



CARDIAC ABLATION - Pre-care

Cardiac Ablation
WHAT YOU SHOULD KNOW:

- Your heart has a special electrical system built into it that controls your heart rhythm. Sometimes there is a problem with this electrical system in muscle. This problem may cause an arrhythmia (ah-RITH-mee-ah), or abnormal heart rhythm. If medicine does not correct the problem, or if you take medicines long-term, you may need a cardiac ablation (ab-LAY-shun). An ablation may also be called a catheter ablation, or a radiofrequency ablation.
- An ablation procedure is usually done at the same time as an electrophysiology study. This test is used to "map out" the electrical pathways in your heart to control your heart rhythm. This test helps your doctor find the exact spot where the ablation needs to be done. During an ablation, energy is sent through a special catheter to the area of your heart that has the electrical problem. This energy causes a tiny area of the heart muscle to scar, stopping the problem and allowing your heart to beat regularly. Ask your caregiver for more information about your heart problem, and tests and treatments that are done for it.

CARE AGREEMENT:

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

RISKS:

- Risks of having a cardiac ablation are rare, but include bleeding too much after the procedure. Rarely, the catheter may cause a problem with your heart that would take surgery to fix. The catheter may cause bleeding around your heart. You may have heart rhythm problems. Blood clots could go to your brain and cause a stroke. The clots could also go to your arm or leg, stopping blood flow. Caregivers will watch you closely for these problems.
- If you do not have an ablation, your health condition could get worse. Some people have heart rhythms that can be life threatening if not treated. Ask your caregiver if you are worried or have questions about your medicine or care.

GETTING READY:
The week before your ablation:

- Ask your caregiver if you need to stop taking any prescribed or over-the-counter (OTC) medicine before your ablation. Medicines you may need to stop include certain heart medicines, diabetic medicines, aspirin, ibuprofen, or prescription blood thinners. Do not stop any of your medications without your caregiver first. Tell your caregiver about any vitamins, supplements, or herbal medicine that you use, as they may change the way other medicines work.
- Tell your caregiver if you have ever had bleeding problems. Also, tell your caregivers if you are or think you might be pregnant.
- You may need to have tests done before the procedure, such as blood tests or a chest x-ray. **Appointment information:**

- Ask a family member or friend to stay with you after the ablation. They can help take care of you if you need to lie flat in bed after the procedure. You will need someone to drive you home when you leave the hospital after your ablation.

The night before your ablation:

- Your stomach needs to be completely empty (no food or water) for 6 to 12 hours before the ablation. **Directions for eating and drinking:**



- If you have diabetes, ask your caregiver for special instructions about what you may eat and drink before your procedure. If you use medicine to your caregiver may have special instructions about using it before the procedure. You may need to check your blood sugar more often before an your procedure.

The day of your ablation:

- **Ablation date and location:** _____
- **Time to arrive:** _____
- **What to bring:** _____ . Bring with you any lab test results you were given, and any papers your caregiver has sign. You may want to bring personal belongings such as a bathrobe, slippers, and toothbrush. Leave valuable items such as jewelry and money
- **Medicines:** Ask your caregiver before taking any medicine on the day of your ablation. These medicines include insulin, diabetic pills, high blood and heart pills. If you take pills on the day of your ablation, take them with very little water, and write down the time they were taken. Bring a list o medicines or the pill bottles with you to the hospital. Tell your caregiver about any herbal supplements or over-the-counter medicines you have ta Tell your caregiver if you are allergic to medicines, tape, or anything else.
- **Bathing:** Take a complete bath or shower and wash your hair before your ablation. You may not be able to fully bathe until a few days after the p Remove any nail polish.
- **Contacts, dentures, and hearing aids:** Do not wear contact lenses the day of your ablation. You may wear your glasses. If you regularly wear c hearing aids, wear them to the hospital. You should be able to keep them in during the ablation. Your caregivers may need for you to hear and ta clearly during the procedure.

Informed consent: You have the right to understand your health condition in words that you know. You should be told what tests, treatments, or procedur done to treat your condition. Your doctor should also tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that caregivers permission to do certain tests, treatments, or procedures. If you are unable to give your consent, someone who has permission can sign this fo consent form is a legal piece of paper that tells exactly what will be done to you. Before giving your consent, make sure all your questions have been answe you understand what may happen.

TREATMENT:

What will happen:

- You will be asked to remove all clothing and change into a hospital gown. Go to the bathroom before the test so that you will be comfortable. Car ask you to remove any jewelry, hairpins, glasses, and dental plates. You may be hooked up to one or more machines to monitor your heart, bloo breathing. You may have one or more IV tubes placed in your vein which are used to give you medicine or liquids. You may receive medicine to l or make you drowsy. You may get medicine called local anesthesia that will numb the area where the catheter will go in.
- You will lie on a movable x-ray bed. Lead aprons may be placed over your neck or body to protect you from x-rays. A caregiver will use soap to c over the blood vessels that will be used during the procedure. This soap may make your skin yellow, but it will be cleaned off later. The skin may see the area better. Sterile (germ-free) sheets will be put over you to keep the area clean. One or more catheters will be put into your blood vess your neck or groin. X-rays will be taken to help your doctor guide these catheters through your blood vessels to your heart.

After your ablation:

- When the ablation is over, the catheter will be taken out of your blood vessel. Firm pressure will be put over where the catheter went into your sk pressure may be held for at least 10 to 20 minutes. This allows the vessel to stop bleeding and seal over (clot). After pressure is held, you may h pressure bandage and a sandbag placed over the puncture site. You will be able to eat and drink after caregivers know that the catheter site is s that your stomach is feeling OK. A collagen plug, stitches, or another device may be used to close a blood vessel.
- Caregivers will check your vital signs (blood pressure, heartbeat, and breathing) often for the first one to two hours after your ablation. They will e blood flow in the arm or leg that was used for the ablation. You may need lie flat and keep your arm or leg straight for several hours after your ab your caregiver's instructions carefully. **Moving too soon after an ablation may cause serious problems.** Do not raise the head or foot of your of bed until your caregiver says it is OK. Let your caregiver know if lying flat is uncomfortable for you.
- You must use a bedpan or a urinal until you are able to get out of bed and go to the bathroom. If you are unable to use a bedpan or a urinal, a fo may be placed in your bladder. This catheter drains urine from your bladder into a special collection bag. Have a friend or family member stay wil are allowed to sit up and move around in bed. They can help you eat and drink during the time that you have to lie flat. When you are allowed ou slowly. If you ever feel weak or dizzy, sit or lie down right away. Then call your caregiver.
- **Caregivers will watch you closely for problems that can happen after an ablation. Tell your caregiver if:**
 - You have chest pain, pressure, or tightness.
 - Your leg or arm feels unusually hot or cold, or turns a different color. Tell caregivers if your leg or arm hurts, or feels tingly or numb.
 - You feel swelling or wetness at the puncture site.



- You have pain in your back, thigh or groin.
- You feel nauseated (sick to your stomach) or start to sweat a lot.

Waiting room: This is a room where your family and friends can wait until you are ready for visitors after the ablation. If your family leaves the hospital, as a phone number where they can be reached.

CALL _____ IF:

- You cannot be at your appointment on time.
- You have questions or concerns about your procedure.
- You get sick (a cold or flu) or have a temperature over _____ . Your procedure may need to be done later when
- You took any medicine that you were told to stop, such as heart medicine. Your procedure may need to be done later, after you have stopped tak medicine for a period of time.
- The problems for which you are having the ablation get worse.




