Catheter ablation for ventricular tachycardia (VT) for normal hearts
Information for patients
Your doctor has recommended that you have a procedure known as catheter ablation. This can be used to treat ventricular tachycardia (VT). It involves the creation of precise, controlled lesions inside your heart, to alter the electrical pathways or circuits which may be the cause of your symptoms.

What happens during the ablation procedure?

The technique involves inserting a number of small, flexible tubes (catheters) into your heart from the blood vessels at the top of your leg. The doctor will be able to see where the tubes are going by using X-ray images taken during the procedure. You will be sedated (given drugs to make you feel sleepy) or will have a general anaesthetic, which means you will be asleep throughout the procedure.

You will be given more information about how to prepare for the sedation or general anaesthetic, including fasting (starving) instructions.

Although moving the catheters is usually painless, if you are sedated you may still 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 may be several hours.

If your heartbeat is normal when you come in for your procedure and you are not having any ventricular extra beats (ectopics) or ventricular tachycardia, and we’re unable to induce (bring on) an episode of ventricular tachycardia, we won’t be able to go ahead with the catheter ablation. This is because we won’t be able to find the exact place in your heart which is causing the ventricular tachycardia.
**Benefits**

In most cases (90%) the benefit of catheter ablation is a complete cure. This means that you should not need to take heart rhythm medication for this condition after the ablation.

**Risks**

There are several side effects associated with catheter ablation:

- Bruising at the top of the leg is common but nothing to be concerned about.

- Less than 0.5% of people (1 in 200) have severe bleeding or bruising which requires surgery to close the hole in the blood vessel at the top of the leg.

- We would expect to cure 90% of people (90 in 100) after the first procedure. For various reasons, approximately 10% of people (10 in 100) need another procedure in the future.

- In rare cases (1 in 200 or 0.5%), the 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 small tube called a drain to relieve the fluid collection.

- Very rarely the procedure could result in a serious complication or death. The risk of this happening is around 0.05% (1 in every 2,000 patients).

Your doctor will have recommended that you have a catheter ablation as they feel that the benefits of the procedure outweigh 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.
Alternatives

Your doctors have 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 doctor before you sign the consent form.

What happens after the catheter ablation?

Once you are fully awake, you can eat and drink.

You will be able to go home late that afternoon or the following morning. When you leave hospital you will need to be accompanied home by a responsible relative or friend. You should not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

If you 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 a number of 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.

You will be seen in the outpatients clinic or receive a telephone follow-up approximately 4 months after your ablation.
How to contact us

Cardiac Angiography Suite Day Case Unit
01865 572 616
(Monday-Friday, 7.30am-9.00pm)

Cardiology Ward
01865 572 676
(24 hours)

Arrhythmia Nurses
01865 228 994
(Monday-Friday, 8.00am-5.00pm)
Further information

**Arrhythmia Alliance**
Information and support for people with arrhythmias.
www.heartrhythmcharity.org.uk
Tel: 01789 867 501

**Please note:**
The department where your procedure will take place regularly has professional observers. The majority of these observers are health care professionals, qualified or in training, and on occasions, specialist company representatives. If you do not wish observers to be present during your procedure please tell a doctor or nurse.
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**