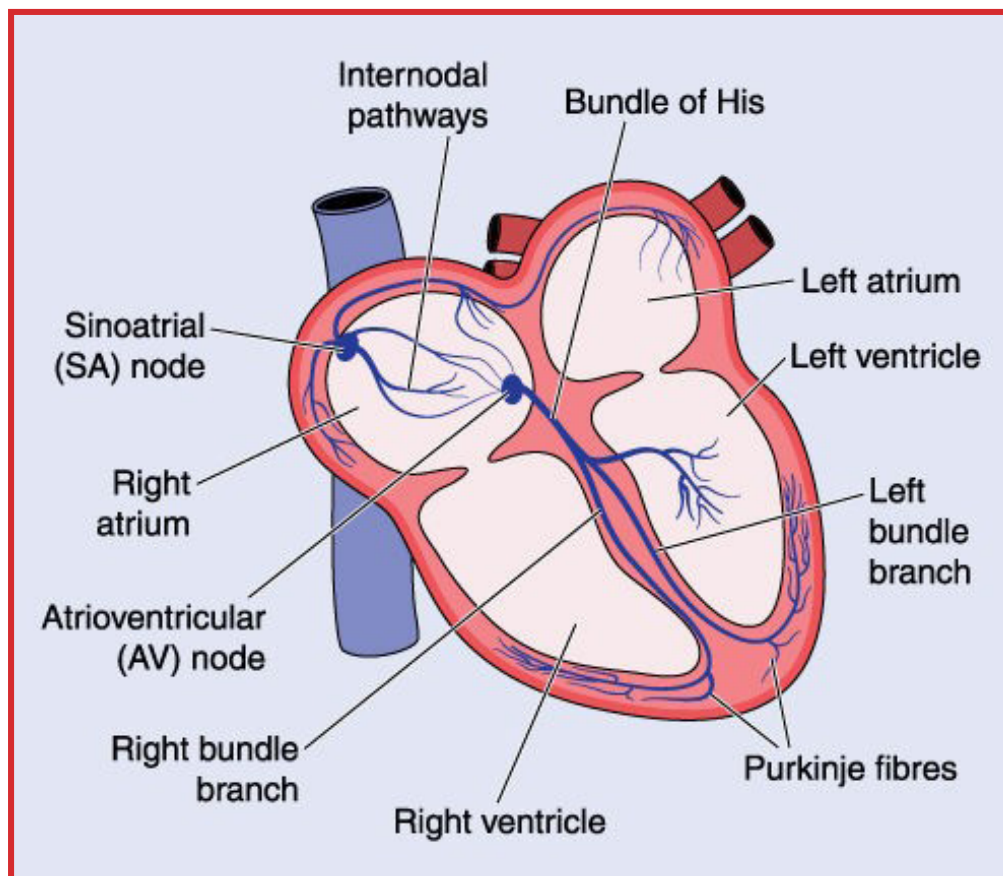


AV NODE ABLATION

In some patients, restoration of sinus rhythm, or a normal heart rhythm through the use of medications and/or catheter ablation for atrial fibrillation is unattainable. This may be due to the presence of long-standing atrial fibrillation, prior failed ablations, severe medical conditions, or age.

In this instance your doctor may consider a pacemaker implantation with a RF ablation of the atrioventricular (AV) node. This blocks conduction of the rapid atrial fibrillation to the ventricles and the pacemaker controls the heart rate.



How is the procedure done?

A catheter is advanced to your heart from the femoral vein in your groin. Once in the left atrium, the doctor will deliver energy to destroy the tissue of the AV node with heat. You will have a pacemaker implanted prior to having the AV node ablation.



Risks/Complications:

- Bleeding
- Infection
- Damage to heart muscle
- Need to have pacemaker or leads repositioned/replaced

Recovery:

- On day of procedure you will have to lay flat/rest for a few hours following procedure. This is to allow the access site at the femoral vein sufficient time to clot before getting up to walk around
- When you go home, minimize your activity in first 3 days following procedure
- Avoid heavy lifting >10lbs, or bending over during week following procedure
- After initial 3 days you can gradually return to your usual activity as tolerated

When to call the doctor:

- Fever >100.4F
- Redness
- Swelling
- Bleeding/drainage from groin access site
- Dizziness or passing out
- Heart rate >100bpm at rest or feeling like your heart is racing at any time

Follow-up:

It is important to have continued follow-up in clinic for your pacemaker. As your body has been used to your heartrate going faster when in atrial fibrillation, your heart rate is reduced over time, to allow you to get used to a slower rate gradually. On the day of the procedure your doctor will set your pacemaker at 90 bpm.

You will have a follow up appointment 2 weeks after your ablation to have your pacing rate reduced to 80 bpm. Then 2-3 months later your rate is usually reduced to 70bpm. This plan is individualized, and your doctor will discuss with you what is appropriate for you. The rate reduction is done this way to allow your body to gradually get used to a slower rate.

Keep in mind, symptom relief can take time as we gradually reduce your heartrate. Instead of rapid rates in atrial fibrillation, your heart rate will be more regulated once your rate is down to a lower rate.