

Atrial Fibrillation

Information for patients



Following our discussion in clinic you have been put on to the waiting list for an ablation procedure to treat atrial fibrillation (AF). 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 AF involves placing catheters in to the heart via veins at the top of the legs.
- Local anaesthetic is used to numb the skin before placing small tubes in to the veins. Medication will be given to help you relax.
- We will perform a needle puncture to get to the left side of the heart and then perform ablation. We can do this by heating or freezing the tissue.
- The chance of controlling your symptoms from AF with this method is approximately 50-80%. This means 50-80 patients out of every 100 that have this procedure will feel better. The chance of success is affected by factors such as, how frequently your AF occurs and other medical conditions (for example high blood pressure, obesity) as well as features on your heart scan. These factors are slightly different for every patient and were discussed with you in clinic.
- One out of every four patients will need a second procedure.

There is a risk of complications associated with this procedure. The chance of complication with this procedure is approximately 3%. This means that three patients would experience a complication for every 100 procedures performed.

Possible complications are summarised below:

- Life threatening complications are rare and include damage to the oesophagus which can result in a connection forming (fistula) between the heart and the oesophagus. This would require an attempt at major, life-saving, surgery. This complication occurs approximately once in every 1000 procedures.
- Strokes occur approximately once in every 500 procedures.
- Permanent damage to the nerve controlling one of the breathing muscles happens approximately once in every 500 procedures.
- Narrowing of the veins that drain blood from the lungs to the heart happens approximately once in every 1000 procedures.
- Bleeding around the heart requiring drainage with a needle and tube happens approximately once in every 150 procedures.
- Approximately once in every 1000 procedures bleeding around the heart needs an emergency operation.
- Bleeding due to placement of tubes at the top of legs occurs approximately once in every 200 procedures.

Other options for the management of your palpitations were also discussed with you in clinic.

When thinking about the options you should think about:

- The chance of having AF and the impact this would have on you with or without tablet treatment.
- The chance of AF limiting your activity or the need for 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.

Before your procedure we would also encourage you to watch a short video explaining your procedure. This can be accessed by accessing this website (available in multiple languages) here: www.explainmyprocedure.com/af-ablation-leeds or scanning the QR code.

The code to access the video via the QR code is: **takeheart11221**

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?

Scan the QR code or visit bit.ly/nhsleedsfft

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