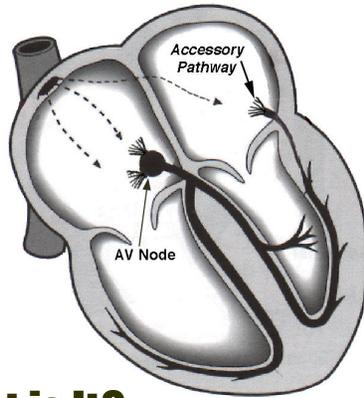


Procedures for Paroxysmal Supraventricular Tachycardia



What is It?

PSVT (also called PAT) is an abbreviation for “paroxysmal supraventricular tachycardia”, which is a kind of non-dangerous heart racing. There are two main causes for it and both are due to a “short-circuit” in the electrical system of the heart.

The first is Wolff-Parkinson-White (WPW) syndrome. Everybody has a normal electrical cable (AV node) that connects the upper and lower chambers of the heart. People with WPW have another “wire” or pathway joining the upper and lower parts of the heart. This can cause your heart to race.

The second cause of PSVT is atrioventricular nodal re-entry. The AV node can develop a short-circuit so that the electrical signal can get trapped in a loop around the AV node.

Treatments

There are several ways of treating PSVT. Since PSVT is rarely dangerous, you may choose to do nothing if your problem is not causing you serious concern. Drugs can be prescribed on a trial-and-error basis to try to prevent further attacks if heart racing is bothering you. The chances are that PSVT will be a lifelong problem so drug therapy would also be for the rest of your life. Finally, you may choose to have an electrophysiology study (EP Study) and catheter ablation procedure to destroy the short circuit and cure you of the PSVT. The success rate for catheter ablation is 95-99% with the first procedure. Some people have recurrence of PSVT and need a second procedure.

EP Study & Ablation

The electrophysiology (EP) study is done to determine which condition is causing your PSVT. It is a day procedure that takes 2 hours to do but involves coming to the EP lab at the University Hospital. Wires are placed in the heart through veins in your groin and under the left collarbone. We use these wires to pace the heart and trigger your tachycardia. By taking measurements from inside the heart we can determine which problem is causing your tachycardia. After the EP study is finished, a catheter ablation can be done during the same session to cure either the WPW or AVNRT problem. Catheter ablation can take an additional 1-3 hours.

Risks

ALL medical procedures have risks and you need be aware of the most common risks.

The overall risk is 1-3% and includes:

- Collapsed Lung
- Bleeding & bruising
- Infection
- Damage to heart and/or blood vessels
- Blood clots in vein
- Mild pain in the groin and shoulder
- Stroke or heart attack
- Pacemaker

FAQ's

Q. How long will the ablation take?

A. On the average, 3-6 hours!

Q. When can I go home after my ablation?

A. Most people go home the same day or next morning.

Q. Who is doing the procedure?

A. We have a team of 5 doctors. On any given day, you could have any one of them but they work closely as a team and more than one may be involved if required. Be assured that they all have years of experience and you are in good hands.

Q. Will I be put to sleep for the procedure?

A. General anesthesia is not usually needed for the procedure but an anesthetist or the nurses may give you intravenous medications to help you relax and sleep during the procedure.