

Ventricular Tachycardia (VT)

Information for patients



Following our discussion in clinic you have been put on to the waiting list for an ablation procedure to treat Ventricular Tachycardia (VT). We discussed the pros and cons of your treatment options in clinic. Hopefully this leaflet will help you remember some of the things that were covered.

- A catheter ablation for VT involves placing catheters in to the heart via veins and/or arteries at the top of the legs.
- Local anaesthetic is used to numb the skin before placing the small tubes in to the veins. We can give you medication to help you relax.
- We will perform a needle puncture to get to the left side of the heart.
- To reduce the risk of damage to the blood vessels that supply your heart with blood we may perform coronary angiography to demonstrate the position of these vessels.
- We then perform ablation by heating the heart and making a controlled area of scar.
- VT is a serious heart rhythm disturbance. Catheter ablation can reduce the chance of recurrences. It can also lower the chance of having a shock from an implanted defibrillator (ICD).

The chance of complication with this procedure is approximately 5%. This means that five patients would experience a complication for every 100 procedures performed.

Possible complications are summarised below:

- Serious complications, including death, can occur. This happens approximately once in every 100 procedures performed.
- Stroke happens approximately once in every 100 procedures.
- Bleeding around the heart requiring drainage with a needle and tube occurs approximately once in every 100 procedures.
- Approximately once in every 1000 procedures performed bleeding around the heart that needs an emergency operation occurs.
- Bleeding due to placement of tubes at the top of legs occurs approximately three times in every 200 procedures.
- If a coronary angiogram is performed there is a very small risk of heart attack and/or stroke occurring. This happens approximately once in every 1000 coronary angiograms.

Other options for the management of your heart rhythm disturbance were also discussed with you in clinic.

When thinking about the options you should think about:

- The chance of controlling symptoms with or without tablet treatment.
- The impact that ongoing symptoms could have on you, for example, limitation of activity, the delivery of ICD shocks or recurrent hospital admission for treatment.
- Some patients have side-effects with medication such as feeling tired or having a slow heart rate.

- If a medicine called amiodarone is used, more significant side-effects can occur.
- The possible side-effects with amiodarone use includes impairment of thyroid function requiring treatment, sensitivity of the skin to sunlight, skin discoloration, cataracts. Rarely, serious scarring of the liver or lungs can happen when amiodarone is used.

Further information can be found on the internet at www.heartrhythmalliance.org.

If you have any questions you would like to ask before coming to hospital for your procedure please contact us via the arrhythmia nursing team on **07584 184 507** or **0113 392 5884**.

Alternatively email arrhythmia.nurses@nhs.net



What did you think of your care?

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© The Leeds Teaching Hospitals NHS Trust • 1st edition Ver 1
Developed by: Ben Mercer, Cardiologist

Produced by: Medical Illustration Services • MID code: 20230927_014/JG

LN005717
Publication date
12/2023
Review date
12/2026