

## Oxford Heart Centre

## Atrioventricular (AV) nodal catheter ablation

Your doctor has recommended that you have a procedure known as catheter ablation. This involves the creation of precise, controlled lesions inside your heart in order to alter the normal electrical circuit.

In your case your symptoms of palpitation arise from the upper chambers (atria) in the heart. The electrical link between the upper chambers and the bottom chambers (ventricles) in the heart is known as the 'atrioventricular node' or AV node. AV node ablation involves destroying the AV node with heat (radio frequency ablation) in order to prevent the abnormal impulses being transmitted to the ventricles. Once the AV node is destroyed, you will need to have a pacemaker implanted to take over the heart rhythm completely, unless you have one already.

**We advise you to read the 'Implantation of a pacemaker' leaflet in addition to this one.**

## What happens during the ablation procedure?

The technique involves inserting a small, flexible tube (catheter) into your heart from the blood vessel at the top of your leg. The doctor inserting the tube will be able to see where it is going by using X-ray images taken during the procedure. You will be sedated during the procedure (given drugs to make you feel sleepy). The sedation will be given through a small tube into a vein in your arm (cannula). Many people find that they fall asleep.

Although moving the catheter 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 an hour.

## Benefits

The main benefit from having an AV nodal catheter ablation is to improve the symptoms of palpitations. However, to maintain a normal heart rhythm, you will also need to have a pacemaker, which may either already be in place, or need to be implanted straight after the ablation procedure.

## 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.
- 1% (1 in 100) of people have severe bleeding or bruising that requires surgery to close the hole in the blood vessel at the top of the leg.
- 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 drain to relieve the fluid collection.
- Very rarely the procedure could result in death. The risk of this happening is around 0.05% (1 in every 2000 patients).

Your cardiologist 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 cardiologist has 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 cardiologist before you sign the consent form.

## 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 relative or friend.
- 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 2 days after ablation (6 weeks for HGV drivers). We recommend that you do not drive for one week after the ablation procedure 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.
- Your pacemaker will need to be adjusted one month after your procedure, then again at two months and again at three months.

## How to contact us

Cardiac Angiography Suite Day Case Unit	01865 572 616 (Monday-Friday, 7.30am-9pm)
Cardiology Ward	01865 572 676 (24 hours)
Arrhythmia Nurses	01865 228 994 (Monday-Friday, 8am-5pm)

## Further information

### **Atrial Fibrillation Association**

[www.atrialfibrillationassociation.org.uk](http://www.atrialfibrillationassociation.org.uk)

Specific information about atrial fibrillation.

### **Arrhythmia Alliance**

[www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk)

Tel: 01789 867 501

PO Box 3697, Stratford-Upon-Avon, Warwickshire, CV37 8YL

Information and support for people with arrhythmias.

### **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 **PALSJR@ouh.nhs.uk**

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

