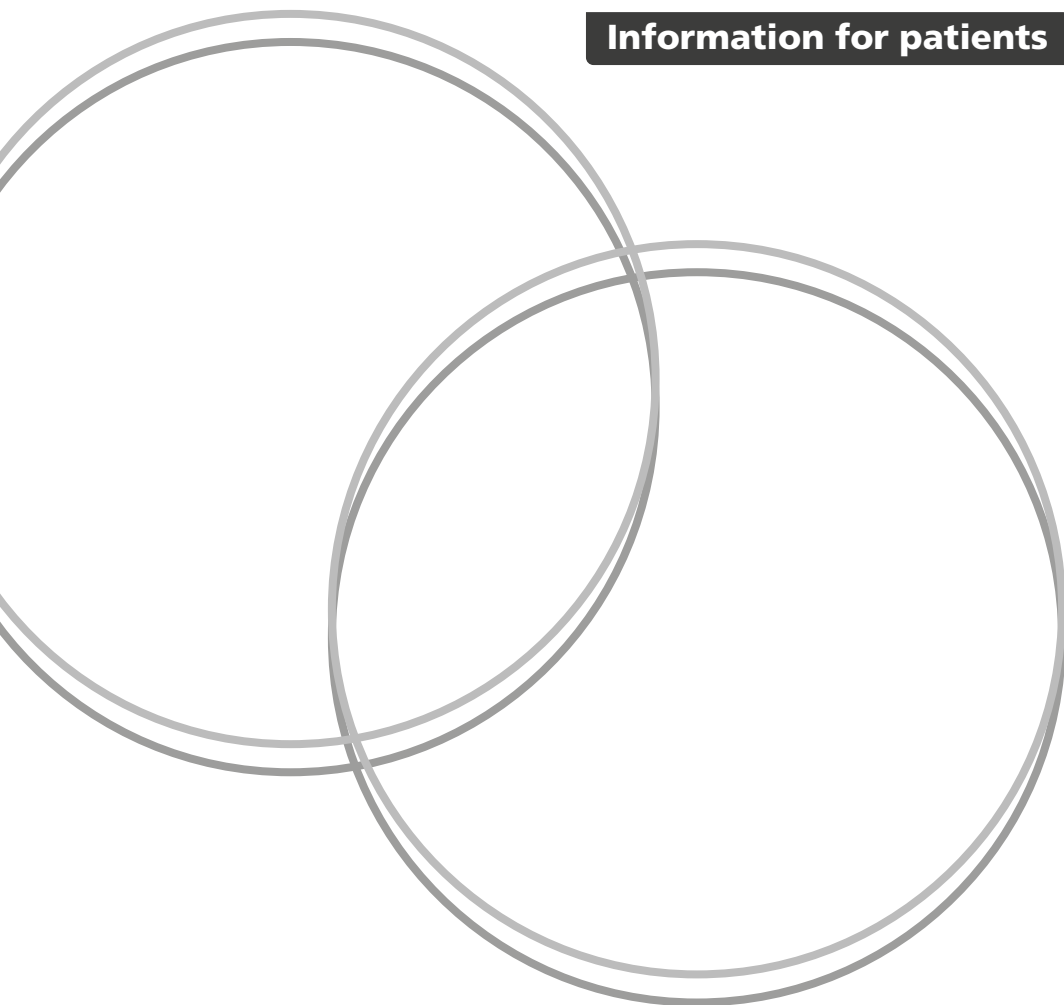




Oxford University Hospitals
NHS Foundation Trust

Ablation for atrial fibrillation

Information for patients



Oxford Heart Centre

Having discussed all the available options for the management of your atrial fibrillation (AF), your clinician has offered you a catheter ablation procedure. This procedure involves the creation of precise, controlled lesions inside the heart aiming to electrically isolate specific areas of the heart where AF originates from. AF ablation is not a cure, but the aim is to prevent future episodes, or significantly reduce the frequency and burden of AF. There are circumstances where, despite an initial successful ablation, the AF can return. Repeat procedures are only necessary if ongoing rhythm problems are severe and frequent enough that individuals want to pursue additional treatment, which may be months or years after the first ablation.

The procedure is either performed under general anaesthetic (where you will be asleep) or sedation (where you will be given drugs to make you feel sleepy). Your cardiologist will discuss which is the most suitable for you.

Before having the ablation, you will need to take blood-thinning treatments such as Warfarin, Apixaban, Edoxaban, Rivaroxaban or Dabigatran. You will need to take these for at least a month before and for several months after the ablation. These thin your blood and help to minimise the risk of blood clots.

What happens during the ablation procedure?

You will need to come to the **Cardiac Angiography Suite at the John Radcliffe Hospital**. This is on **Level -1 in the Oxford Heart Centre**.

When you arrive on the ward you will be asked to change into a hospital gown and asked to wait by a bed. The cardiologist and nurse will come and see you to prepare you for the procedure. They will be able to answer any questions you might have.

If you are having a general anaesthetic the anaesthetist will also come to see you to explain the risks of having a general anaesthetic and to check you are fit to have the procedure.

At the start of your procedure, the anaesthetist will insert a very small needle into the artery in your wrist (usually your right wrist) so that we can monitor your blood pressure closely.

For general anaesthetic procedures, you will have a special scan of your heart called a transoesophageal echocardiogram (TOE). This is done at the start of the procedure once you are asleep and involves passing a flexible tube through your mouth, into your oesophagus (gullet). This is a diagnostic test that uses sound waves to look at the inside of your heart and make sure there are no blood clots.

The ablation procedure involves passing several small, flexible tubes into the vein at the top of your leg. Through these tubes we pass fine wires, called catheters. The cardiologist will be able to see where the catheter is going using a type of X-ray called fluoroscopy.

If you have sedation, rather than a general anaesthetic, you may feel a small sting from the local anaesthetic injections we will give you at the top of your leg. You will feel some pressure at the top of your leg as the catheters are inserted and passed up to the heart. If anything is uncomfortable, please inform the doctor or nurse.

Once the catheters are in the correct position, we may use a special piece of equipment to make a 3-D map of your heart. We can then begin the ablation procedure. We will either use radiofrequency therapy (radio waves that create heat), cryotherapy (freezing) to create the lesions, or pulsed field ablation (PFA) which delivers electrical pulses to isolate the atrial fibrillation.

Once the procedure has finished, the catheters and tubes (including the needle in your wrist) are removed. We will apply pressure to these areas to stop any bleeding. You may have a stitch to the top of your leg which will be removed before you go home. You will have a small plaster applied to the top of your leg and on your wrist.

You will be taken back to the ward where you will need to rest in bed for at least two hours. If your procedure is performed in the morning then you should be able to go home the same day, if your procedure is performed in the afternoon you may require an overnight stay. You will need to be accompanied home after your procedure and someone to stay with you for 24-hours.

Benefits

The aim of ablation for atrial fibrillation is to achieve rhythm control (keep the heart in normal rhythm) to significantly improve symptoms, which may reduce the need to take some medications.

Atrial fibrillation ablation in patients with persistent atrial fibrillation is successful in up to 70-80% of people, with 40-50% of people requiring more than one procedure.

Atrial fibrillation ablation in patients with paroxysmal AF (episodes of AF), is successful in up to 85-90% of people, with 30% of patients requiring more than one procedure.

Risks

There are several side effects associated with catheter ablation. Some common side effects are:

- bruising at the top of the leg
- mild chest discomfort
- a sore throat
- palpitations.

These will usually only last for a short while.

Some less common risks are:

- Exposure to ionising radiation during the procedure (x-rays)
- Femoral haematoma occurs in 1 in 50 or 2%.
- Femoral vascular injury requiring minor surgical repair 1 in 100 people or 1%.
- Risk of pericardial effusion (bleeding around the heart) requiring a temporary drain to be inserted during the procedure 1 in 50-100 people or 1-2%
- Damage to the atrioventricular node requiring a permanent pacemaker <1 in 100 or <1%
- Phrenic nerve damage < 1 in 100 or <1%
- Oesophageal damage from TOE <1 in 100 or <1%
- Risk of a transient ischaemic attack or stroke approximately 1 in 200 people or 0.5%
- Risk of pulmonary vein stenosis (narrowing of the veins) requiring treatment is 1 in 500 or 0.2%.
- Urgent open-heart surgery 1 in 500 or 0.2%.
- Gastroparesis (poor stomach motility) 1 in 500 or 0.2%.

- Atrial oesophageal fistula 1 in 1000 or 0.1%
- Risk of a fatal complication is estimated to be 1 in 1000 or 0.1%.

Your cardiologist will only suggest that you have a catheter ablation if they feel that the potential benefits of the procedure clearly outweigh the risks.

Alternatives

You have been referred for AF ablation following careful discussions with your specialist arrhythmia team. Alternative management options have been discussed. If you feel you would like to discuss options further, please talk to the team before signing the consent form.

After the catheter ablation

Once you are fully awake, you can eat and drink. You should be able to go home the same day and will need to be accompanied home by a responsible adult. In some cases, an overnight stay may be required.

It is possible that you may experience some post-operative pain after the procedure, which will normally respond to pain relief tablets, such as paracetamol, taken regularly if necessary, until the pain settles. We advise patients purchase paracetamol over-the-counter from their local pharmacy **before** their ablation so it is available to take when discharged home.

Due to the anticoagulation you are taking we advise you **NOT** to take Ibuprofen or other medication from the same category of painkillers. If you find the pain you are experiencing is not sufficiently controlled by paracetamol then please see your GP or go to your local emergency department.

Take anticoagulation for a minimum of 8-weeks after your ablation or lifelong if you have been advised to.

Legally you are required not to drive for 48 hours by the DVLA, but we often recommend taking up to 1 week off driving to allow the puncture site(s) in the top of the leg to heal sufficiently. When you return to driving you must be able to comfortably perform an emergency stop. Please check the DVLA website for more information.

It is common to have your atrial fibrillation symptoms during the first few weeks after the ablation. You can contact the arrhythmia nurses for advice, and your discharge information booklet will provide more detailed information about these symptoms. You may need to see your GP to obtain an electrocardiogram (ECG) which can be emailed to the arrhythmia nurses for further advice.

Telephone: **01865 228 994**

ArrhythmiaNurses@ouh.nhs.uk

Some chest pain is common following the procedure and will usually resolve within a few days.

Please make sure that you have been given the leaflet 'Discharge advice after atrial fibrillation ablation.'

If you have symptoms that concern you, please contact the arrhythmia nurses. If you feel very unwell you should go to your local emergency department to be assessed.

You will be seen in the outpatient clinic 4-6 months after the procedure.

How to contact us

Cardiac Angiography Suite Day Case Unit

Telephone: **01865 572 616**

(Monday - Friday, 7.30am - 9.00pm)

Cardiology Ward

Telephone: **01865 572 676**

(24 hours)

Arrhythmia Nurses

Telephone: **01865 228 994**

(voicemail Monday - Friday, 8.00am - 5.00pm)

We provide an answerphone for non-urgent queries, please leave a message and we will call you back as soon as we can. This is not an emergency service, so if you are concerned and feel you need urgent assessment, call 111, 999, or if possible, present to your local emergency department.

Further resources

Atrial Fibrillation Association

www.heartrhythmalliance.org/afa/uk/

Please note:

The figures quoted in this document are average figures for all cases. Your cardiologist will discuss with you any risks that are more specific to you before the procedure.

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 visitors to be present during your procedure, please inform a doctor or nurse.

Notes

Notes

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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