



**University
Hospitals Sussex**
NHS Foundation Trust

Ablation for Ventricular Tachycardia (VT)

Cardiac

Patient information

What is ventricular tachycardia?

Ventricular tachycardia (VT) is an abnormal and rapid heart rhythm (also called arrhythmia). VT affects the main pumping chamber of the heart, the ventricles. If the VT is very fast the heart will not be able to pump enough blood to circulate in the body and maintain blood pressure. In some cases, this can lead to loss of consciousness.

Why does VT happen?

Most people who get VT have experienced some form of damage or injury to the heart. Other causes may include infection, excessive alcohol and inherited conditions. The injury causes a scar on the heart that allows VT to occur. Hearts that function normally can develop VT, but this is less common.

Is VT dangerous for me?

VT in hearts with no damage can be troublesome and can interfere with driving and then cause anxiety but is not usually dangerous.

If the heart has been damaged, and the pumping action is greater than normal, then VT can be dangerous, and potentially life threatening.

What will happen during my catheter ablation for ventricular tachycardia?

A VT ablation may be offered if medication to treat VT is not effective or unpleasant side effects occur with medication.

Some patients will have had a defibrillator fitted and ablation may be offered to reduce shocks occurring. VT ablation can take anywhere from 2 to 6 hours.

The procedure takes place in a room similar to an operating theatre, called a cath lab.

The procedure involves:

- Passing fine tubes known as catheters into the heart via the vein at the top of the leg, through a small puncture in the skin. An additional puncture in front of the chest is often needed, if the VT is thought to originate from the surface of the heart.
- Having a local anaesthetic in the groin to make you feel comfortable (sometimes this procedure is performed under a general anaesthetic).
- Using the tip of the catheter to ablate (burning) abnormal connections in the heart causing the VT.

Be aware

Individual risks will vary between patients these should be discussed further with your cardiologist.

What do I expect when I go home?

You may go home the day of the procedure, or the following morning, depending on the time of your procedure and your recovery.

Once you are home you may feel tired after the procedure and should rest if needed.

Please be aware

Avoid lifting heavy objects for 7 days.

Avoid intense exercise for 5 days, gradually returning to your normal level of exercise.

You should not fly for 7 days.

You do not need to tell the DVLA if you have had a catheter ablation. **You should not drive for 4 weeks after an ablation for:**

- Ventricular tachycardia (VT) when there is reduced ventricular function.
- Congenital heart disease even if you have had corrective surgery.

Most people can resume normal activities within 2 weeks, but this can vary, for some it will take longer. You may need at least a week off work after the procedure or you may need a few weeks to recover, depending on how you are feeling and the type of job you do. The chance of the palpitations returning is low.

The VT **may** come back mainly because:

- The initial treatment was not completely effective.
- The area of the heart that was ablated (burned away) is still healing.

The procedure can usually be repeated if the palpitations return.

Common complications (not dangerous)

Pain

- Chest pain can occur happen during and after the procedure due to inflammation around the heart.
- Groin pain can occur happen from the puncture site.
We recommend taking regular paracetamol for a few days to help with the pain.

Bleeding

- Some blood loss from the groin straight after the procedure is common. In rare cases another procedure is needed to stop the bleeding.

Groin bruising/swelling

- Bruising can take several weeks to disappear because of the medications you have taken to thin your blood.

Uncommon complications (can be serious – 1 in 100 people)

- This can occur if a small clot or air bubble blocks blood supply to a part of the brain.

Blood around the heart (2 in 100 people)

- If a puncture is made to the heart causing blood to leak out a drain may be needed to be inserted to remove the blood leakage.

Coronary artery damage

- This is a risk associated with removing or destroying tissue on the surface of the heart (ablation) and may lengthen your hospital stay.

What symptoms should I look out for?

Seek medical help via the hospital if you have:

- Increased swelling and, or increase pain from the groin puncture site.
- Increased breathlessness.
- Severe chest pain.

Useful contacts and websites

Arrhythmia nurses

01273 067041

uhsussex.rrhythmia.nurses@nhs.net

DVLA medical enquiries (car, motorcycle)

03007 906806

Arrhythmia Alliance

<http://www.rrhythmiaalliance.org.uk/>

Cardiac Risk in the Young

<https://www.c-r-y.org.uk/>

British Heart Foundation

<https://www.bhf.org.uk/>

British Cardiac Patient Association

<https://bcpa.eu/default.htm>

This information is intended for patients receiving care in Brighton & Hove or Haywards Heath.

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