

## Reference sources

- Arrhythmia Alliance  
info@heartrhythmcharity.org.uk
- Cardiac Electrophysiology and Catheter Ablation Book by Bashir, Yaver

## Further information

- Arrhythmia Alliance  
01789 450787  
info@heartrhythmcharity.org.uk
- Atrial Fibrillation  
www.atrialfibrillation.org.uk
- British Heart Foundation/  
www.bhf.org.uk

## Contact details

**Cardiac Day Ward**  
01483 571122 Ext 6326

### Cardiology Department Clinical Measurements

Royal Surrey County Hospital NHS  
Foundation Trust, Egerton Road,  
Surrey, GU2 7XX  
Tel: 01482571122 Ext 6419

Royal Surrey County Hospital (RSCH) NHS  
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practice framework, November 2010.

### PALS and Advocacy contact details

Contact details of independent advocacy  
services can be provided by our Patient Advice  
and Liaison Service (PALS) who are located in  
far left corner as you enter the main reception  
area. PALS are also your first point of contact  
for health related issues, questions or concerns  
surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–4.00pm  
Monday to Friday

If you would like information documents in  
large print, on tape or in another language  
or form please contact PALS.

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Author: Gerardin Mackin  
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# Atrial Flutter Ablation



## Cardiology

The purpose of this patient information leaflet is to explain the use of catheter ablation in the treatment of atrial flutter. This leaflet is intended for patients being considered for atrial flutter ablation and would therefore like to know more about the procedure.

## What is Atrial Flutter?

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Atrial Flutter is a common abnormal heart rhythm. It produces a rapid heartbeat which occurs in the upper chambers of the heart (atria), most commonly the right atria. This rapid heartbeat can cause symptoms such as palpitations, shortness of breath, light-headedness or fatigue. However sometimes patients are not aware of any symptoms. Atrial flutter can occur intermittently or the patient can permanently be in this rhythm. Atrial flutter is also associated with a risk of stroke.

## What is catheter ablation?

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A catheter ablation is an invasive procedure performed under local anaesthetic. It is used to help treat electrical abnormalities in the cardiac tissue. Access to the heart is gained through a vein at the top of the right leg. A long thin wire known as a catheter is passed into the heart via this vein. Fluoroscopy (video x-ray) is used to position the catheters in specific locations within the heart. These catheters are used to stimulate the heart tissue, revealing the area responsible for atrial flutter. Once this tissue is located, radiofrequency energy is delivered from the tip of the catheter to ablate this area. This creates scar tissue that prevents any rogue electrical signals from conducting through to the otherwise healthy conduction system. This procedure has a 90% success rate.

## What can I expect the day of the procedure?

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On the morning prior to the procedure you may have a light early breakfast of toast or a bowl of cereal and a cup of tea, before 6:00 am. Please take all your normal medications except the medications listed on the appointment letter. After taking your medications please do **NOT** forget to bring them **ALL** with you so that nursing staff can record anything that you may be taking.

You will arrive at the Cardiac Day Ward (CDW) at the time advised on your letter. A cardiac nurse will be there to greet you before checking you in. This includes vital observations, inserting a cannula in to a vein in your arm (in case we need to give you any medication during the procedure) and completion of a questionnaire checklist. The doctor will then discuss the procedure benefits and risks with you, before gaining your consent to proceed.

Once inside the laboratory, you will be greeted by a cardiac technician who will attach you to an ECG monitor and a blood pressure cuff. The cardiac scrub nurse will then prepare the top of your right leg for the procedure and cover you with a sterile blue sheet (this sheet does not cover your face).

## What can I expect post procedure?

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Once the procedure is finished you will return to the CDW. You will have to lay flat for 2 hours. After this time, if there is no bleeding at the top of the right leg, you can sit up.

Long term, the majority of patients recover quite quickly from the procedure. **Heavy lifting should be avoided for 48 hours. The DVLA also recommends that you don't drive for 2 days post ablation.**

## Are there any alternatives to this procedure?

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If you are looking to terminate atrial flutter this is the only procedure available. Medication can control the heart rate during atrial flutter but cannot terminate it.

## Are there any risks of the procedure?

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- During the ablation pain maybe felt in the centre of the chest. This is as a result of the heat being produced while we are ablating the abnormal cardiac tissue. This pain is usually controlled with pain relief medication which we can regulate during the procedure.
- Bruising at the top of the leg is the most common side effect of the ablation. This is due to the anticoagulation medication as bleeding from the puncture at the top of the leg takes longer to stop
- On rare occasions, the normal electrical activity of your heart tissue can be damaged during the ablation. If this occurs, a pacemaker would be required to correct this. **This only occurs in 0.5-1% of cases.**

Risks and complications of the procedure will be discussed with you further on the day of the procedure with the consultant.