Oxford University Hospitals NHS Foundation Trust

# 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.

## Contents

1.	<b>Discharge summary</b> Follow-up Transport	3 3 3
2.	What to do when you get home Puncture Site Care Bleeding Sedation/General Anaesthetic After the Catheter Ablation Recurrence of AF symtoms - what do Driving Return to work	4 4 5 5 5 6 6
3.	Medication	7
4.	How to contact us	8
5.	Further information	9
6.	Message for doctor reviewing this patient	9

## 1. Discharge Summary

#### Follow - up

After your procedure, you will be sent an appointment for follow-up in the Arrhythmia clinic (This appointment will be sent to you in the post). If you do not receive a date for an appointment within 4 weeks, please call the John Radcliffe Hospital on: **01865 741 166** and ask to speak to the secretary of the consultant with whom you have had your most recent consultation.

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.

## 2. What to do when you get home

When you are discharged, 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 symptoms should improve over the next few days, simple painkillers, such as paracetamol will help, and can be taken for as long as necessary.

#### Puncture Site Care - Femoral Vein (Groin)

- **1.** The plaster or dressing may be removed the day after your procedure and does not need to be replaced.
- **2.** Avoid any lifting or strenuous activity for 1 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** for you if there is a very **large amount of blood**, (more than 300mls/half a pint) and 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 3 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 you have a severe episode, and feel unwell, please call NHS 111, your GP or go to the Emergency Department of your local hospital.
- If you have an electrocardiograph (ECG) please ask for a copy to be emailed to the Cardiologist responsible for your procedure or contact the arrhythmia nurses to arrange on: **01865 228 994**.
- If the AF is persistent, 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 (this is rare), 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 (Driver and Vehicle licensing agency) driving restrictions which apply after a catheter ablation.

DVLA allow you to drive 2 days after the procedure, we advise that you **do not drive for 1 week**.

If you hold an HGV licence, the DVLA state that you **must not** drive an HGV or lorry for 2 weeks.

#### **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. If you need a fit note (sick note), this may be provided at the point of discharge from hospital. Please let the nurse looking after you on the ward know if you require one.

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. Page 7

#### 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.

## 4. How to contact us

If you have any questions or concerns about your procedure or follow up, please contact the Cardiac Angiography Suite.

#### **During office hours:**

Cardiac Angiography Suite Telephone: **01865 572 616** 

#### **Out of office hours:**

Cardiology Ward Telephone: **01865 572 674** or **01865 572 675** 

#### Please be ready to give the following details:

- Your name.
- Date of birth.
- Your NHS or Hospital number.
- Date 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 may contact the Arrhythmia Nurses, where your call will be forwarded to voicemail.

Your call will be returned in order of clinical priority. Telephone: **01865 228 994** 

Booklet completed by:

Date:

## 5. Further information

If you have access to the internet you may find the following websites useful: **www.heartrhythmalliance.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.

If the patient presents to your department with an arrhythmia, please give a copy of the ECG to the patient, and ask them to contact the Arrhythmia Nurses on: **01865 228 994**.

Notes

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 contact the Arrhythmia Nurses.

## **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.

Author: Oxford Heart Centre June 2024 Review: June 2027 Oxford University Hospitals NHS Foundation Trust www.ouh.nhs.uk/information



Hospita Charity

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk