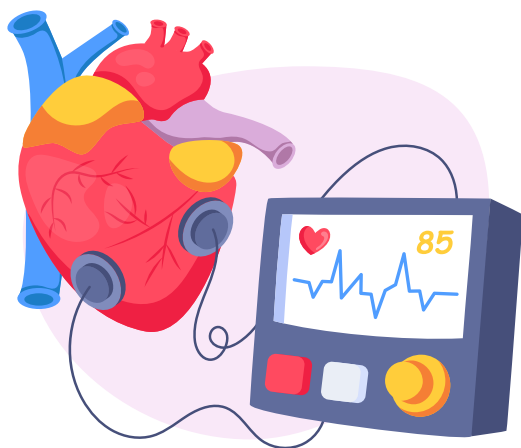




CHU Saint-Pierre
UMC Sint-Pieter

ELECTROPHYSIOLOGICAL EXAMINATION AND ABLATION TREATMENT



This brochure is intended to provide you with all the necessary information. We ask you to read it carefully and to **sign the attached form** which you will provide to us on the day of the examination. Our teams remain at your disposal to answer your questions.



1

Before examination/treatment

At the request of your General Practitioner and/or your referring Cardiologist, an appointment has been scheduled for you for an electrophysiological examination and/or an ablation as a method of treating cardiac arrhythmia.

More information on choice of room:

1 ONE DAY



2 HOSPITALISATION



Why is this technique used?

By means of an electrophysiological examination, it can be determined whether your complaints are related to **cardiac arrhythmias**. If the results of the examination confirm that you suffer from arrhythmia, you will be offered treatment by ablation.

Certain rhythm disorders cannot be treated by ablation and instead require medication or a pacemaker.

⚠ In case of pregnancy or possible pregnancy, it is strongly advised against undergoing the examination and/or treatment, except in exceptional cases.



Which room can I book?

Please specify if you wish for a certain **category of room** during the scheduling of your procedure.

It is always preferable to **complete your administrative pre-admission** (route 406) beforehand to facilitate your care on the day of the procedure.

We strive to the best of our ability to guarantee your choice of room, but we thank you for your understanding if this choice cannot be guaranteed due to emergencies and unforeseen hospitalisations in the unit.



Can I take my usual medication?

In the context of atrial fibrillation (AF) ablations, it is customary to **continue anticoagulation until the evening before, inclusive**.

The day of your hospitalisation: **bring all your medications** so that the nurse can make a complete list. He/she will inform you at that time which medications to continue or stop.

⚠ It is important that you follow these instructions correctly, in order to carry out the examination and/or treatment under optimal conditions.



How do I prepare for the examination?

The following pre-operative examinations are often scheduled before your admission day:

1

BLOOD TEST



2

ELECTROCARDIOGRAM (ECG)



3

CARDIAC IMAGING



FOR THE PREPARATION

We recommend closely **shaving the right side of the groin fold** in advance.

THE DAY OF THE PROCEDURE

An infusion will be placed in a vein in your arm to allow for the injection of medication during the examination, if necessary.

You may **keep your glasses on**. Dental prostheses, lenses and jewellery are not allowed.



GLASSES



LENSES



DENTAL PROSTHESES



JEWELLERY



2

Procedure of examination/treatment

Environment

The electrophysiological examination, possibly followed by ablation treatment, will be performed by 1 or 2 specialist(s).

A team of specialised doctors and nurses will monitor your heart in real time using equipment behind a control screen. The devices in the room will be used to visualise your heart and will help to influence and control its rhythm. A nurse will assist you during the examination.

Preparation

- 1 Once you are lying on the examination table, several electrodes will be attached to your body.
- 2 You will then be completely covered with sterile drapes.
- 3 Only your face will remain uncovered.
- 4 After disinfection, the site of catheter insertion (the groin crease) will be locally anaesthetised. This can also be done directly under general anaesthesia according to the procedure (such as AF ablation).
- 5 Depending on the type of arrhythmia and your clinical history, the doctor will decide on the most suitable type of anaesthesia, either local or general.

Examination

- 1 The examination will begin with the introduction of small introducers (tubes) into a vein of the groin fold or, more rarely, in a vein of the neck.
- 2 The catheters will be slid towards the heart (through these tubes) to examine rhythm disorders. The rhythm disorder will be induced by electrical stimulation and sometimes by administering additional medication.

i At this time, you may experience an increased heart rate, which is completely normal.

- 3 During the induced arrhythmia, **the electrical activity of the heart will be precisely measured in order to identify the origin of your problem.**

Ablation

The purpose of ablation is to **render inoperative/destroy the cells/electrical circuits responsible for the rhythm disorder.**

For this purpose, several types of energy can be used through catheters:

- radiofrequency (RF)
- cryotherapy (cryo)
- electroporation (PFA)

The doctor will choose the energy that will best suit your treatment based on the rhythm disorder detected, your cardiac anatomy, and your medical history.

3

After examination/treatment

Care after an ablation

After the removal of the introducers, it is important that you remain lying in your bed for between **4 and 6 hours**, or longer if the examination was performed through an artery. Your doctor will provide you with more details.

⚠ This precaution is necessary to avoid a haematoma at the puncture site.

The nurse will inform you when you can get up and will periodically check your blood pressure, pulse, and the puncture site.

Results

Before your return home, **a doctor will communicate the results** of the procedure to you. You will also have the opportunity to **ask questions** or **request additional information** from the nurse.

Monitoring

A follow-up with the cardiologist is recommended **4 to 8 weeks after ablation**.

ℹ It is possible that after some time rhythm disturbances may reappear, even after a successful ablation (in about 10-15% of patients). In certain cases, a second, and possibly a third, ablation will be necessary to achieve optimal resolution of the arrhythmia issues.

Possible complications and management

All preventive measures are taken to avoid any possible complications. Nevertheless, should this occur, our multidisciplinary teams are trained to respond as quickly as possible to address the complication in the best possible way.

- ➔ Some of the patients treated by ablation suffer from cardiac rhythm disorders for which the implantation of a pacemaker may be necessary. In these patients, the origin of the rhythm disturbances is located too close to the heart's normal electrical conduction system. During the execution of the ablation, it is possible that the heart's normal conduction system may be damaged, and the permanent **implantation of a pacemaker may become necessary**. The specialist will inform you of this finding and a decision will be made with your consent.
- ➔ Very rarely (<1-0.5%), a **cardiac effusion** (fluid around the heart) may occur, prompting the doctor to insert a drain and extend your monitoring.
- ➔ The **risk of stroke** is very low (<0.5-0.3%) and is more related to the patient's medical history.

Discharge

You **do not need to settle anything** at the time of your departure. A deposit may have been requested upon your arrival, but the invoice will be sent to your home.

4

Frequently asked questions



What should I bring to the hospital?



IDENTITY CARD



YOUR USUAL MEDICATION



(OPTION) A LETTER FROM YOUR GP/SPECIALIST



NO MONEY OR OTHER VALUABLES



NEVER LEAVE PERSONAL OR VALUABLE ITEMS IN YOUR ROOM



When can I return to work?

You may resume your usual activities, in principle, **after 24-48 hours** depending on the procedure.

If you were unable to work before the examination, it is necessary to ask your doctor and/or cardiologist if you can return to work or not.

It is possible that the examination has revealed lesions that do not allow the resumption of work.



When to resume physical activity?

It is recommended to observe **a week without intense effort**.



Who will complete the certificates for the insurance, the mutual insurance company, or my employer?

We advise you to **keep all certificates in your room**. During the last visit of the doctor, he will complete the certificates concerning him.

Administrative certificates can be completed at the registration office located at the main entrance.

i The head nurse of the ward will assist you in case of difficulties.

CONTACT



INTERVENTIONAL RHYTHMOLOGY

APPOINTMENT
SECRETARIAT

02/535.33.50
 02/535.33.51

MEDICAL QUESTION REGARDING THE PROCEDURE

HEAD NURSE
HOSPITALISATION

02/535.35.21
 02/535.49.03

CONSENT FORM

May we kindly ask you to sign this attached form and hand it over to the nurse.

ELECTROPHYSIOLOGICAL EXAMINATION AND ABLATION

I have acknowledged the information concerning the electrophysiological examination and ablation treatment and have received answers to my questions. I have also been informed of the potential complications that may result from these examinations or procedures.

Patient's name:

Date: / / Signature:

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This brochure is limited to general information. It does not include all indications, techniques, and risks. Your doctor will provide you with complete and appropriate information for your case. The complete or partial reproduction of the text is not permitted without prior authorisation from the responsible publisher. Reactions associated with this brochure:

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