

Oxford Heart Centre

Discharge advice after Atrial Fibrillation ablation

Information for patients



This booklet contains important advice about discharge after your Atrial Fibrillation (AF) ablation. It contains information about what to do when you get home.

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1. Discharge summary

Your Consultant at the John Radcliffe Hospital is:

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Follow-up

You will be sent an appointment for follow-up in the Arrhythmia clinic.

(This appointment will be sent in the post. If you do not receive a date for an appointment within 8 weeks, please call the John Radcliffe Hospital and ask to speak to the secretary of your Consultant. Follow-up appointments are currently planned approximately 3 to 4 months after your procedure.)

Transport to your outpatient appointments

If you have difficulty getting to your outpatient appointments your GP surgery may have the phone numbers of voluntary transport schemes which operate at subsidised rates. A directory of these services is available at www.oxonrcc.org.uk for residents of the Oxfordshire area.

2. What to do when you get home

When you are discharged home, you should have a quiet few days resting to recover from your procedure. You can shower the next day, but should not have a bath or immerse your legs in water for at least 1 week.

It is likely that you will have some chest pain and a sore throat after the ablation. These should get better over the next few days. Simple painkillers, such as paracetamol, will help and can be taken for as long as necessary.

Puncture site care

(Your nurse will tick the box(es) which apply to you.)

Femoral vein (groin)

Femoral artery (groin) If the doctor has used a special plug called an 'angioseal' you will be given an information card to carry with you. You will need to carry the card with you for 90 days until the special plug has dissolved.

1. The plaster or dressing can be removed the day after your procedure and does not need to be replaced.
2. Avoid any lifting or strenuous activity for one week as this increases the pressure in the groin area, making it more likely that the puncture site will bleed (see below).
3. It is rare for serious complications to occur after these procedures. The most common problem is bruising around the puncture site, which may be uncomfortable for a few days. If this becomes swollen or very red and more painful, please contact your GP immediately as the site may need further attention. Ask them to contact us using the numbers at the end of this leaflet.

Bleeding

It is rare to have severe bleeding from the puncture site once you are at home. If bleeding does occur you must:

- lie flat
- apply pressure to the site for 10 minutes
- ask someone to call 999, if the bleeding doesn't stop.

Sedation/general anaesthetic

As you will have been given either sedatives or a general anaesthetic, we advise you not to drink alcohol for 24 hours after the procedure. You should also avoid making any legal decisions or signing any documents for at least 24 hours.

After the catheter ablation

It is quite common to experience Atrial Fibrillation (AF) in the first three months following the ablation. This is not unusual and usually settles. It does not necessarily mean that the procedure has been unsuccessful.

What to do if you experience a recurrence of your AF symptoms:

- If the attack is continuous and doesn't go away, or is severe, please consult your GP or go to the Emergency Department of your local hospital.
- If you have an electrocardiograph (ECG) please ask for a copy of the ECG and arrange for it to be faxed to the Arrhythmia Nurses. Fax: **01865 220 290**

An ECG needs to be done at the time of your symptoms. If it is carried out when you are feeling fine it may not be as useful. If the symptoms are too short to get an ECG then you should contact the Arrhythmia Nurses (contact details are at the end of this fact sheet). If the episodes are brief we may not do anything, but might ask you to monitor the situation.

- If the AF is happening frequently or not going away, it may be necessary for us to arrange a cardioversion to correct your heart rhythm.
- If the AF does not settle down in the first 3 months, it may be necessary for you to have a further ablation procedure. This will be discussed with you at your follow-up appointment or with the Arrhythmia Nurses over the telephone. All treatment decisions will be discussed with your relevant Consultant and made in agreement with you.

You may also experience some variation with your pulse which is not Atrial Fibrillation. This should settle with time.

There are some potentially serious complications that can occur after an AF ablation (albeit rarely). These will have been discussed with you before you had the procedure. If you are very unwell or experience any new or unusual symptoms please seek medical attention immediately (if necessary call an ambulance and go to your local Emergency Department).

Show the doctor/medical professionals the section at the end of this factsheet called 'MESSAGE FOR A DOCTOR REVIEWING THIS PATIENT'.

Driving

There are DVLA driving restrictions which apply after some procedures.

(Your nurse will tick the section which is relevant to you.)

- After a catheter ablation we advise you do not drive for 1 week. However, the DVLA allow driving 2 days after the procedure.
- If you have an HGV license, the DVLA state that you must not drive an HGV or lorry for 6 weeks after the ablation procedure.

Return to work

We advise you to take a minimum of 1 week off work, but it is likely that it may be up to 2 weeks before you feel strong enough to do more physical tasks.

People recover at different rates after an ablation, depending on their general health, fitness, the type of AF they had before the operation, and the medication they continue to take. Although many notice an immediate improvement it may take some weeks for others to notice the benefits of a successful procedure.

3. Medication

We want your heart to maintain a normal rhythm – the theory is that the longer the heart is in a normal rhythm the more likely it will stay in a normal rhythm. Occasionally your medication (which stabilises your heart rhythm) may need to be restarted or continued for a period of time after the ablation procedure.

You should continue taking your anticoagulant, unless advised otherwise, until your follow-up appointment in the outpatient clinic, when it will be reviewed again. This will be explained by your nurse.

Any changes in your medication are either listed below or we will give you an information sheet explaining your medication. Your nurse will go through this list with you.

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4. How to contact us

If you have any questions or concerns about your procedure, please contact the Cardiology ward.

Tel: 01865 572 674
01865 572 675

Please be ready to give the following details:

- your name
- date of birth
- your NHS or Hospital number
- when you were admitted
- the procedure you had
- the name of your Consultant.

This will help us to access your records more quickly and to liaise with your medical team, should this be necessary.

You can also contact the Arrhythmia Nurses during office hours:

01865 228 994

Booklet completed by

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Date

5. Further information

If you have access to the internet you may find the following websites useful:

www.arrythmiaalliance.org.uk

www.atrialfibrillation.org.uk

Our hospital website has information on all our cardiac services. www.ouh.nhs.uk

6. Message for a doctor reviewing this patient

The patient you are seeing has undergone an ablation for Atrial Fibrillation at the John Radcliffe Hospital. Any neurological, septicaemic, and/or unexplained constitutional symptoms (e.g. unexplained pyrexia) could reflect a rare complication known as an atrio-oesophageal fistula. If this patient has any of these signs or symptoms please contact the On-Call Cardiology Registrar at the John Radcliffe Hospital immediately, through the hospital switchboard (01865 741 166). The Registrar should be asked to contact the on call Electrophysiologist for advice.

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Please keep this leaflet in a safe place in case you need to show it to a Doctor.

This booklet has been produced through the collaboration of doctors, nurses and patients. We welcome your feedback.

If you have any comments about the content of this booklet please put them in writing to:

Practice Development Nurse
Cardiac Angiography Suite, Level -1, Oxford Heart Centre
John Radcliffe Hospital, Oxford OX3 9DU

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

