

What are the risks of this procedure?

This procedure is a safe procedure and done routinely. Complications associated with this procedure is very low.

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 upper leg site. This usually improves with some direct pressure over the area.
- You may have some chest discomfort for a few days when you breathe or lay down. This is from irritation in the sac which surrounds your heart. It usually improves with “over the counter” pain medication such as acetaminophen (Tylenol™) if required. Contact your doctor or call the clinic if this does not relieve the pain or if it continues beyond a few days.

Like any interventional procedure there are a number of uncommon complications that may occur as a result of this procedure. 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 your risk of these complications and continue to be aware of state of the art improvements to reduce your risk.

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Electrophysiology Study and Ablation for SVT

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Your doctor has offered you an electrophysiology study and possibly ablation to diagnose and treat your heart racing problem.

Supraventricular Tachycardia (SVT) is a common type of heart racing due to an abnormal electrical circuit causing the heart to beat at 150-250 beats per minute. These circuits usually travel between both the normal tissue and the abnormal tissue pathways in your heart.

Most individuals who have these abnormal electrical pathways, have otherwise normal hearts.

Most people have a normal conducting pathway (AV node) that connects the upper and lower chambers of the heart. The most common types of abnormal electrical pathways are:

- Wolff-Parkinson-White (WPW) Syndrome – an extra “wire” or pathway joining the upper (atria) and lower (ventricle) chambers of the heart. WPW pathways can be found on either the right or left side of the heart.
- AV Node Re-entry (AVNRT) – An extra pathway may exist in close proximity to the normal conduction pathway (AV node). An electrical circuit may develop between the normal pathway and the extra pathway.

The heart produces electrical signals that cause the heart to beat. The sum of these signals throughout the heart can be recorded to form an ECG. To see the electricity at specific locations in the heart, the doctor needs to place catheters (small, flexible wire with metal tips) into the heart. This is done through a vein at the top of the right leg and left shoulder (usually 2-4 catheters). The doctor will first perform tests using these catheters to see if you have an abnormality. If an abnormality is found, the doctor will determine whether the area is safe to start therapy or ablation. Ablation is the use of radio waves (radiofrequency) to produce heat to burn the area causing

the abnormal rhythm. The burning scars the heart tissue and destroys the ability for the electrical signal to travel through the heart; thereby, curing the arrhythmia.

The procedure has a very high success rate (approximately 95%) with a low risk of complications. Medication which were prescribed to control your heart racing can be discontinued (discuss this with your doctor because some of your medications may have been serving dual purposes). The success rate of the procedure depends on several factors.

- Just because one electrical pathway has been eliminated does not mean a new pathway cannot develop in the future.
- Occasionally the scarred area recovers and a second procedure is needed to create a permanent scar.
- Occasionally the problem areas are very close to the normal conduction system and the risk of needing a pacemaker implanted after an ablation increases.
- In the situations listed above:
 - The patient may rather not accept the slightly elevated risk and live with the heart racing and/or medications.
 - Or the physician will attempt a more conservative (less scarring) approach, which may increase the need for a second procedure to eliminate the arrhythmia in the future.