

What can I expect before, during and after my ablation for atrial fibrillation?

Prior to your ablation:

- Our nurses will arrange how you should stop your blood thinners and any other medications you may be taking.
- You will arrive at the hospital the morning of the procedure, with nothing to eat or drink from the night before.
- An IV will be started when you arrive, and you will be brought to the electrophysiology lab for the procedure.
- An anesthesiologist will meet you and will be with you throughout your ablation procedure, providing you with general anesthesia.

During your ablation:

- You will be asleep during the entire procedure, which will take several hours from entering the room until leaving when finished.
- Catheters are positioned in the right groin to allow access to the heart to carry out the ablation procedure
- For all patients, an ultrasound probe will be placed down the esophagus to view the heart to be sure there are no blood clots in the atrium (transesophageal echo). An esophageal temperature probe is not needed when pulsed field ablation is used.
- All catheters are removed while you are awakening. A venous closure device or "figure of eight" stitch will be used to close the vein site.
- As we have been able to keep our average ablation time well under 2 hours, we do not routinely place a bladder catheter for the procedure.

After your ablation:

- You may be kept overnight at the hospital and in most instances discharged the following day. If your ablation is early in the day and you have a place to stay near the hospital, you might be discharged the same day.
- We will keep you on anticoagulants (blood thinners) after the procedure, even if you were not on them previously.
- Our incidence of significant complications has been extremely low. Our overall complication rate over 22 years is 1.8%.
- We will work with your local physician to coordinate follow-up care.
- Recurrent arrhythmias are very common in the first 4 months and do not necessarily indicate that the ablation was unsuccessful.
- A second procedure to gain complete cure may be needed in up to 30% of patients, but will not be carried out until at least 3-4 months have elapsed.
- Additional questions will of course be answered by our physicians and nurses as they arise.
- We consider ourselves responsible for your well being after your procedure, and will always have one of our physicians available 24/7 to address any questions or concerns you might have.