

Atrial Fibrillation



What is it?

Atrial fibrillation is a condition in which the upper chambers of your heart (atria) beat in a very rapid and irregular manner causing the lower chambers (ventricles) to also beat quickly and irregularly. It can be caused by high blood pressure, previous heart attacks, heart valve disease or other heart disease. In some patients no obvious cause can be found. Atrial fibrillation can be triggered by extra beats that come from the “pulmonary veins” which drain blood from the lungs into the left atrium. The ablation procedure entails “burns” in the regions around these veins in an attempt to stop the triggering beats and prevent the atrial fibrillation.

Tests We Do

Ablation is usually reserved for patients who have intermittent

episodes of atrial fibrillation, have failed a number of medications, and have a relatively normal heart. An echocardiogram is performed to ensure that heart structure is normal. Six weeks of blood thinner (Coumadin) is required prior to the procedure as well as an injectable form of blood thinner (Fragmin) for the last 5 days. The procedure can be performed in atrial fibrillation or in normal rhythm. Catheters are introduced through one or both legs. These catheters are placed in the left atrium near the pulmonary veins to record the electrical activity and plan the “burning” procedure. Contrast is injected into the veins to identify them on x-ray. Three months after the procedure a CT scan of the chest is performed to examine the pulmonary veins.

Treatment

Success Rate:

Unlike some of the ablation procedures we perform, ablation for atrial fibrillation is changing quickly year to year. Over the year following ablation, 70% of patients will have no further episodes of atrial fibrillation without the need for drugs. Another 10% will have no atrial fibrillation on a drug that was previously ineffective. After ablation: All patients stay overnight and most go home by noon the next day. Injectable blood thinner (Fragmin) is started the evening of the procedure or the following morning for 7 days. Coumadin is also started at the same time but takes 5-7 days to begin to work. Patients are discharged on their heart rhythm medications for 3 months and then seen in clinic to discuss stopping them. Coumadin is continued for at least 3 months. In patients with certain medical issues (high blood pressure, diabetes,

heart failure, previous stroke) Coumadin must be continued indefinitely, regardless of the procedure. In patients without these issues, Coumadin may be stopped and replaced with Aspirin at the 3-month follow-up appointment.

Risks

As in any medical procedure, there are risks that you should be aware of. The overall risk of something bad happening is 3-4%. The risks are:

- Life-threatening problems such as Heart attack or stroke
- Injury to the esophagus
- Damage to heart requiring surgery
- Collapsed lung
- Blood vessel injury requiring surgery
- Blood clots in vein or lung
- Ongoing pain at the insertion site

FAQ's

Q. Will I be asleep?

A. Most procedures are performed under anaesthesia, but this cannot be ensured.

Q. Will I be cured?

A. Recurrence of Atrial fibrillation in the first 3 months does not mean that the procedure has failed. A large amount of healing occurs during this time and the heart is very “irritable”. Recurrence of atrial fibrillation after this time period suggests possible failure. Medications can be re-introduced and the atrial fibrillation