Risks

As with all procedures there is a small risk of complications.

Risks include:

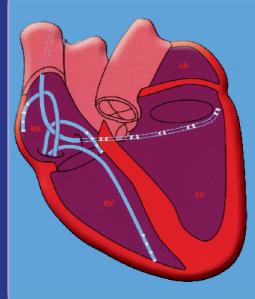
- » 1:1000 risk of fatal complications
- Hole in the heart 0.1%
- Heart attack/Stroke 0.1%
- \bullet Need for a Pacemaker up to 1%
- Bruising/bleeding after catheter removal 1%

After the Procedure

- In the ward your heart rhythm will be monitored and you will be given food and fluids.
- After 3 hours you will be able to walk and if there are no bleeding problems you will be encouraged to be mobile.
- You will stay overnight with discharge the following day.
- Heavy lifting and strenuous activity should be avoided for 3 days.
- After the procedure there is a small risk of bleeding from the groin. This can be stopped by applying pressure over the site.
- You are advised to have someone stay with you after discharge and not be more than 30 minutes drive from Christchurch Hospital.
- You may need to arrange accommodation near to the Hospital if you live out of town.
- Following the procedure most patients will be on Aspirin or blood thinning medications.

If you require further information ring the booking clerk on (03) 3641070

Drs lan Crozier, lain Melton Electrophysiology Consultants Cardiac Electrophysiology Study and Radiofrequency Ablation





Canterbury District Health Board

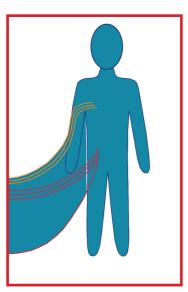
re Poan Hauora o vvalana

Authorised by Clinical Director, Cardiology December, 2009 Ref. no. 2443

Why do a Cardiac Electrophysiology Study and Radiofrequency Ablation?

You have been advised by your Cardiologist to have a cardiac electrophysiology study to investigate and study your heart rhythm problem.

The test will be beneficial in terms of determining the nature and severity of the heart rhythm disturbances. Radiofrequency Ablation is very effective in curing or improving many heart rhythm conditions.



Preparing for the Procedure

- » You will be pre admitted the day before or on the day of the test and blood tests and an Electrocardiograph will be taken.
- » If you are pregnant the test should not be performed because X-Rays are used. Please notify nursing staff if you think you are pregnant.
- » You will have an opportunity to ask questions and you will meet with the Electrophysiology Doctor who will explain risks and benefits ask you to sign a consent.
- » Do not have anything to eat or drink for 6 hours prior to the procedure.

Warfarin

Stop this drug 3 days prior to the test unless you have a mechanical heart valve or have had a recent stroke or clot. In these circumstances please contact the Cardiology Day Unit for specific instructions.

Flecainide

Stop this drug 5 days prior to the procedure.

Amiodorone

Contact the Cardiology Day Unit for specific instructions.



You will present to the Cardiology Day Unit on the morning of the procedure and the nurse will shave a small area over the right groin.

An intravenous line will be inserted into your arm.

In the EP Lab the procedure is performed with intravenous sedation.

You will be covered with sterile drapes and your blood pressure, heart rhythm and oxygen levels will be recorded throughout the procedure.

Local anaesthetic is used to numb the right groin area and catheters are passed via the vein in the groin and positioned in the right heart using X-Rays. There may be some initial minor discomfort.

Once the catheters are positioned in the heart tests will be performed to assess the electrical properties of the heart and initiate your heart rhythm disturbance.

On some occasions the rhythm disturbance could lead to a loss in consciousness or require an electric shock to convert to a normal rhythm. In this instance you will be sedated and anaesthetised prior to the electric shock.

When the nature and position of the electrical disturbance is determined Radiofrequency Ablation (catheters apply heat to destroy the electrical pathway) will be performed.

- » Each Ablation lasts up to 1 minute and you will be asked to take shallow breaths to reduce catheter movement.
- » You may feel minor discomfort.
- » The procedure lasts approximately I- 4 hours.
- » Following the procedure the catheters are removed from the groin and pressure will be applied to seal the vein.