VENTRICULAR TACHYCARDIA (VT) ABLATION

MultiCare Pulse™ Heart Institute

Why would my doctor suggest an ablation for my VT?

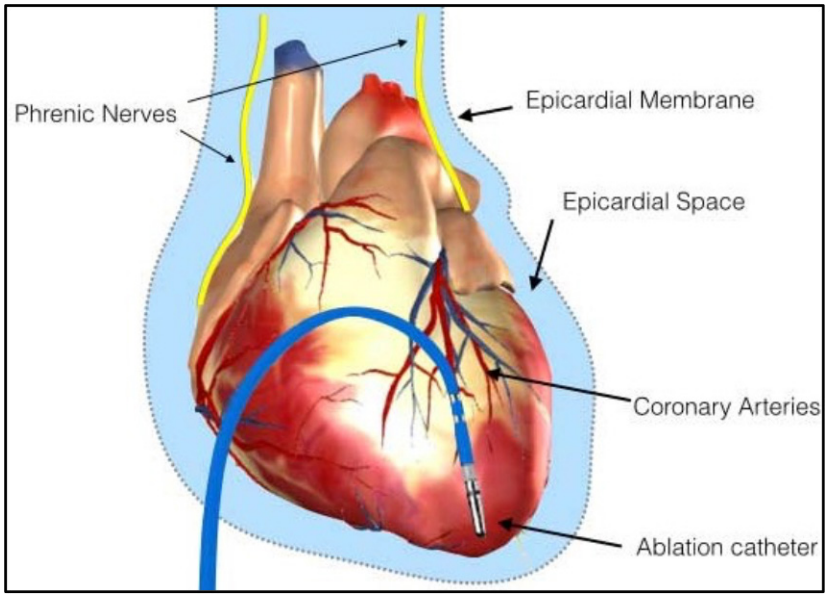
For patients with structural heart disease (such as prior MI (heart attack), dilated cardiomyopathy, or arrhythmogenic right ventricular cardiomyopathy), catheter ablation is recommended for any of the following conditions:

- Symptomatic sustained monomorphic VT (SMVT), including VT terminated by an ICD, that recurs despite antiarrhythmic drug therapy or when antiarrhythmic drugs are not tolerated or not desired
- Incessant SMVT or VT storm not due to a transient reversible cause
- Recurrent SMVT and ventricular fibrillation (VF) that is refractory to antiarrhythmic therapy when there is a suspected trigger that can be targeted for ablation

For patients with structural heart disease, catheter ablation should be considered for patients with any of the following:

- One or more episodes of SMVT despite therapy with one or more class I or III antiarrhythmic drugs
- Recurrent SMVT due to prior MI and expectation for at least one year of survival as an acceptable alternative to amiodarone therapy
- Hemodynamically tolerated SMVT due to prior MI who have reasonably preserved left ventricular ejection fraction (LVEF >35 percent) even if they have not failed antiarrhythmic drug therapy

➔Most patients will be treated with a course of antiarrhythmic therapy (in addition to an ICD) prior to pursuing catheter ablation



The procedure:

A VT ablation is done as an outpatient procedure. In most cases you will go home the same day, but in some situations, your doctor may decide to keep you in the hospital overnight for monitoring. After being numbed with local anesthetic, a small puncture is made in the femoral vein in your groin.

The doctor will then thread a catheter from the vein in your groin up to your heart.

Once the catheter is positioned in your heart, the doctor will attempt to induce (trigger) your heart rhythm into VT. The doctor does this by sending electrical signals through the catheter to stimulate the heart. While in VT, using images of your heart, the doctor will map where in your heart the VT is originating from.

The 12-lead electrocardiogram of VT helps guide the area of interest where mapping should be focused. Your doctor then can use radiofrequency (RF) to ablate the problem tissue in your heart creating a scar. This can prevent the VT from recurring as a result of the ablated area.

Potential Complications of VT Ablation:

- Bleeding, hematoma formation or infection at catheter access site
- Blood clot: pulmonary embolism or systemic thromboembolism
- Cardiac chamber or coronary sinus perforation
- Cardiac tamponade: compression of heart due to build up of fluid in the sac around the heart
- Pericarditis: inflammation of the thin membrane that surrounds the heart
- Coronary artery thrombosis/myocardial infarction
- Heart block: depending on the location of the VT, your heart's normal conduction system may be damaged
- Stroke or Death

Recovery:

- ***On day of procedure:*** you will have to rest and lay flat strictly for 1 hour and continue resting for an additional two hours during which you may have the head of the bed raised before you can get up and walk around. This is to allow the access site at the femoral vein to clot sufficiently and prevent bleeding.
- ***When you go home:*** minimize activity in first three days following your procedure
- Avoid lifting anything heavy >10 lbs or bending over. You can then gradually begin returning to your usual activity level as tolerated.

When to call your doctor:

- Fever >100.4F
- Trouble swallowing
- Coughing up blood
- Persistent cough
- Shortness of breath
- Severe chest pain

Signs of Stroke➔ call 911 if any sign of stroke

- Weakness/numbness, tingling or loss of feeling in face/arm/leg
- vision changes
- trouble speaking or understanding others
- confusion
- loss of balance, impaired coordination
- feeling of spinning or blackouts
- severe headache