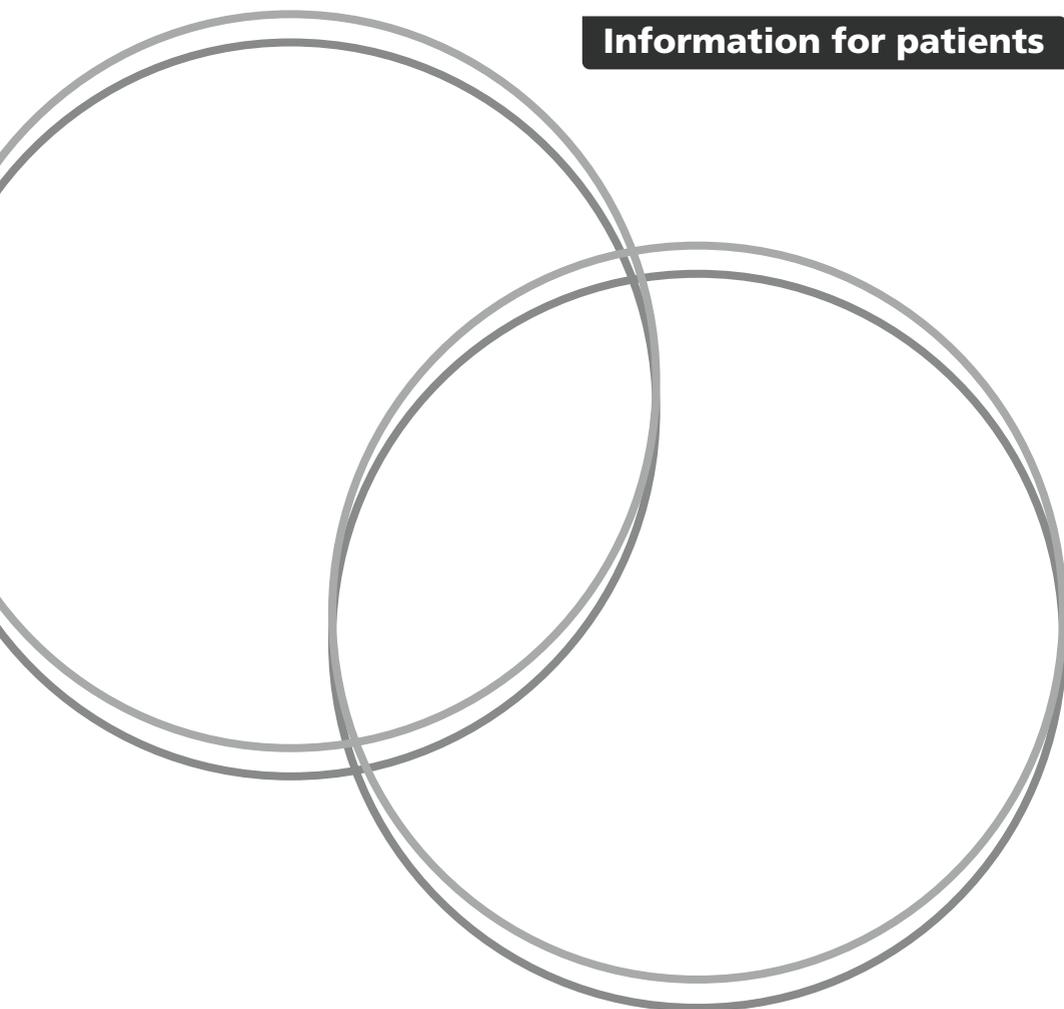


Catheter ablation for Ventricular Tachycardia (VT) for structural heart disease

Information for patients



Your clinician 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 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. Many cases are performed under general anaesthetic, which means you will be asleep throughout the procedure. Occasionally it is preferred that the procedure is under sedation (drugs to make you feel sleepy). The doctor will discuss the best approach before the ablation and you will be given more information about how to prepare for the sedation or general anaesthetic, including fasting (starving) and medication instructions.

Although moving the wires is usually painless, if you have been given sedation 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.

Some VT ablation procedures require a different route to insert the wires called "epicardial access". This involves inserting the wires below a rib to reach the outside of the heart. If there is a chance this is needed it will have been explained beforehand.

This procedure takes place in the Cardiac Angiography Suite. The length of time it will take varies from person to person but may be 2 to 5 hours. You should expect to stay in hospital overnight following the ablation. After a long case, particularly if you have received a long anaesthetic, recovery will be on the High Dependency Unit or Intensive Care Unit.

If ablation has been undertaken in the left ventricle it is common to prescribe anticoagulants "blood thinners" for 4 to 6 weeks following the procedure. Any required changes to your medication will be discussed before your discharge and you will go home with a supply of any new medications that will be renewed by your GP.

Benefits

In some cases the benefit is a cure. If you have an ICD (implantable cardioverter defibrillator), or CRTD (cardiac resynchronisation therapy defibrillator), it may mean you have fewer shocks from your device. It is possible that some of your medications may be stopped following a successful procedure.

Risks

With any invasive procedure, there are potential complications.

You should expect to have bruising at the needle puncture site(s), which may last for a few weeks. It may also be sore for a day or two. It is also common to have a sore throat if a general anaesthetic is used, and to feel sore in the chest as a result of inflammation from the ablation treatment. If necessary, pain killers will be prescribed.

- 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 to 55 inclusive, please make a member of staff aware if there is any possibility that you might be pregnant.
- There is a 1 in 33 (3%) risk of having a problem with the blood vessels at the top of the leg, such as severe bleeding that may require a prolongation of your hospital stay and/or surgery.
- There is a 1 in 100 (1%) risk of the blood vessels or lining of the heart being 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.
- There is a less than 1 in 200 (0.5%) risk of damage to the atrioventricular node requiring a permanent pacemaker.

- There is a 1-2 in 100 (1-2%) risk of having a stroke. This could range from a transient ischaemic attack (TIA) that gets better in 24 hours, to a stroke that is disabling.
- There is a 1 in 500 (0.2%) risk of coronary artery damage.
- There is a small risk that the procedure could result in a serious complication or death. The risk of this happening is around 1 in 500 (0.2%).
- We would expect to control VT in over 70% of people (70 in 100) after the first procedure. For various reasons, approximately 30% of people (30 in 100) need another procedure in the future.

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 recommended a catheter ablation as it was felt that overall, 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 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 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 stay in hospital for 1 to 2 nights after the ablation. You will need to be accompanied home by a responsible adult.

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 or Complex Device 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. If you have an ICD/CRTD you should ask your Cardiologist or Complex Device Nurse 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 outpatient clinic or receive a telephone follow-up approximately 4 months after your ablation.

How to contact us

Cardiac Angiography Suite Day Case Unit

Telephone: **01865 572 616**

(Monday to Friday, 7.30am to 9.00pm)

Cardiology Ward

Telephone: **01865 572 676**

(24 hours)

Arrhythmia Nurses

Telephone: **01865 228 994**

(Voicemail Monday to Friday, 8.00am to 6.00pm)

Complex Device Nurses

Telephone: **01865 220 981**

(Monday to Friday, 8.00am to 6.00pm)

Additional support

Arrhythmia Alliance

Information and support for people with arrhythmias.

Website: www.heartrhythmalliance.org.uk

Telephone: **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
www.ouh.nhs.uk/information



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