Cardiac Services BC
An agency of the Provincial Health Services Authority

Ablation for Atrial Flutter

What is an 'ablation'

Ablation (sounds like ah-blay-shun) is a medical procedure used to correct certain heart rhythm problems, such as atrial flutter. It restores the normal regular rhythm of the heart by scarring the tissue in the heart that triggers the abnormal rhythm. This allows the heart to return to normal regular rhythm.

What's inside?

Why is it done?

In atrial flutter, the electrical signals in your upper chambers of your heart (atria) are very fast but usually regular. This causes the atrial muscles to beat too fast (we call this fluttering). When the atria flutter, the atrial muscles have little time to squeeze and relax. This means they cannot pump blood through the heart as well as they should.

A fluttering, fast heart beat can cause you to feel a thumping in the chest (palpitations), a racing heart, short of breath, dizzy, extremely tired all the time, and even chest pressure or pain.

In treating atrial flutter, the goal is to:

- Prevent or control the abnormal heart rhythm
- Reduce your symptoms
- Reduce the number and amount of medication you take
- Improve your quality of life

Ablation is usually offered to people with atrial flutter who do not respond to medications or who continue to have troublesome symptoms even with medication. Some patients will undergo an atrial flutter ablation instead of taking medications because atrial flutter is curable and the procedure is relatively low risk. In general, more than 90% of patients with atrial flutter will be cured of their arrhythmia after an ablation procedure.

How is it done?

A heart doctor (cardiologist) who specialized in the heart's electrical system and timing (a cardiac electrophysiologist) does the procedure in a special room in the hospital called the Electrophysiology Lab. It does not involve surgery.

The procedure can take 2 to 4 hours. The ablation procedure is usually performed while you are awake, however you are given medicines to make sure that you are comfortable during the procedure.

You usually go home the same day.

To do the ablation, a long, thin, flexible tube (called a catheter) is inserted into a vein, usually in your groin. The catheter is guided up into your heart using x-ray. The catheter is used to locate the abnormal heart tissue in your upper right heart chamber responsible for your atrial flutter.

Once located, a special catheter is aimed at the abnormal heart tissue and energy is directed at the tissue to disrupt or destroy it. The tissue becomes scarred and can no longer create abnormal electrical signals causing the abnormal heart-beats or arrhythmia.

Are there any risks?

Ablation is a relatively safe procedure and is performed routinely. However, as with any medical procedure, there is a small chance of a complication.

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Although rare, unexpected complications can include:

- Significant bleeding or damage to the blood vessel in the leg where the catheter enters the skin (1%)
- Blood clots causing heart attack or stroke (<1%)
- Puncture through the heart wall resulting in fluid leaking out and building up around the heart (1%)

- Damage to the heart's electrical system which could result in needing a permanent pacemaker implant (<1%)

Less than 5% of patients will have episodes of atrial flutter after an ablation procedure. A small amount of patients may later develop atrial fibrillation (an abnormal heart rhythm similar to atrial flutter but comes from a different area of the heart. This abnormal heart rhythm causes the heart to beat very irregular and very fast).

Your doctor would only recommend you have an atrial flutter ablation if they feel the benefits to your health outweigh these small risks.

The numbers in brackets indicate the chances of this complication happening. For example, 1% means one person will experience a complication for every 100 getting the procedure. The smaller the percent, the rarer the complication.

What can I expect before and after?

Preparation for the procedure:

The doctor performing your ablation will give you a date, time, and location for your procedure.

Also, you will get specific instructions, such as:

- You will need to take your blood thinners as directed by your cardiac electrophysiologist or family doctor.
- You must arrange for someone to pick you up and to stay with you for at least 24 hours after the procedure.
- You cannot drive or travel alone for 24 hours after the procedure. You should also defer any important decisions or signing of legal documents during this time. The after effects of the medicine given to make you comfortable during the procedure can make it hard for you to think clearly and react quickly.
- The electrophysiologist or hospital will give you more detailed instructions.
- If you do not speak or understand English well enough for medical conversations, either bring someone with you to interpret, or have someone call the location for the procedure and arrange for a medical interpreter.

During the procedure:

- An intravenous (or I.V.) is placed in one of your arms so they can give medicine during the procedure. To place the I.V., a small flexible tube is inserted through your skin into a vein in your arm.

- You are attached to heart, blood pressure, and oxygen monitors.
- Your skin is prepared. Certain areas might need to be shaved to allow heart monitor pads to stick to your skin.
- Numbing medicine is injected to 'freeze' the skin where the catheter enters your body (called the insertion site).
- An anesthesiologist gives you medicine so you are comfortable during the procedure.
- Your electrophysiologist inserts the long, thin catheter into a large vein in your groin (sometimes the left shoulder as well). The doctor guides the catheter into the upper right chamber of your heart using an x-ray screen.
- Once the tissues causing the abnormal rhythm are located, energy is used to destroy these abnormal cells.
- Afterwards, the catheters are removed. Pressure is put over the insertion site to control any bleeding. A bandage is placed over the insertion site.

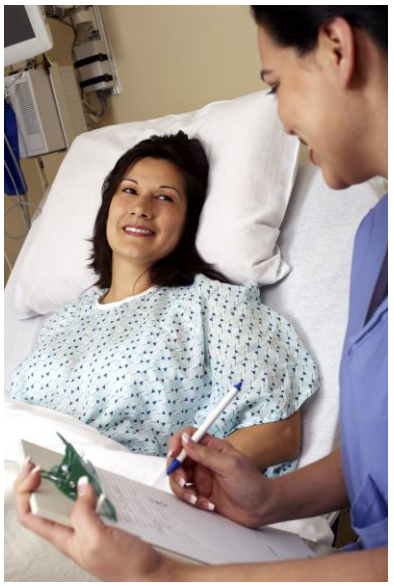
An anesthesiologist (sounds like ah-nas-the-zee-all-oh-jist) is a doctor who looks after people during procedures or surgeries, keeping them relaxed, 'asleep', and free of pain using different medicines.

After the procedure:

You are moved to the recovery area where you are closely monitored for several hours.

During this time:

- You rest in bed.
- You lie flat, keeping your leg straight to prevent bleeding from the insertion site.
- You might feel groggy, sick to your stomach, or have a headache. This can be from the medications given to keep you comfortable during the procedure.
- Once fully awake, you can drink fluids and eat.



Most people go home the same day. Some people stay in the hospital overnight.

Going home

Before you leave the hospital, you get instructions on how to care for yourself at home, what to watch for, and who to follow up with afterwards.

The person staying with you for the first 24 hours should be there to hear the instructions.

Continue to take your heart medications as prescribed. It is important that you do not miss a dose of your blood thinner.

Bruising, soreness, and some swelling around the insertion site is normal and heals with time.

You might notice some mild burning or discomfort in your chest. This is common and goes away in a few days. It can be treated with pain medicine such as regular acetaminophen (Regular Tylenol).

You might notice short episodes of an irregular heart beat for the first few weeks after the procedure. This is from the heart tissue swelling as a natural reaction to injury. It should go away as the heart tissue heals.

Continue to take your heart medications as prescribed. It is important that you do not miss a dose of your blood thinner.

When should I get help?

Call your Atrial Fibrillation Clinic** or the electrophysiologist who did the procedure if you have any of the following:

- An episode of atrial flutter that lasts for 24 hours, or you become unwell or uncomfortable when resting.
- A fever over 38°C (100°F).
- Redness and swelling, and feel warmth around the insertion site (signs of infection).

** After hours, go to the nearest hospital emergency department.

Call 9-1-1 or have someone take you to the nearest emergency department if you have any of the following:

- Any of the above symptoms get significantly worse.
- You feel extremely unwell.
- You are very short of breath, even when sitting still.
- You have really bad chest discomfort or pain.
- You can't stand up because of feeling lightheaded.
- You have fainted.
- You have signs of a stroke, or mini-stroke.

- You notice bright red bleeding and/or severe swelling at the insertion site.

  While waiting for the ambulance, put firm pressure over the insertion site. Hold the pressure, or have someone hold it for you, until the emergency personnel take over.

If you have questions or concerns:

- Call your heart doctor or family doctor.
- Call your Atrial Fibrillation Clinic.
- Call HealthLink BC at 8-1-1 any time of the day or night to speak to a registered nurse.

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