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| Hosp No. : | HKID No.: |
| Case No. : | |
| Name : | |
| DOB : | M / F |
| Adm Date : | |
| Contact No. : | |

Procedure Information Sheet - Catheter Ablation

1. Introduction

1.1. You have read the information on Electro-Physiology Study (EPS), or you may already have EPS performed. Catheter ablation is a therapeutic procedure to treat abnormal heart rhythm (arrhythmia). It has been used since 1990 to treat cardiac arrhythmia. In general, there are 2 types of energy delivered during catheter ablation, namely radiofrequency ablation and cryoablation. Based on the type of abnormal heart rhythm, and the site intended to ablate, your doctor will choose the appropriate form of energy. This energy is released at the tip of the catheter to the abnormal heart tissue, leading to a minor injury area, within which the conduction property will be lost. This aims at successful cure of the arrhythmia.

2. Importance of Procedure

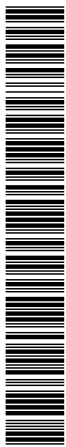
2.1. Successful ablation can cure the arrhythmia and you can avoid taking long term anti-arrhythmic medications. If you refuse this procedure, you may experience recurrent arrhythmic attacks. During an arrhythmic attack, you may have palpitation, chest discomfort, dizziness or vertigo. This may result in heart failure or even sudden death. Alternative treatment includes taking long term medications.

3. Before the Procedure

- 3.1. You may be required to stop some or all of the anti-arrhythmic drugs before the procedure.
- 3.2. If you experience severe symptom during this period (e.g. palpitation or fainting attack), please seek immediate medical attendance at nearby clinic or Accident & Emergency Department.
- 3.3. You need to sign an informed consent after explanation from your doctor.
- 3.4. You need to undergo investigations like blood tests and electrocardiogram.
- 3.5. An intravenous infusion will be set up and you need to fast for 4-6 hours.
- 3.6. Shaving and disinfection near the puncture site may be required.
- 3.7. If you are a female, please provide your last menstrual period (LMP) and avoid pregnancy before the procedure as this procedure involves exposure to radiation.

4. The Procedure

- 4.1. This invasive procedure is performed under local anesthesia in a cardiac catheterization centre. You are alert during the procedure, but we may give you sedation to calm you down.
- 4.2. Electrodes are adhered to the chest to monitor the heart rate and rhythm. Blood oxygen monitor through your finger tip will be set up. Measurement of blood pressure from your arm will be taken during the examination.
- 4.3. Small wounds are made over the groin, under the clavicle or around the neck for access to arteries or veins.
- 4.4. Catheters are advanced to the heart under X-ray guidance.
- 4.5. Sometimes your doctor may need to perform transseptal left heart catheterization by using special needle and instrument to create a small hole in the interatrial septum. This procedure enables the passage of catheters from the right atrium to the left atrium.
- 4.6. At specific sites inside the heart, we will record electric information; we then deliver tiny electric current to alter your heart rate and try to trigger arrhythmias.
- 4.7. You may experience discomfort when your heart is being excited to certain rate; when an induced arrhythmia is persistent, we may use direct current cardioversion to convert it.
- 4.8. Energy will be delivered to the target site for a period of time via special catheter. You may experience slight chest discomfort during delivery of energy.
- 4.9. After ablation, electrophysiology study will be carried out to confirm the success of the procedure.
- 4.10. The duration of the procedure could last from 2 hours to over 6 hours depending on the nature and complexity of the arrhythmia.
- 4.11. You will be sent to the ward for observation for another 12-24 hours.



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9. Reference

- 9.1. American College of Cardiology Foundation, American Heart Association (2003). Guidelines for Management of Patients with Supraventricular Arrhythmias. Retrieved from:
https://www.escardio.org/static_file/Escardio/Guidelines/publications/SVAguidelines-SVA-FT.pdf
- 9.2. Hospital Authority (2019). Smart Patient. Retrieved from:
https://www.ekg.org.hk/pilic/public/Cardiac_PILIC/Cardiac_CatheterAblation_0112_eng.pdf

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:

Patient No.:

Sex / Age:

Case Reg. Date & Time:

Case No.:

Unit Bed No.:

Patient Signature: _____

Patient Name: _____

Date: _____

