain during the procedure.

If you experience symptoms of racing heart, chest discomfort, dizziness or fatigue from atrial flutter there is a very good chance that atrial flutter ablation will relieve these symptoms. The success rate for atrial flutter ablation alone is >95%. Some patients have atrial fibrillation as well and may require treatment of this problem to further reduce their symptoms.

What are the risks of the procedure?

Ablation is a safe procedure and is done routinely. Overall there is a 3% risk for complications, which include:

- Bruising or bleeding at the site of puncture in the groin
- Puncture through the heart wall causing fluid around the heart (tamponade)
- Infection
- Need for Pacemaker

Commonly experienced symptoms after ablation:

- Your leg may be tender for about 4-5 days.
- You may develop a small bruise or bleeding at the groin where the catheter was inserted.
- You may have some chest discomfort for a few days when you breathe or lay down. This is from irritation in the sac that surrounds your heart. It usually improves with “over the counter” pain medication such as acetaminophen (Tylenol™).

As with any procedure, there are a number of uncommon complications that may occur. Your physician will go over this in detail with you and will be able to answer any of your questions or concerns. We make every effort to reduce the risk of complications and we strive to use state of the art techniques to help prevent them.
Getting ready for your atrial flutter ablation procedure

**Location:** Vancouver General Hospital, Heart Services #7 (located on the Ground Floor) Jim Pattison South Pavilion, 899 West 12th Avenue, Vancouver, B.C.

**Length of procedure:** approximately 2 hours (varies for each patient)

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

The procedure is done in the hospital with conscious sedation. You usually go home the same day.

**Before the procedure:**

- You may be instructed to make changes to your blood thinner medication(s) for this procedure. You will receive these instructions around the time your procedure is booked.
- Do not eat or drink anything after midnight and the morning of the procedure.
- You can take your regular medications as you normally would with a sip of water in the morning of the procedure unless directed otherwise.
- Bring a list of all your medications with you.
- Have a shower/bath the morning of or night before your procedure. Do not apply any lotions or creams to your chest or back as these may interfere with placement of the monitoring equipment.
- You are not allowed to drive yourself home after receiving sedation/anaesthesia. Therefore, you need to arrange a ride home that day.
- For the remainder of the day, you should not operate a car, heavy machinery or make any important decisions, because you will remain impaired.
- If, possible, leave all jewellery or valuables at home or with a family member.

**What happens before and during the procedure?**

**On the day of the procedure:**

- You will be given a hospital gown to change into and asked to remove all other clothing and jewellery.
- Blood samples will be drawn and an electrocardiogram (ECG) may be done (heart tracing).
- A pregnancy test will be given to female patients.
- Your doctor will ask you to give written consent for the procedure.
- Electrode pads to monitor your heart will be put on your chest. (Nursing staff will decide if they need to shave the areas.)
- The skin on your right groin (upper thigh) will be shaved and cleaned with antiseptic solution.
- An intravenous (IV) line will be placed in your arm vein so the anaesthetist can give you medication during the procedure.
- You will be given oxygen through a mask or a plastic tube in your nose.
- The skin on your right groin (upper thigh) will be shaved and cleaned with antiseptic solution.
- You will be covered with a sterile drape from your neck down to your feet.
- Your doctor will freeze the skin in the groin area then insert small catheters (tubes) into the vein at the top of your right groin. These catheters allow your doctor to pass special wires into your heart to test, locate, and treat your atrial flutter.
- Once this is done, your doctor will remove all the catheters from your heart and groin then apply pressure to stop any bleeding.
What happens after the procedure?

In the hospital:
- Your heart rate and blood pressure will be monitored and your groin site will be observed for 2 hours.
- You will be asked to lie flat and keep your legs straight to prevent bleeding at your right groin.
- You will be given a small dose of blood thinner injected just under your skin.

When you go home:
- Continue to take your heart medications including the blood thinner as prescribed.
- If you are a patient of the Atrial Fibrillation (AF) clinic:
  - You can contact the AF clinic during office hours, regarding a follow-up appointment or if you have any questions or concerns call: 604-875-5264.
  - The nurse from the AF clinic will call you 3-7 days after your procedure and will arrange a follow-up appointment for you.
  - If you do not attend the AF clinic, call your regular cardiologist to arrange a follow-up appointment approximately one month after your procedure.
- You may remove the bandage from your groin in 2 days.
- If bleeding occurs at the puncture sites
  - Lie on your back.
  - Put pressure directly on the site with your fingers using a clean dressing or towel for at least 10 minutes until the bleeding stops.
- If the bleeding is heavy or persists, keep pressure on the site and go to the nearest emergency department.
- It is normal to have a bruise at the puncture sites. The skin may become purple or yellow and maybe tender. If the thigh or groin swells, becomes painful, or hot to touch, please contact the nurse at the AF clinic. If out of clinic hours, go to the nearest emergency department.
- Call your family doctor if you notice redness, swelling at the puncture site.
- You can take a shower the day following your ablation. Avoid taking a bath for 3 days upon your return home.
- Many patients experience chest pain for a few days after the procedure. This chest pain is most common while taking a deep breath. You may take some acetaminophen (Tylenol™) if needed. Contact your doctor or call the AF clinic if this does not relieve the pain or if the pain continues more than a few days. You can also have an anti-inflammatory prescribed if acetaminophen does not work.
- Contact the AF clinic if you experience pain with swallowing, fever (higher than 38°C), worsening shortness of breath or chest pain beyond the first few days. If out of hours, go to the nearest emergency department.
You need to get immediate medical help if you experience

• Sudden severe shortness of breath
• Sudden loss of strength in an arm or leg, even temporary
• Trouble speaking or understanding
• Vision problems
• Sudden severe headaches
• Sudden loss of balance

After this procedure, some patients have recurrence or severe worsening of their symptoms for the first month. Over the next few weeks, the palpitations and episodes should gradually decrease. If an episode of palpitations persists for 24 hours or you become unwell or uncomfortable, call the AF clinic or if out of clinic hours, go to the nearest emergency department. An ECG should be taken to confirm the rhythm problem. If it is atrial fibrillation or atrial flutter, it may be necessary to either electrically or medically cardiovert you back into normal rhythm.

Activity Instructions: Do not drive for 48 hours. Increase your walking daily, but avoid strenuous exercise, sexual activity or lifting loads greater than 5 kg (11lb) for 7-10 days after the procedure.

Returning to Work Instructions: This depends on what kind of work you do. In general, patients can return to work in 4-7 days. If your work involves a lot of physical activity or if your symptoms are worsening, you may need a longer period of rest.

If you experienced other arrhythmias prior to the procedure, these may continue after the ablation (with or without symptoms); therefore, you need to continue to take your blood thinners to reduce your risk of stroke.