

ATRIAL FLUTTER ABLATION

Catheter Ablation for Atrial Flutter is done to prevent further episodes of Atrial Flutter from occurring. An ablation is done as an outpatient procedure by an electrophysiologist (a cardiologist that specializes in heart rhythm management). The doctor will thread one or more catheters from the vein in your groin up to your heart.

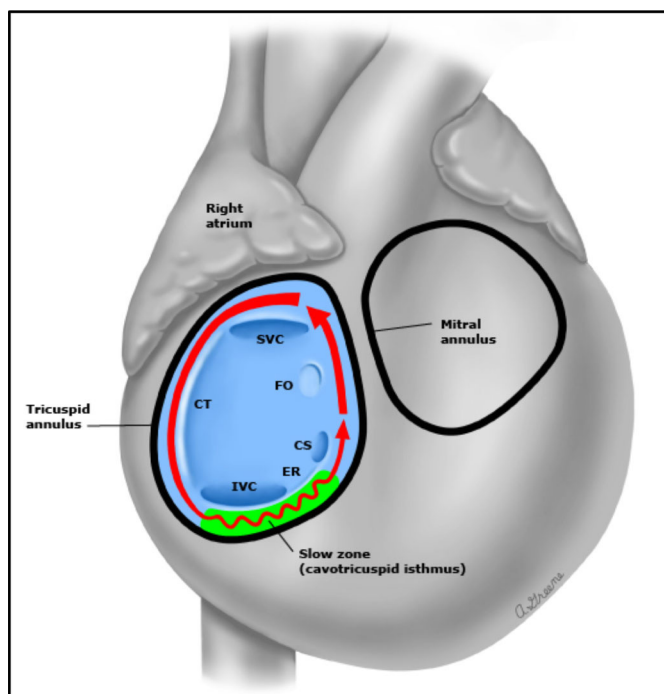
Once the catheter is positioned in your heart, the doctor will attempt to induce (trigger) your heart into atrial flutter by sending electrical signals through the catheter to stimulate the heart. The doctor is then able to identify the circuit causing your atrial flutter and using radiofrequency (RF) to create a line of scar in the area of your heart causing the problem. This prevents the circuit from causing any further atrial flutter.

The area of your heart in which your doctor performs the ablation, depends on the classification of your atrial flutter

Classifications of Atrial flutter

Typical Atrial Flutter:

Involves a macroreentrant circuit traversing the **cavotricuspid isthmus (CTI)** The reentrant impulse rotates in a counterclockwise direction around the tricuspid annulus. If the circuit is clockwise, it is called “reverse” or “clockwise” typical flutter but this happens far less often than the counterclockwise circuit.



SVC: superior vena cava

CS: coronary sinus

IVC: inferior vena cava

FO: foramen ovale

Ablation is performed in the isthmus between the IVC and Tricuspid annulus, which is an obligatory part of the circuit

Atypical atrial flutter:

If the CTI is not involved in the underlying mechanism, then it is called “atypical” atrial flutter. This type of flutter can involve any region of the right or left atria, around areas of scar tissue due to intrinsic heart disease or surgical/ablated scar tissue. Surgical repair of congenital heart disease may lead to macroreentrant atrial flutter circuits, both typical and atypical.

Atrial flutter post Atrial fibrillation (Afib) ablation:

You may wonder *why is my doctor suggesting another ablation, I just had an ablation for Afib?*

Left atrial flutters that arise after AFib ablation procedures constitute a large fraction of atypical flutters.

Incomplete ablation lines created in attempts to cure atrial fibrillation with ablation can promote atypical atrial flutter circuits in the left atrium. This is a different rhythm and circuit than Afib, and may require an additional ablation.

Risks: are low for RF ablation, but it is important to be aware of the following:

- Bleeding
- Blood clot
- Hematoma (collection of blood at catheter insertion site)
- Perforation or damage to one of the heart chambers
- Heart block: depending on the location of your atrial flutter, there is a very small chance of damage occurring to your heart’s normal conduction system
- Major complications (rare): stroke, heart attack, 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 the 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
- Persistent cough
- Trouble swallowing
- Shortness of breath
- Coughing up blood
- 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 sudden onset headache