

Nuts and Bolts of Atrial Fibrillation Ablation

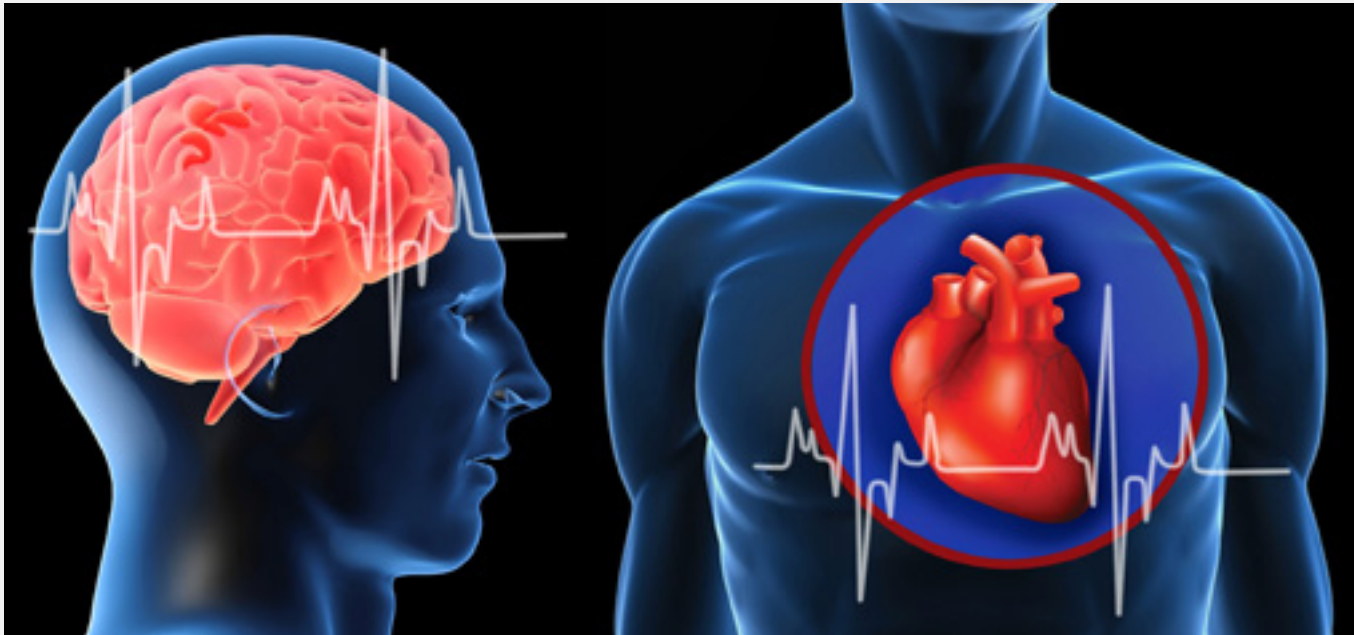
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Assistant Professor

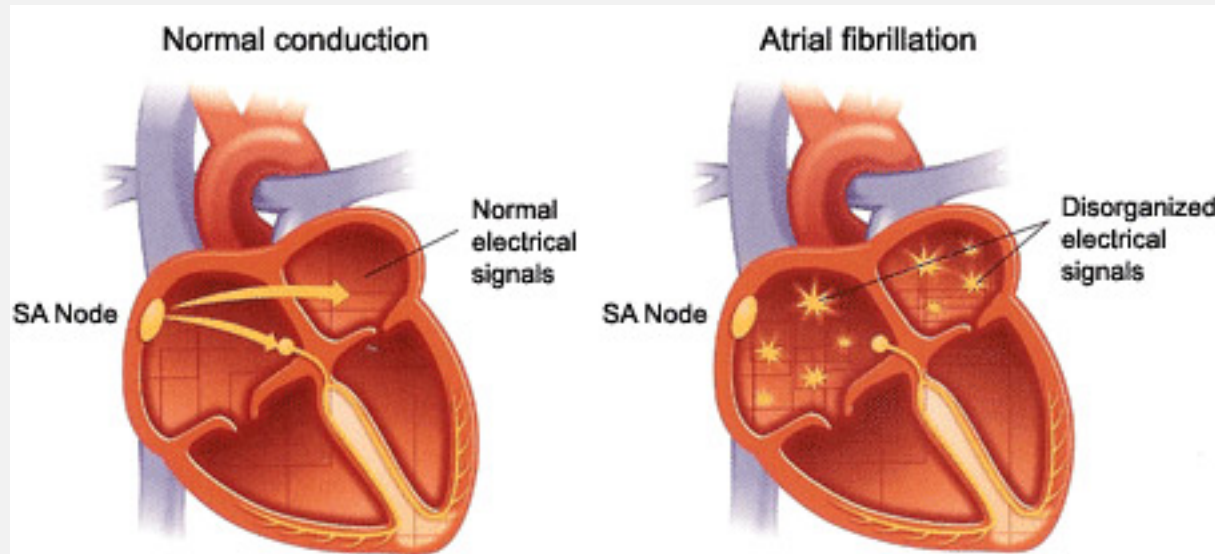
Clinical Cardiac Electrophysiology

Emory University Hospital

Afib is associated with an increased risk of *stroke*



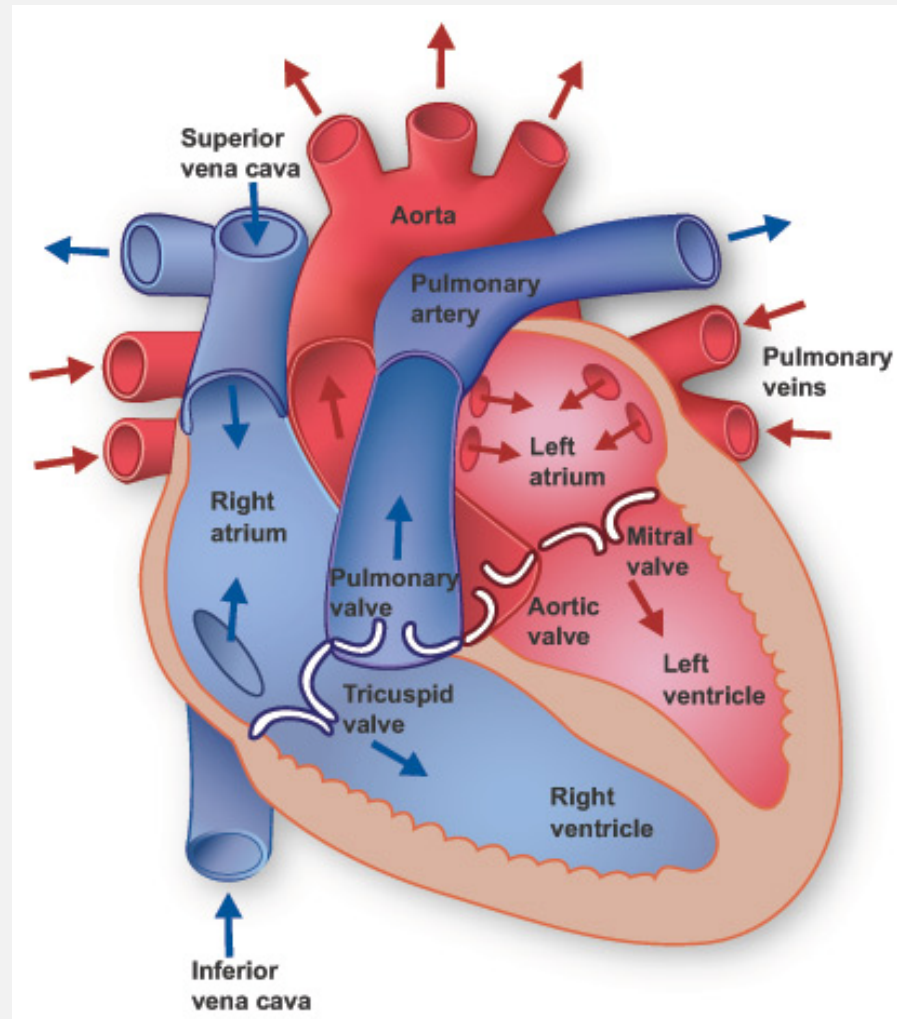
Afib makes the heart beat *fast* and *irregular*

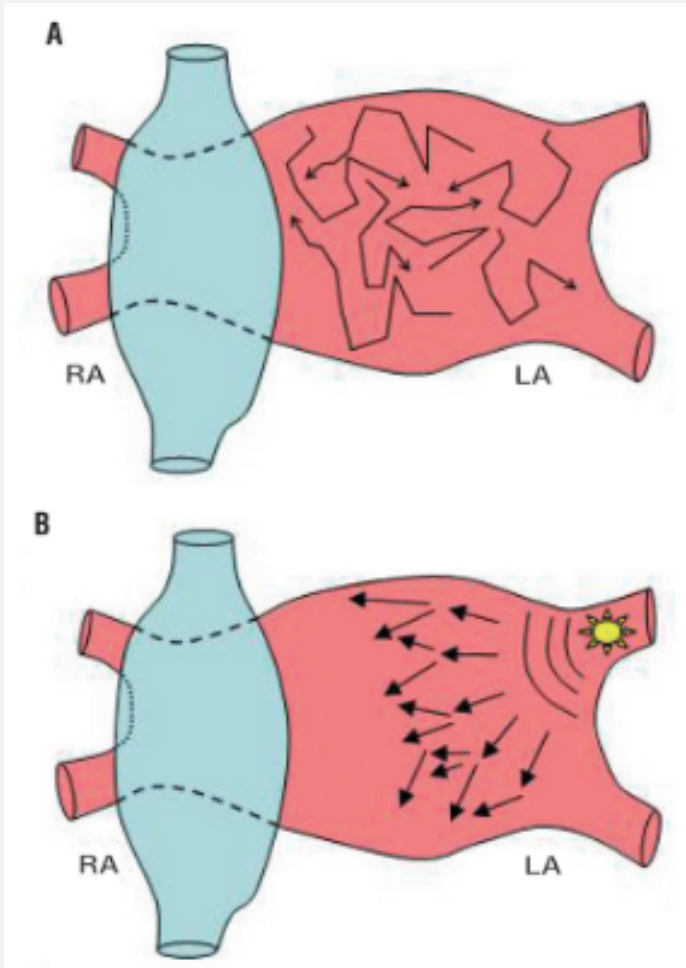


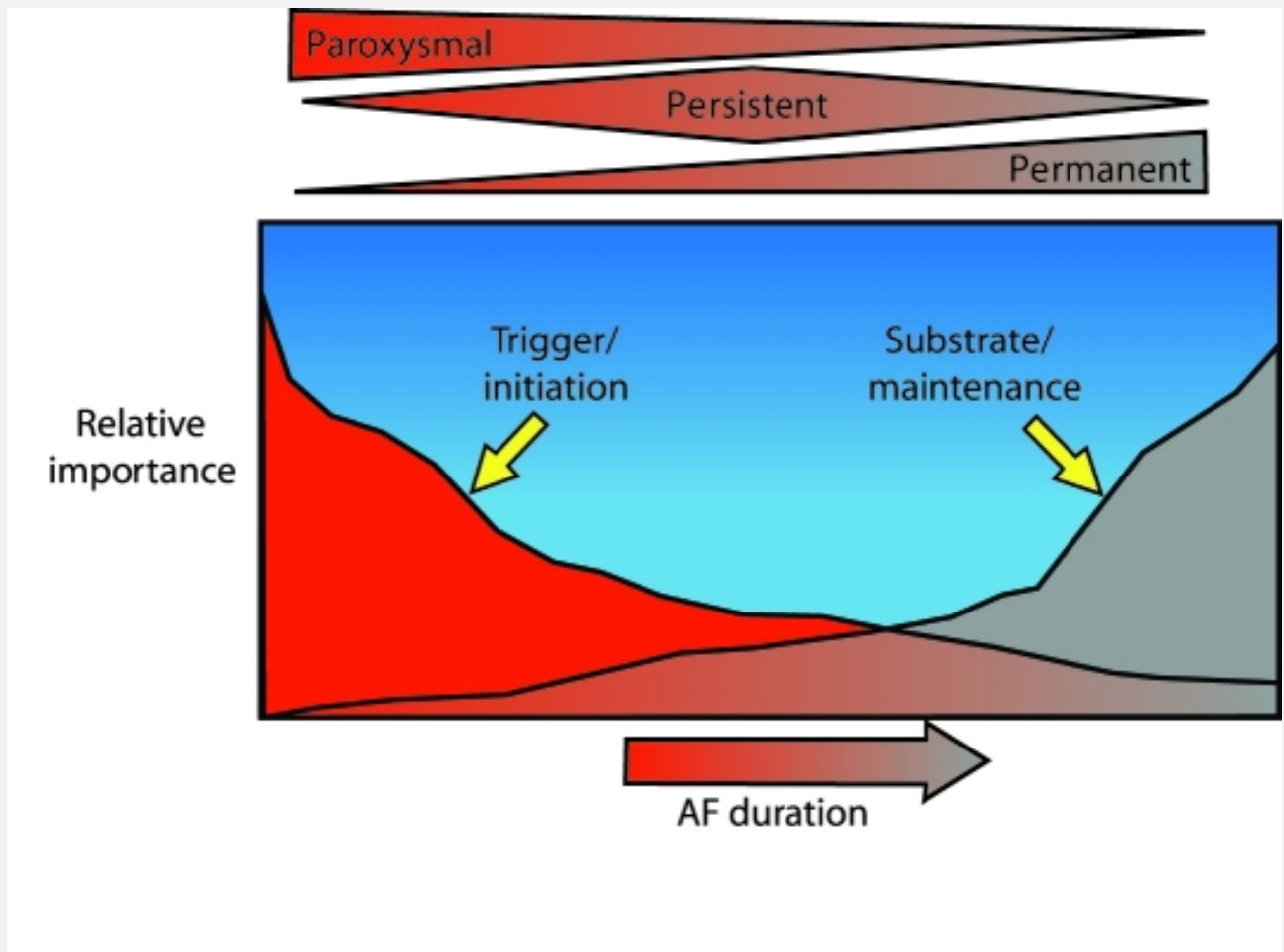
Am I a candidate for Afib ablation?

- Recurrent Afib despite taking heart rhythm pills
 - Flecainide (Tambocor)
 - Propafenone (Rhythmol)
 - Sotalol (Betapace)
 - Tikosyn
 - Amiodarone (Pacerone)

Anatomy of the heart







What needs to be done before the procedure?

- Visit with your physician to discuss the pros and cons of the procedure
- Certain tests may be ordered
 - Echocardiogram (ultrasound)
 - Transesophageal echo
 - MRI or CT scan of the heart
 - Heart monitor

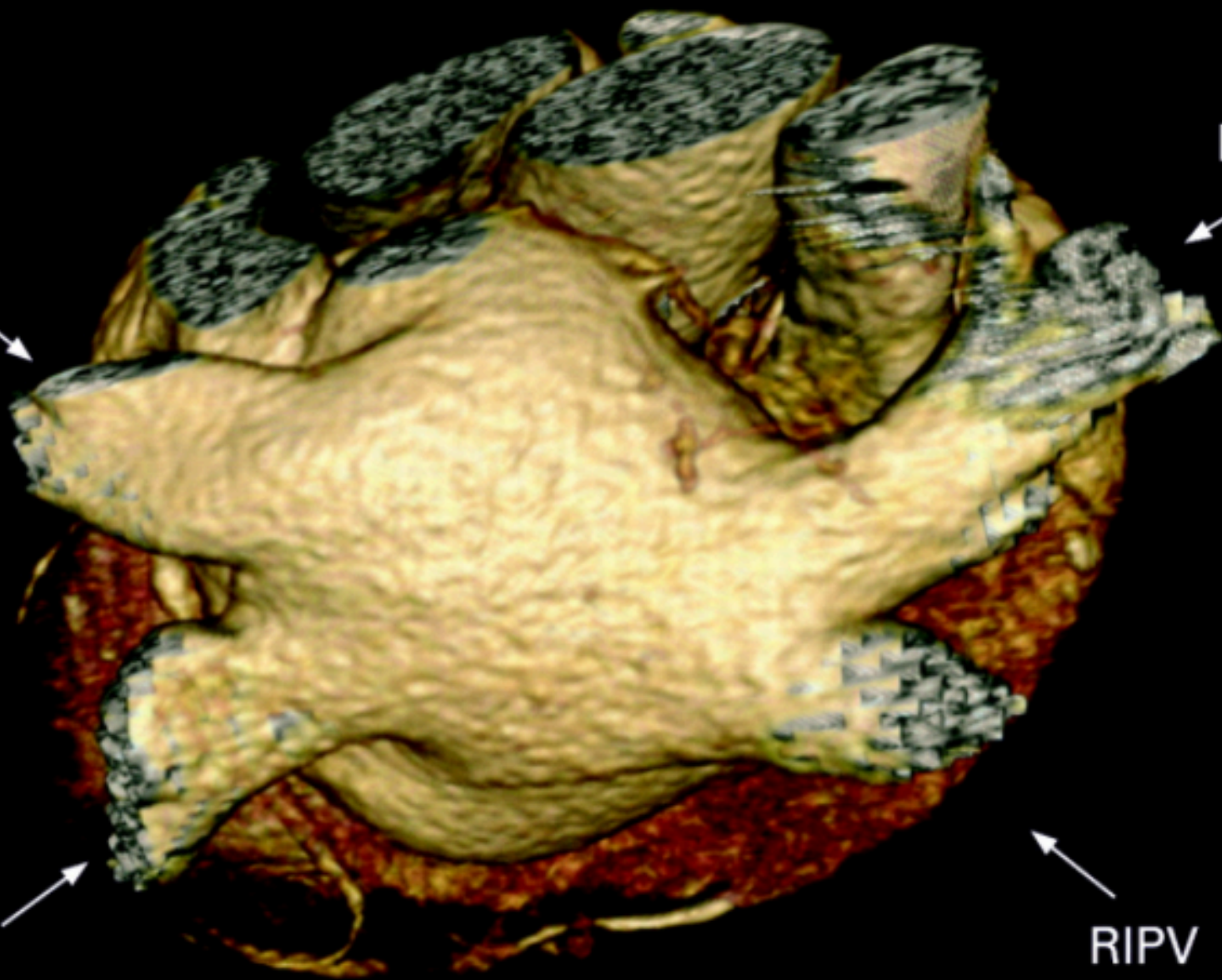
LSPV

RSPV

R

LIPV

RIPV



What to expect the day of procedure

- Arrive in the morning
- Nothing to eat after midnight
- IV insertion, labs drawn
- Meet the team taking care of you that day
 - Doctor or doctors
 - Nurses
 - EP lab staff

What do I do with my medications?

- Blood thinners sometimes are stopped the day before procedure
 - Depends on what type of blood thinner
 - Ask you doctor about your specific situation
- Usually, other medications can be taken with sip of water.

Will I be awake? Will it hurt? Can I watch?

- Groin area will be numbed.
- You will be very sleepy, or asleep during the procedure.
 - Conscious sedation (“Twilight” sedation)
 - General anesthesia may be used
- Pain should not be part of the procedure.

EP Lab



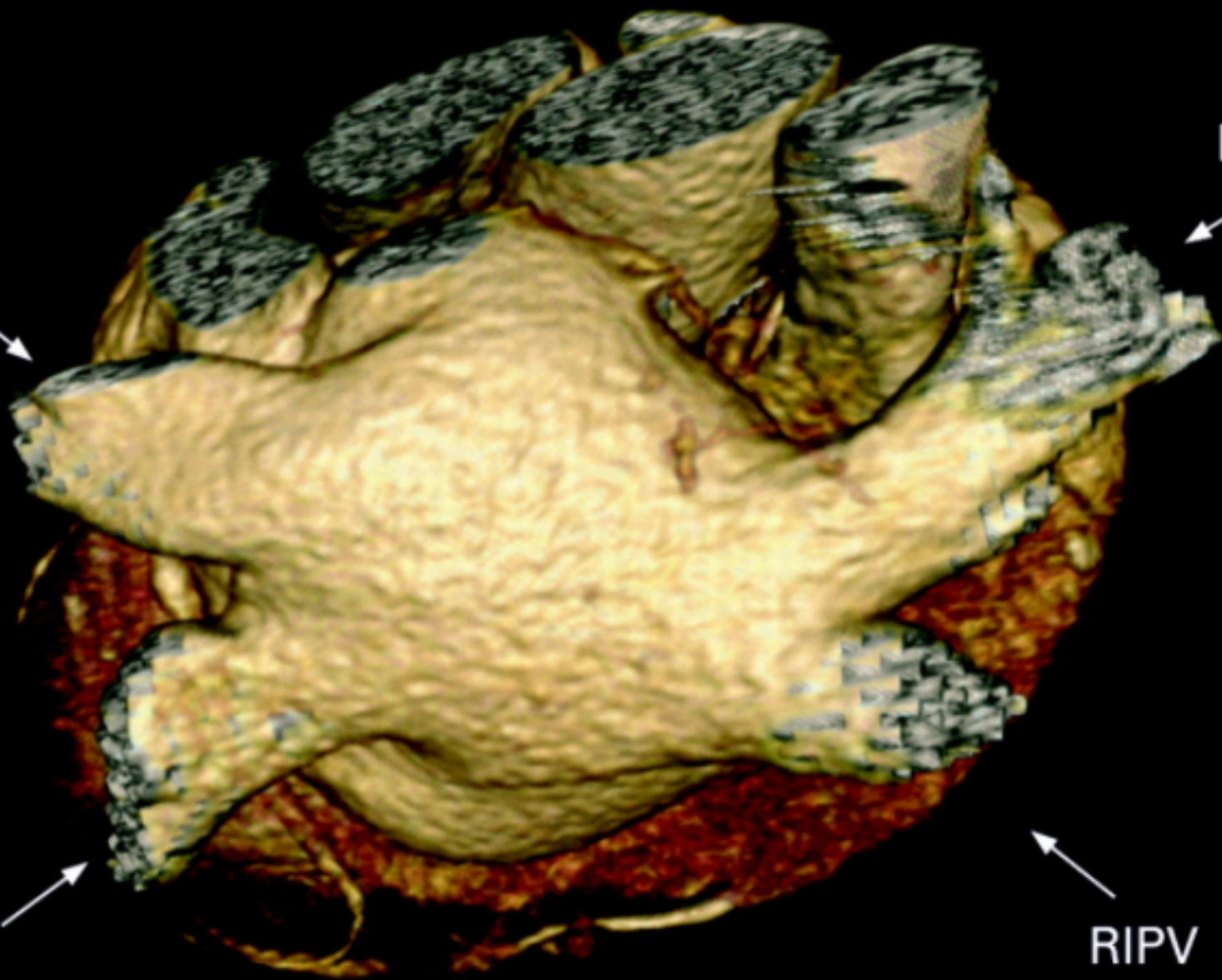
LSPV

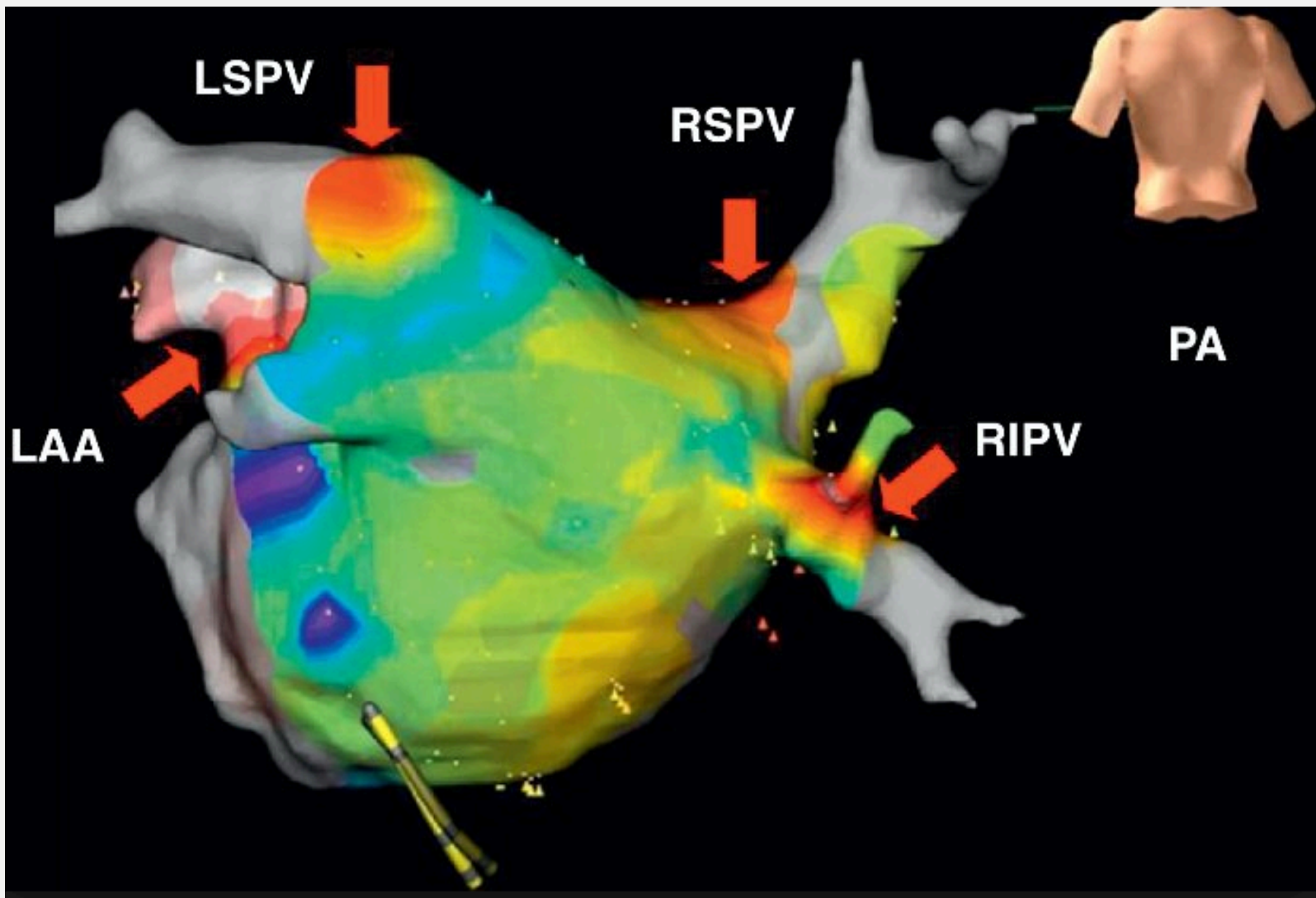
RSPV

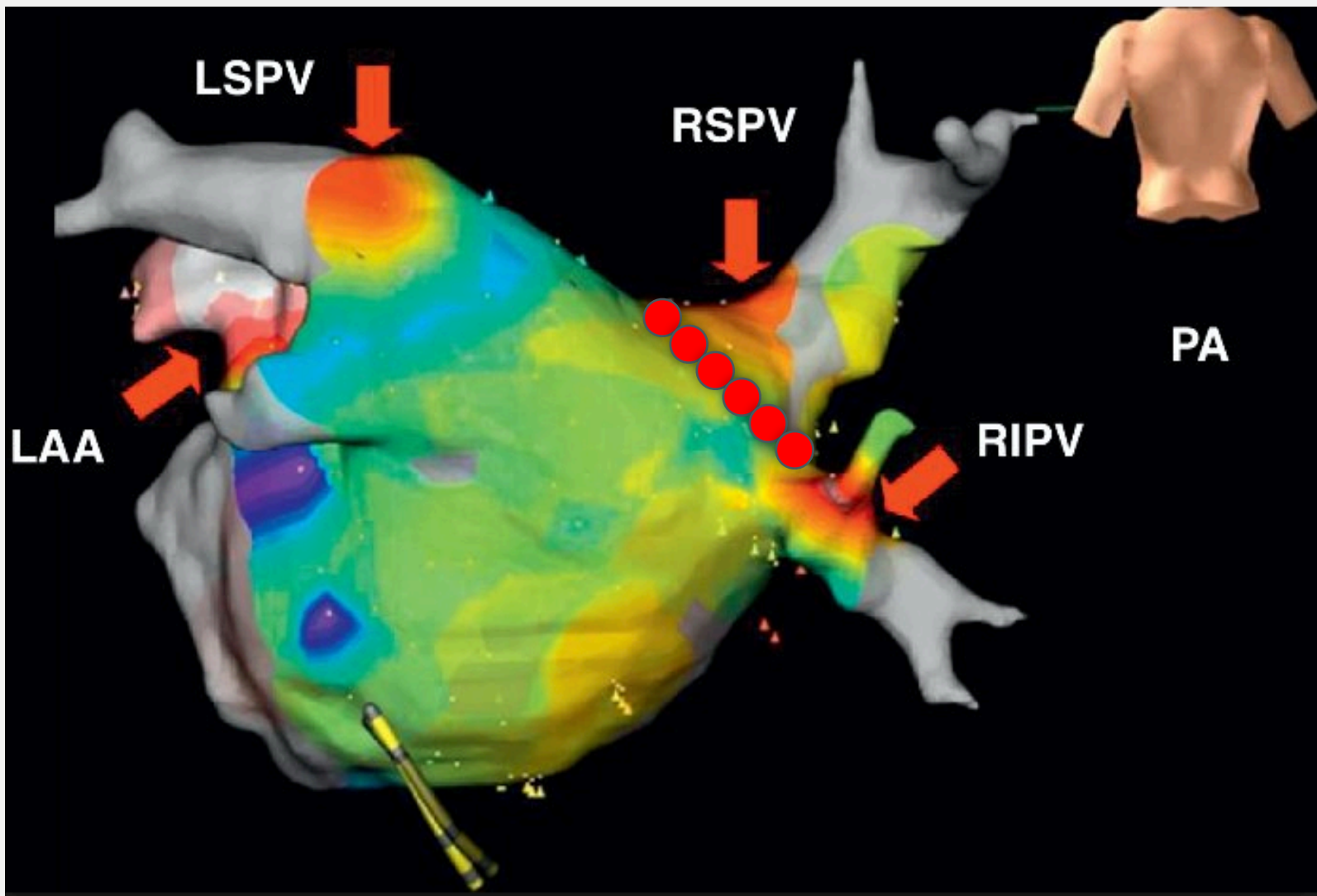
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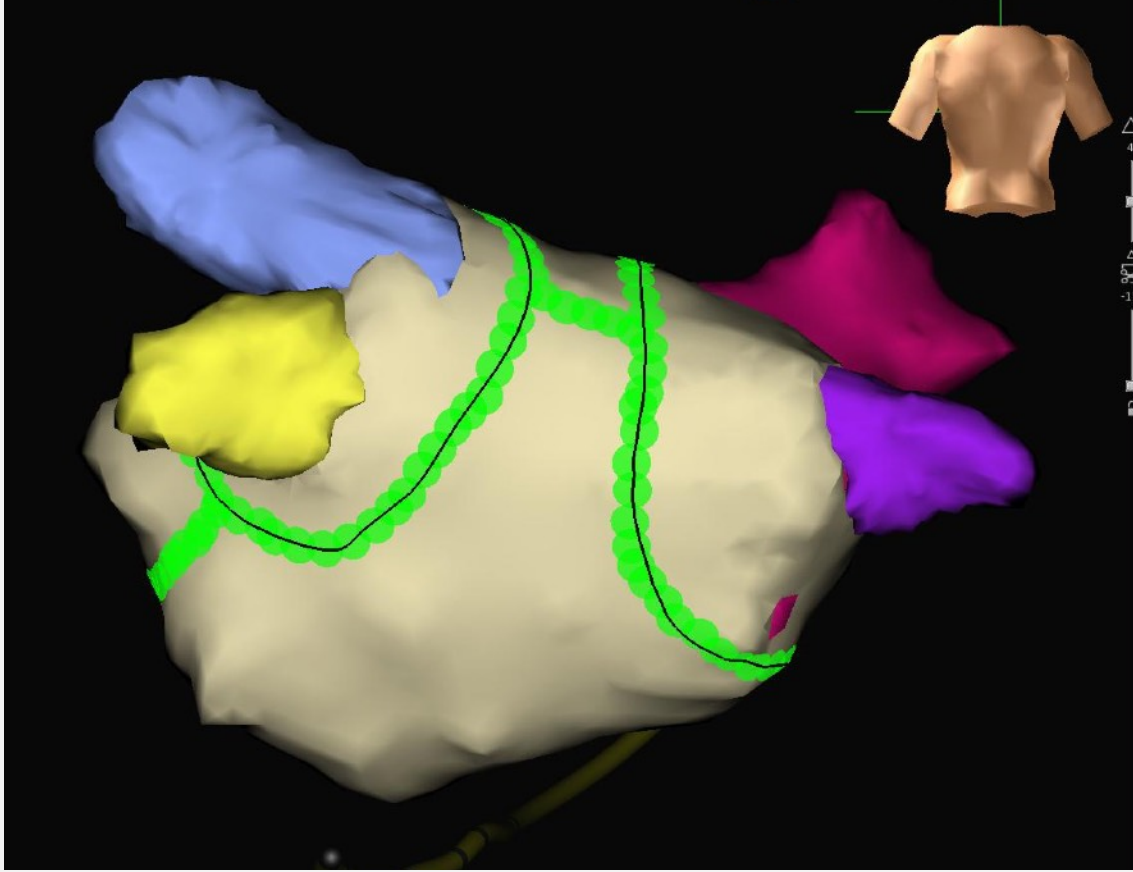
LIPV

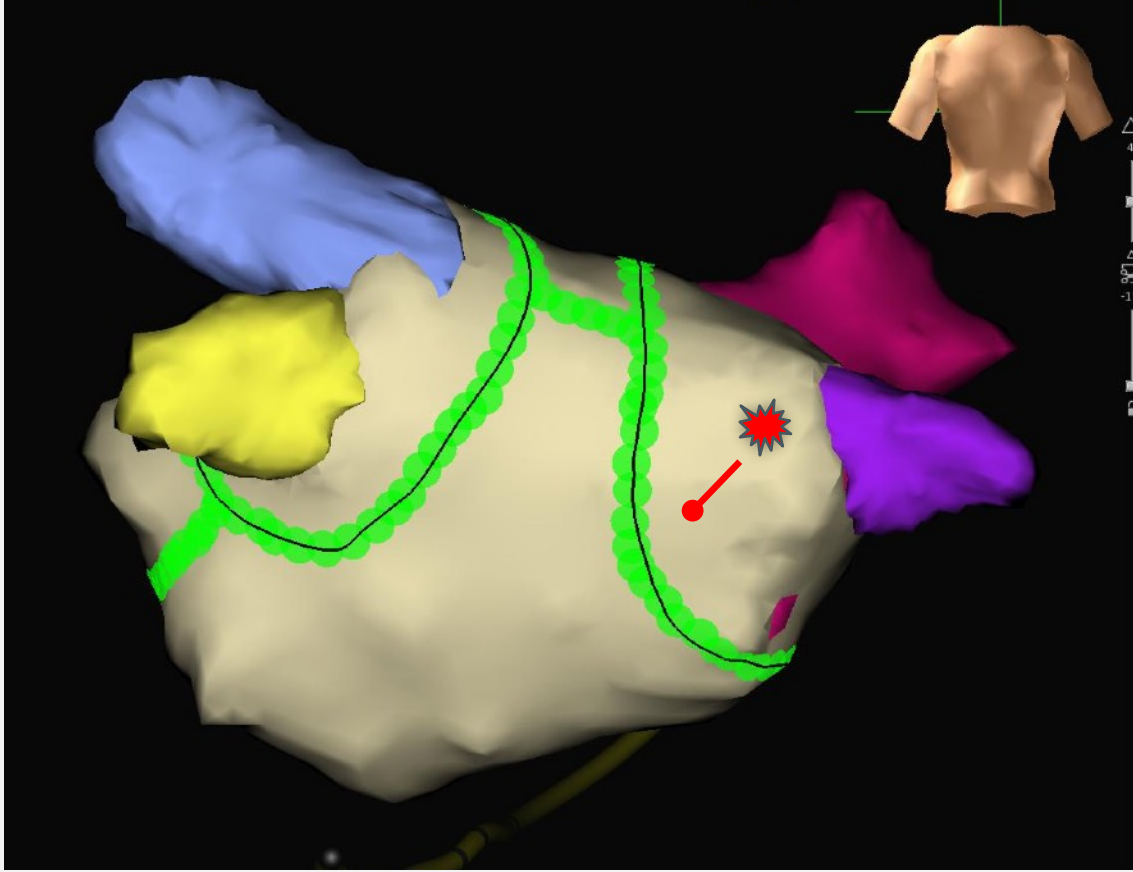
RIPV



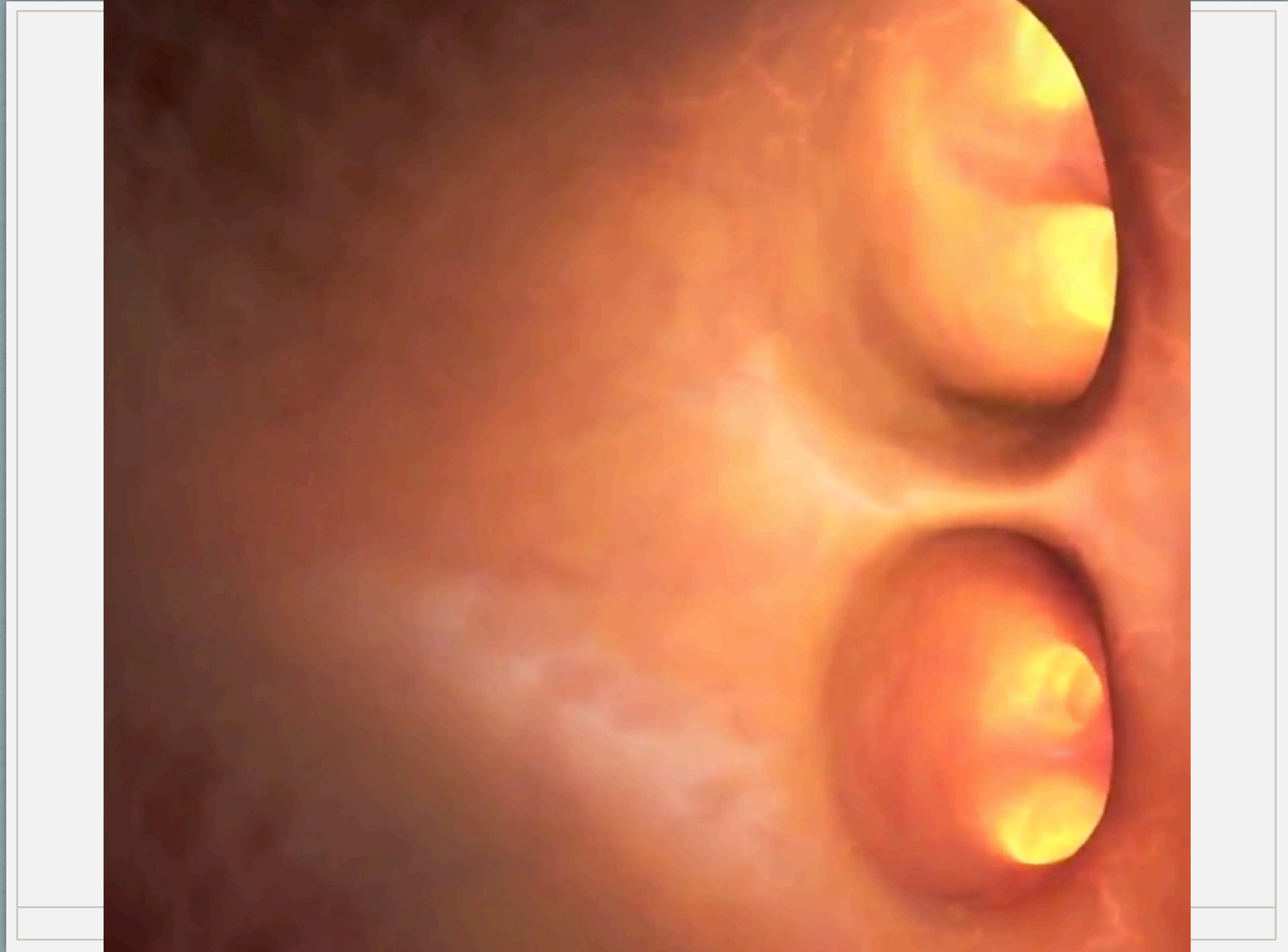


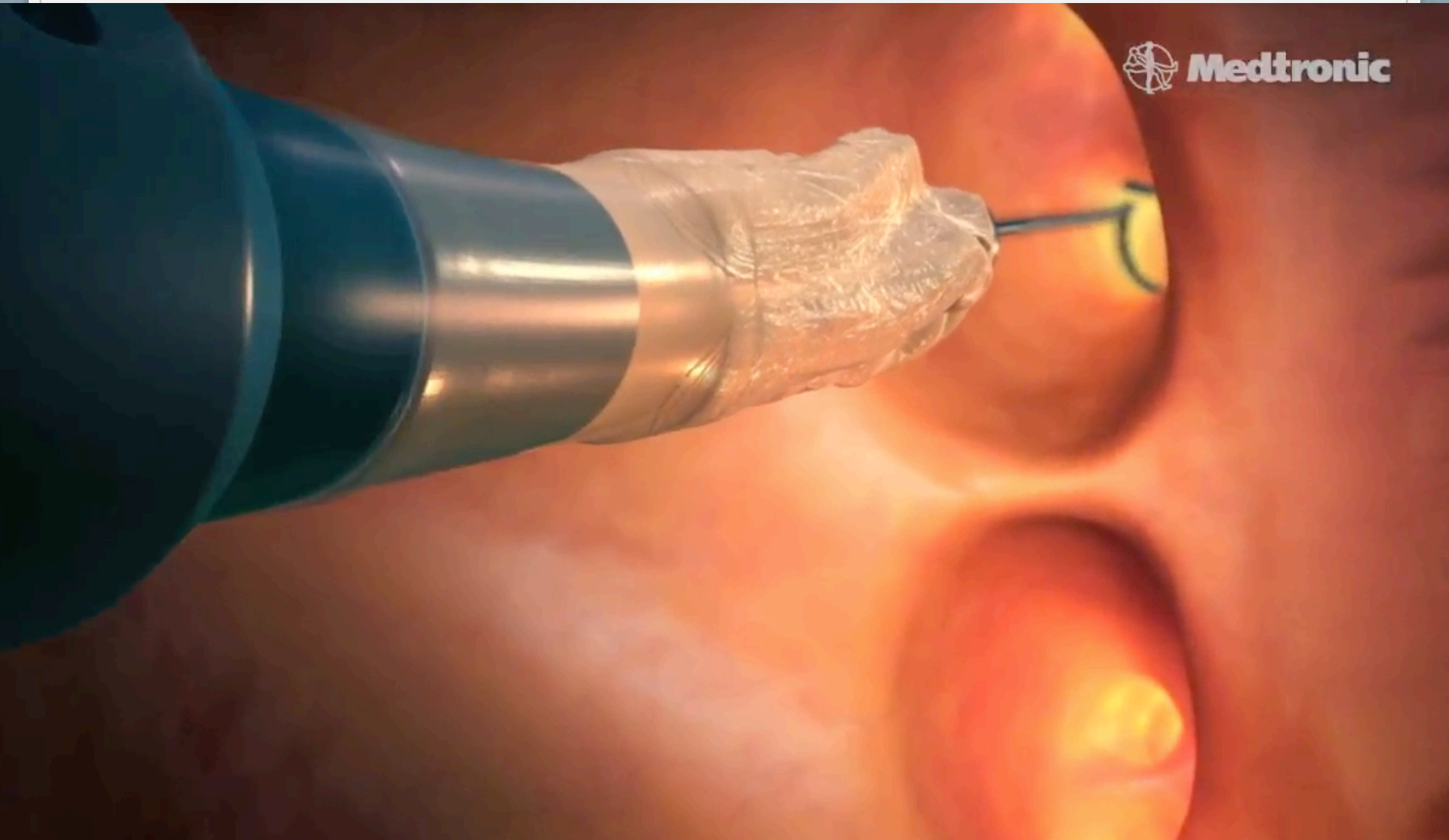


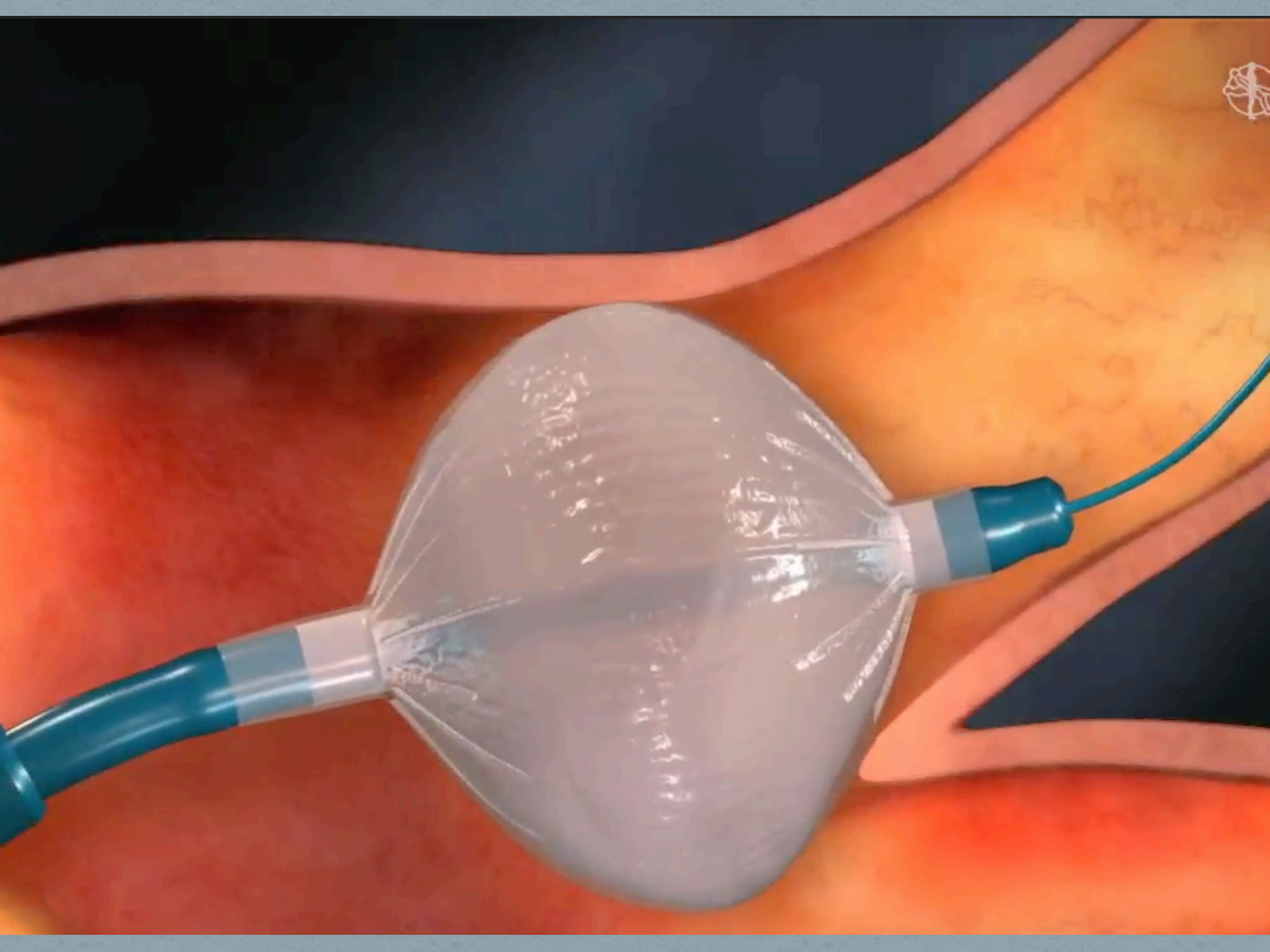


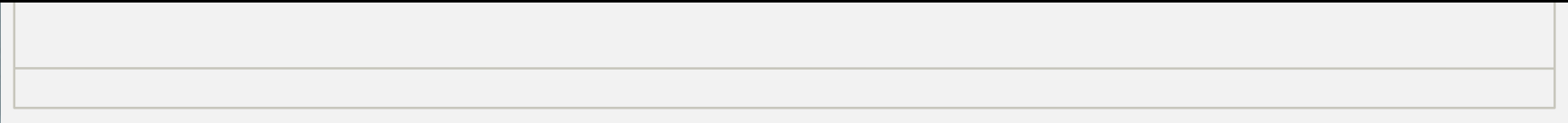
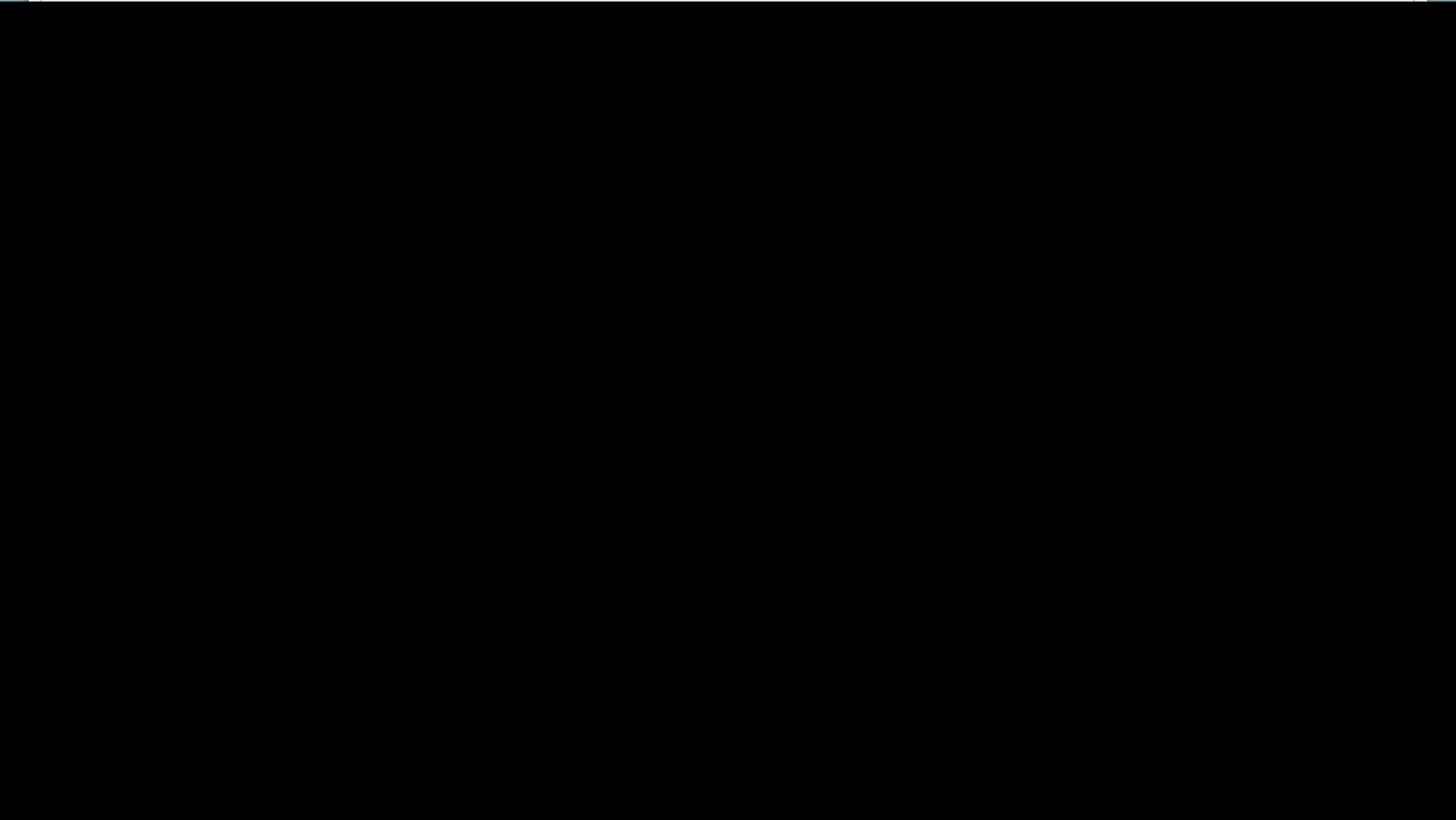
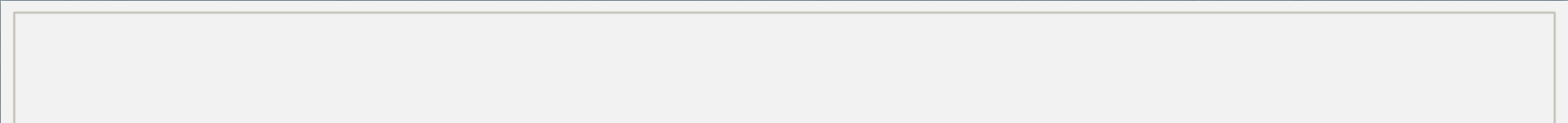










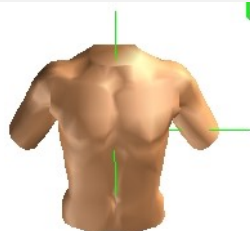


Surgical ablation

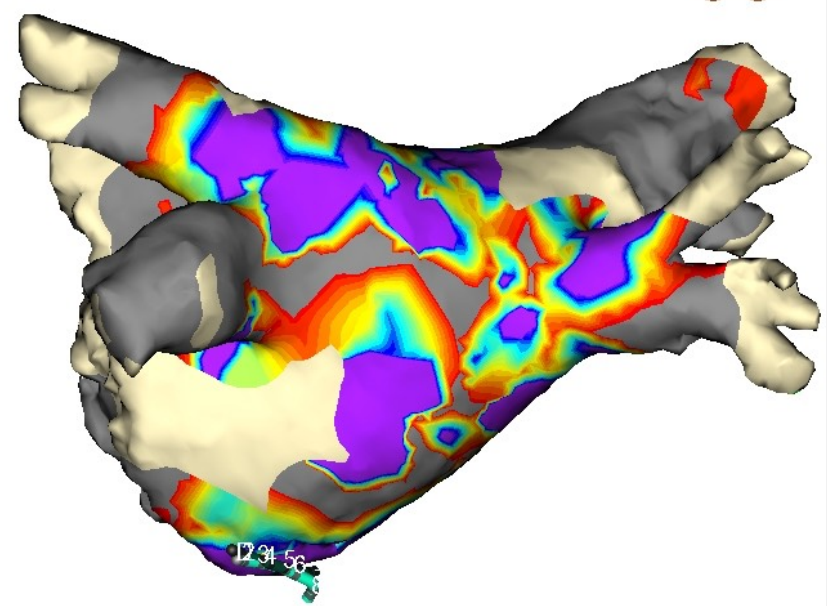
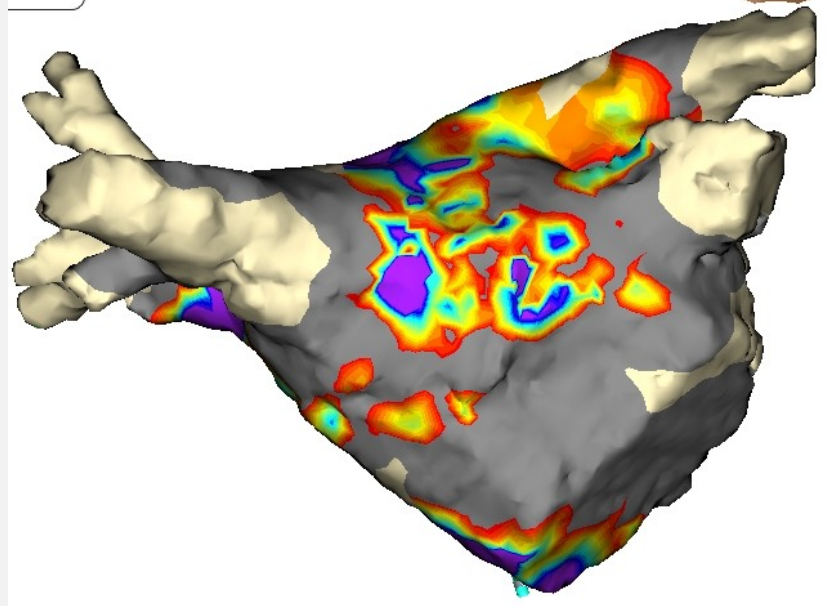
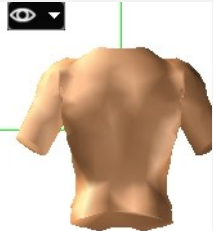




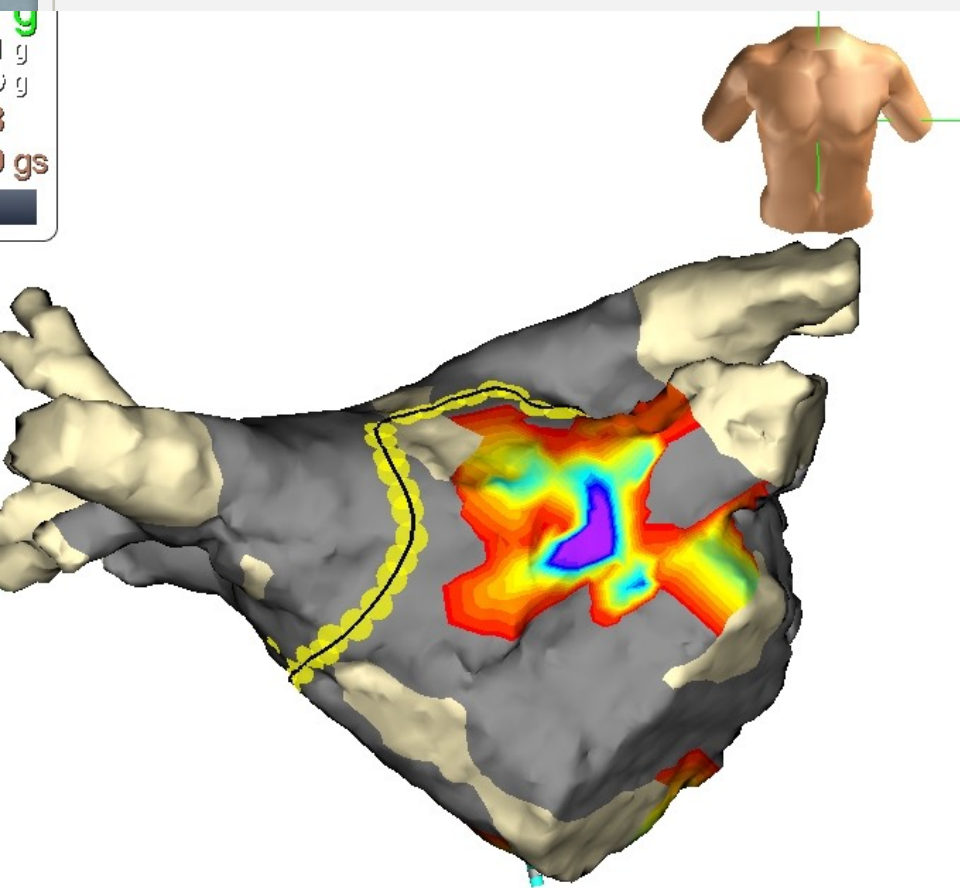
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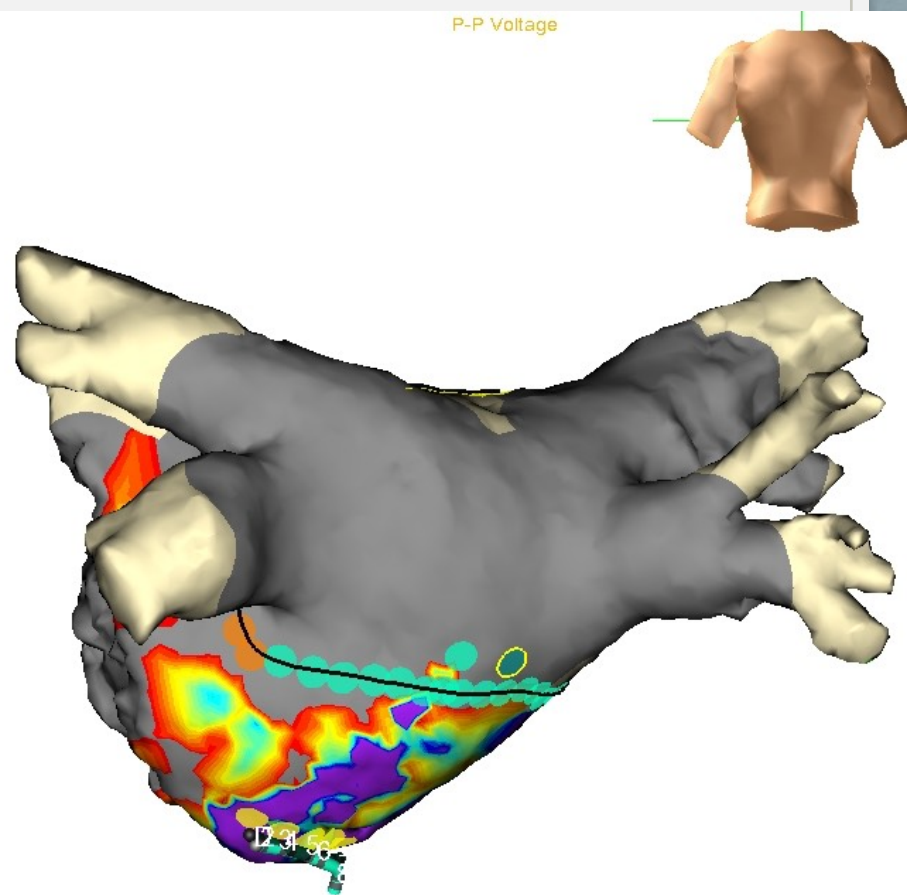
Initial Voltage
P-P Voltage



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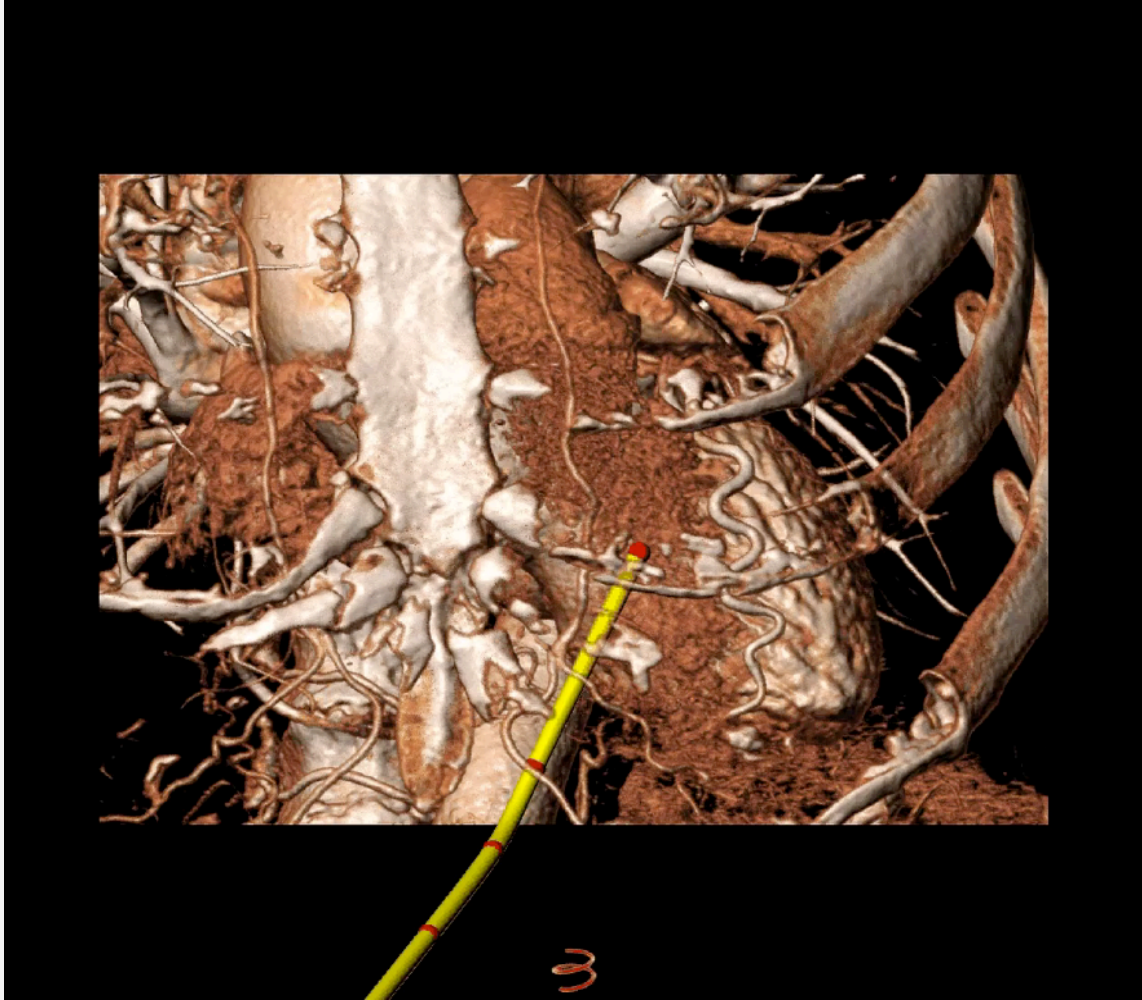


P-P Voltage



aMAZE Trial

- Patients with persistent Afib
- Goal is to eliminate Afib
- Extra benefit of possibly eliminating need for blood thinners.



S

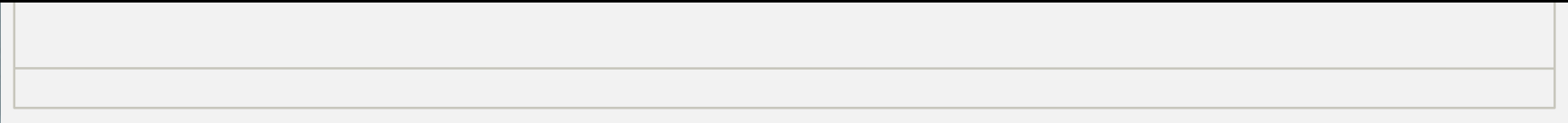
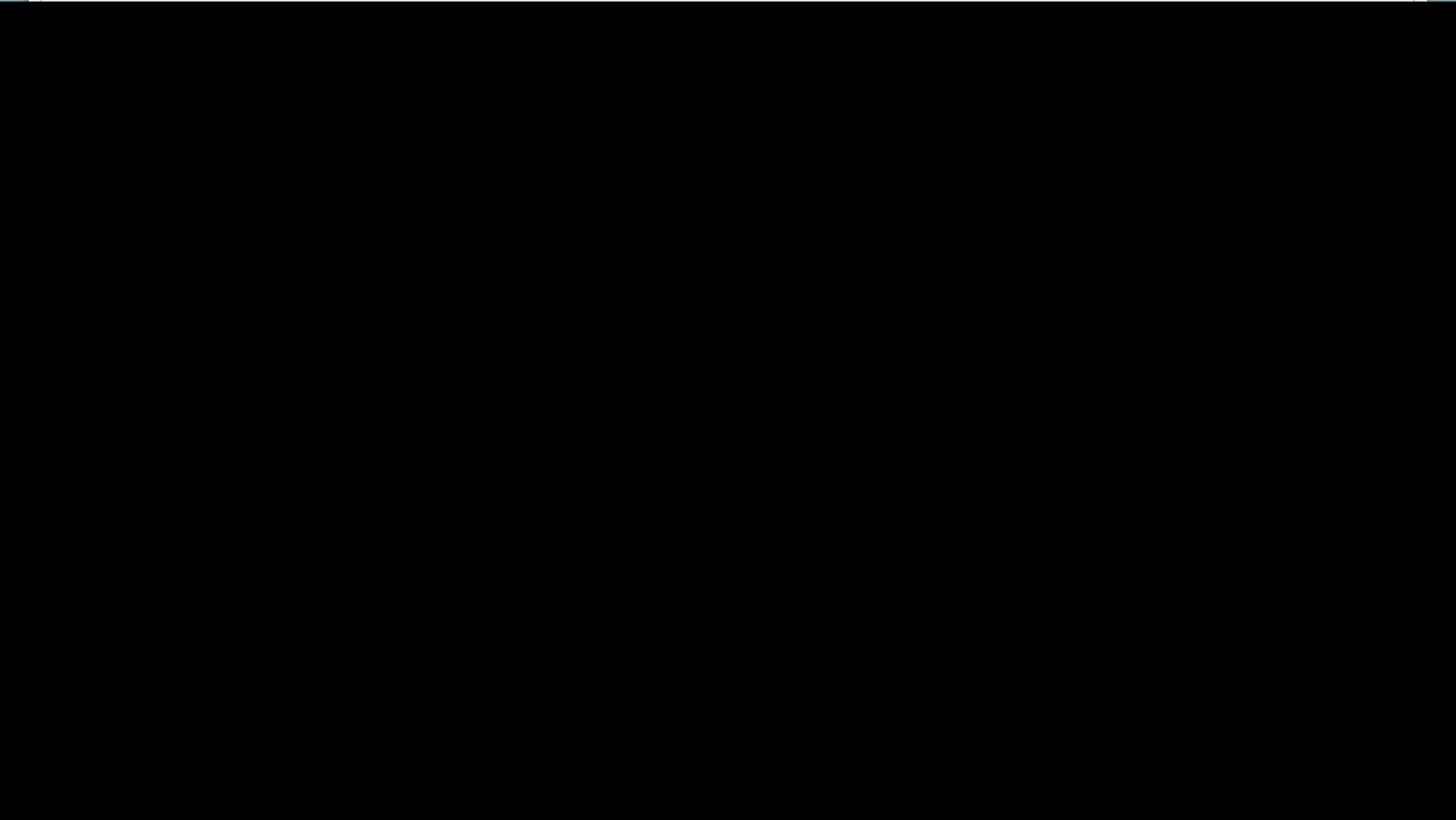
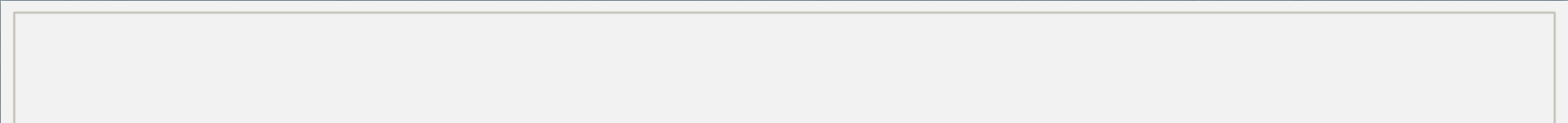
A

R

L



I



What happens after the procedure?

- You will wake from sedation, go to recovery area
- Family can join you at that time
- May be admitted to the hospital or go home the same day.
- Resume medications, including blood thinners.

What happens after the procedure?

- Occasionally chest pain will occur.
- Follow-up with your physician in 4 weeks.
- Repeat testing may be needed
 - Echo
 - Heart monitor

What if the Afib comes back?

- Sometimes your afib may flare up in the first 4 weeks.
- If afib continues, medications or repeat ablation may be necessary.
 - Average number of procedures needed is 2

Summary

- Many patients are candidates for Afib ablation.
- There are several different approaches to Afib ablation.
- Your doctor will help you work through the process-
from start to finish.