

Catheter Ablation

Target of Ablation

AF is mostly caused by fast electrical triggers from within the pulmonary veins. An ablation procedure will aim to electrically isolate these triggers by creating small scars inside the heart that circumvent these sites. Depending on the type of AF, intermittent (changing between SR and AF) or permanent AF, additional ablation inside the atria themselves might be necessary.

Advanced Technology for Ablation

We perform AF ablation categorically in conjunction with 3D advanced mapping technology. Where appropriate, we will use additional features such as 3D image integration and remote navigation (magnetic navigation) in order to reduce the associated risk of procedure.

Necessary Information

To allow us to assess you individually, we need to know how long you have experienced AF, the duration of the AF episodes, the previously applied medications and whether or not you have had any heart operation or ablation procedures in the past. Of great importance are any imaging studies of the heart including echocardiograms, magnetic resonance scans or cardiac computer tomography. This information can be combined with our 3D mapping systems during the procedure itself and will help to reduce overall radiation exposure.

Contact Numbers

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Office Hours

Monday—Friday 9.00am—1.00pm

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Please ask the operator to connect you to the Registrar for Cardiology on call

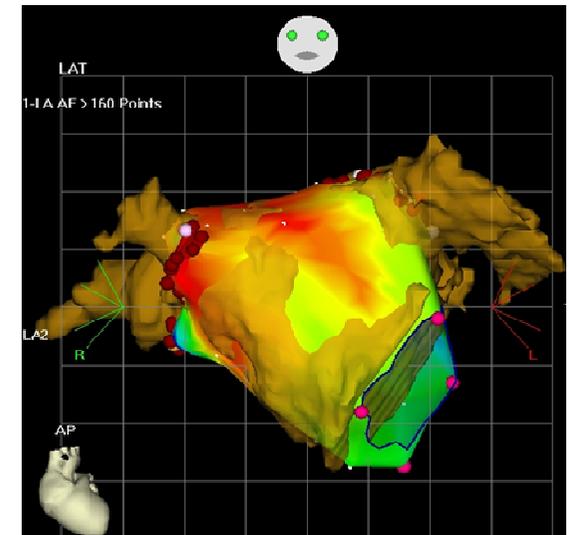
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Dr Sabine Ernst

Consultant Cardiologist



Patient Information Leaflet

Catheter Ablation of Atrial Fibrillation

Information

A note from Dr Sabine Ernst



This brief information leaflet will help you to understand an electrophysiologic (EP) study and catheter ablation for atrial fibrillation (AF). It aims to answer frequently asked questions and recommends steps to prepare for such a procedure

We will discuss the individual treatment options for your type of AF in detail during the outpatient visit.

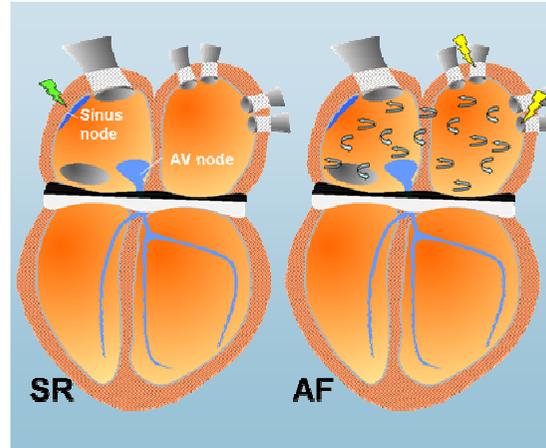
After reviewing all available information we will be able to inform you of the likelihood of success and an estimate of the necessary steps to achieve it.

Yours faithfully

Dr Sabine Ernst

What is Atrial Fibrillation?

Normal Rhythm Versus Atrial Fibrillation



While the normal "sinus" rhythm (SR) activates the heart electrically in a regular sequence, the heart is "out of sync" in atrial fibrillation (AF). The atria are activated irregularly and transmit the quasi chaotic electrical impulses across the atrioventricular (AV) node to the ventricles. The resulting heart rate is irregular and mostly faster than in SR. This results in a decrease in pumping function that can cause tiredness, lesser exercise tolerance or even heart failure.

Treatment Options

Medication

AF can be controlled by "anti-arrhythmic" medication that either aims at controlling the heart rate ("rate control") or to prevent atrial fibrillation ("rhythm control"). Both stages require the correct intake of the recommended dosage on a daily basis. However, over time medication may become ineffective or intolerable side-effects may occur, which might lead to a switch of the medication or strategy.

Oral Anticoagulation ("Blood Thinning")

In order to protect you against the risk of spontaneous clot formation which might give rise to a stroke, oral anticoagulation using Warfarin is often recommended for patients with AF. The aim is to reach an international normalised ratio (INR) of 2 to 3. Levels above 4 have a very high likelihood of bleeding (eg. into the bowel, joints, skin or other parts of the body), while with a level below 2 the blood is too thick and can form clots.

After a catheter ablation procedure for AF, oral anticoagulation is necessary for a minimum of 3 months. In exceptional cases, oral aspirin medication may be an acceptable alternative.