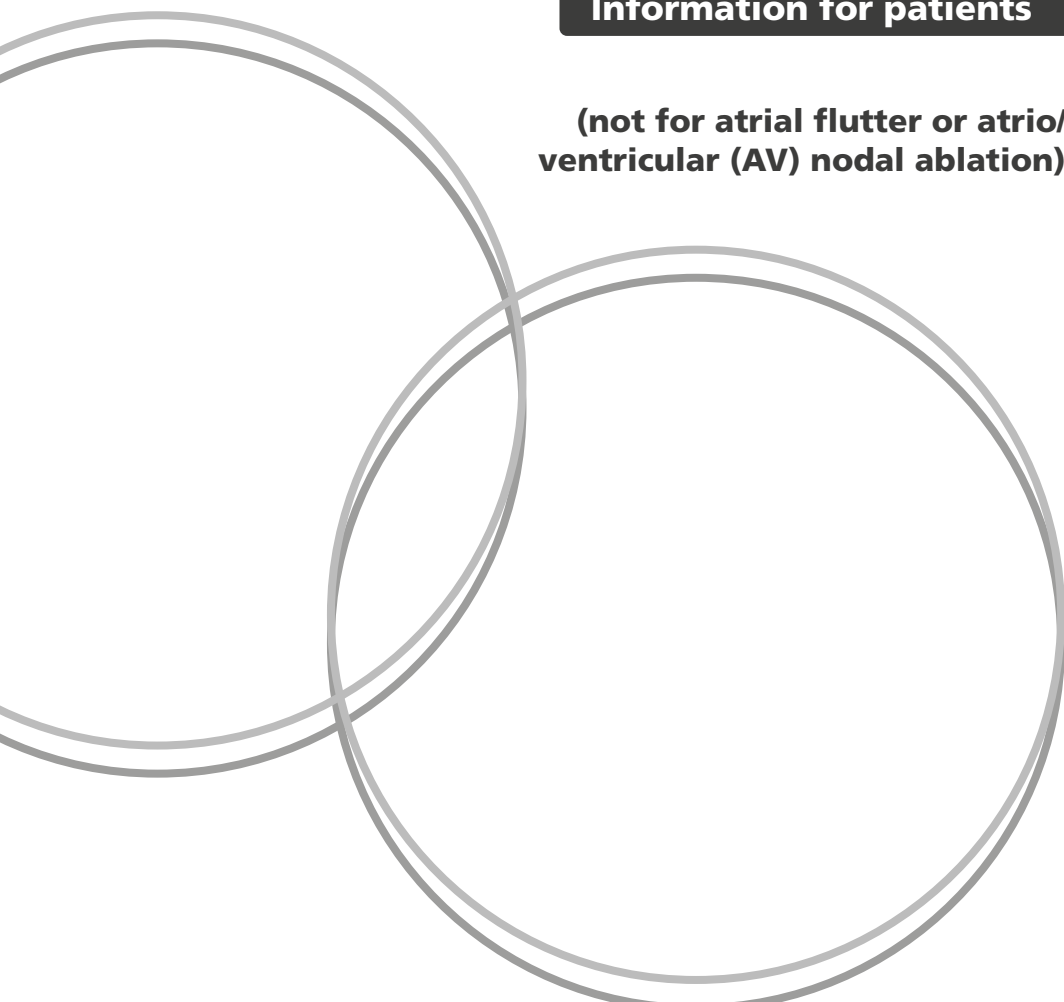


Catheter Ablation for Supraventricular Tachycardia (SVT)

Information for patients

**(not for atrial flutter or atrio/
ventricular (AV) nodal ablation)**



Your clinician has offered a procedure known as catheter ablation. This is used to treat supraventricular tachycardia (SVT). This involves the creation of precise, controlled radiofrequency energy burns inside your heart to alter the electrical pathways or circuits which are the cause of your abnormal fast heart rhythm.

What happens during the ablation procedure?

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

Although moving the catheters 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 2 hours.

Benefits

In most cases (95%) 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, and you should not have any more SVT attacks.

In order for the procedure to be successful, we need to be able to bring on the rhythm disturbance (arrhythmia) which causes your symptoms. In some case we cannot bring on the arrhythmia and we may not be able to give you treatment.

Risks

The procedure is established and considered safe, but as with any invasive procedure, there are risks associated with catheter ablation.

- The procedure involves ionising radiation (x-rays) to produce images of your heart. A specialist has agreed that the benefit of the procedure outweighs the risk from the radiation. For patients aged 12-55 inclusive, please make a member of staff aware if there is any risk of pregnancy.
- 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 may require surgery to close the hole in the blood vessel at the top of the leg.
- We would expect to cure 95% of people (95 in 100) after the first procedure. For various reasons, approximately 5% of people need another procedure in the future.
- Rarely, the normal electrical wiring in the heart can be damaged during the ablation. If this happens it may require insertion of a pacemaker. The chances of this happening are around 0.5% (1 in 200) in AV nodal reentrant tachycardia, or a bit less than that in other types of SVT.
- In rare cases (1 in 200 or 0.5%), the blood vessels or 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 temporary drain to relieve the fluid collection.
- The risk of having a stroke related to the procedure is 1 in 2000 or 0.05%.
- Very rarely the procedure could result in death. The risk of this happening is around 0.05% (1 in every 2000 patients).

It is always a personal decision for you to weigh up the risks and benefits of having a procedure. However, following discussions with you, we have offered you catheter ablation as it was felt that overall, the benefits of the procedure outweighed 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 clinicians have suggested 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 clinician before you sign the consent form.

What happens 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 adult.
- 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 48 hours** after ablation (**2 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.

- You will be seen in the outpatient clinic or receive a telephone follow up approximately 4 months after your ablation.

How to contact us

Cardiac Angiography Suite Day Case Unit

Tel: **01865 572 616**

(Monday-Friday, 7.30am-9pm)

Cardiology Ward

Tel: **01865 572 676**

(24 hours)

Arrhythmia Nurses

Tel: **01865 228 994**

(voicemail Monday-Friday, 8am-6pm)

Further information

Arrhythmia Alliance

Information and support for people with arrhythmias.

www.heartrhythmalliance.org/aa/uk/

Tel: **01789 867 501**

Please note:

The department where your procedure will take place regularly has professional observers. These may include health care professionals (qualified or in training), professionals involved in research, and on occasions, specialist company representatives. If you do not wish observers to be present during your procedure, please tell a doctor or nurse.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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