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### What is an Ablation?

An ablation is a way to stop fast heart beats by interrupting an electrical short circuit. This allows the heart to beat at a regular, slower rate. An electrophysiologic study (EPS) must be done (refer to *Learning for Life* EPS) to determine the location of the abnormality in the heart's electrical system. Radio frequency (RF) ablation will be attempted during the first EPS or during a separate session.

### Why are Ablations Done?

Rapid heart rhythms can cause a decreased blood and oxygen supply to the brain and body. This may cause dizziness, lightheadedness, passing out, or a cardiac arrest. Abnormal fast heart rhythms may be treated with medications, with surgery, or by ablation.

Ablations are done:

1. To cure the fast heart rhythm.
2. To avoid lifelong medication.
3. To possibly avoid surgery.

### How do I prepare for an Ablation?

You will be instructed not to eat or drink after midnight if your test is scheduled for the following morning. You may get a liquid breakfast if your surgery is scheduled for the afternoon.

You will sign a consent form.

An IV will be started on the morning of the procedure if you do not already have one.

You will need to wear only a hospital gown to the operating room.

You will be transported on a stretcher to the EP lab.

### What Happens During an Ablation?

On arrival to the EP lab, you will be placed on a heart monitor and asked to lie on a table. It is very important that you lie still. Prior to the procedure, you will be given medication through a vein for relaxation and sedation.

The technician will wash your left and/or right groin and collar bone areas. The doctor will then inject numbing medicine into these sites to prevent pain during catheter placement. Catheters will be guided into the heart while the doctor watches them on an x-ray screen.

Once the catheter is positioned at the correct location in the heart, Radio frequency energy is delivered to the specific area of the heart that is causing problems.

The catheters will be removed after the ablation is completed and a band-aid or other dressing will be applied to the insertion site.

### What Happens After an Ablation?

You will remain on a heart monitor after you return to your room. You will need to stay in bed for approximately 3 hours to prevent bleeding at the puncture site if only veins were used during

the procedure; 8 hours bed rest is required if an artery was used.

Once the sedation wears off, you will be able to resume your regular diet and activities.

The doctor will discuss the results with you.

### **What Are the Possible Complications of Ablation?**

The risks involved for ablation are bleeding at the puncture site and blood clot formation, which could result in a stroke, heart attack, or lung damage.

Other possible complications are fluid build-up in the area around the heart, chest pain, valve damage within the heart, and a partial lung collapse.

Occasionally complete interruption of the normal electrical system of the heart may occur and result in the need for a permanent pacemaker.

Finally, it is possible, although extremely unlikely, that death may occur.

### **Does an Ablation Always Work To Stop the Abnormal Electrical Areas of the Heart?**

Sometimes the ablation does not work due to the location and size of the abnormal electrical area. If this occurs, the doctor will discuss further options with you.

