



University
Hospitals Sussex
NHS Foundation Trust

Discharge advice after you have had catheter ablation for atrial fibrillation

Cardiac

Patient information

What is this information about?

This information tells you what to expect after you have had a procedure for your atrial fibrillation. It explains any symptoms that you may have, and what to do if you get them, including any possibly serious ones. It also tells you how to look after your wound at home; getting back to normal after the procedure; and useful contact details.

Why have I been given this information?

You have been given this information to help you to look after yourself at home. Please read it carefully and keep it in a safe place.

There are some rare but potentially serious symptoms that you need to be aware of. If you do have any of these symptoms, it is important that you give a copy of this information to the doctor looking after you, so that they know what to do.

What happened during this procedure?

You had a procedure called a catheter ablation for atrial fibrillation (AF).

During this procedure, a small hole was made in your vein, at the top of your leg. This can be on both sides.

Will I feel any discomfort?

Most people do not have any pain or discomfort following the procedure. If you feel discomfort at the puncture site, you may find taking painkillers such as paracetamol will help.

If you are in a lot of pain, consult the hospital. Contact details are below.

- You may have some minor chest discomfort for the next week or so that worsens with a deep breath or when leaning forward. This is caused by inflammation from the ablation and should improve over the coming days.
- Some people find that they suffer from abdominal discomfort following an ablation. This is probably caused by irritation to the oesophagus during the procedure, or sometimes to a nerve near the heart known as the vagus nerve. It will usually disappear within a few days but can be relieved with normal indigestion remedies. Contact the arrhythmia nurse if concerned.
- You may experience headache following the procedure. This can be normal and is treated with regular painkillers and drinking more water.
- A migraine may shock and worry you but is perfectly normal. Not everybody suffers from this, but it is quite common, usually about two to three days after the ablation.

You may have vision disturbance with either flashing lights or blind spots in your sight, often with a following headache. Do not worry, you are not having a stroke or going blind, and the symptoms will pass after a week or so. However, if you are concerned contact the arrhythmia nurses, or if you feel very unwell then go to A&E.

- You may have symptoms of palpitations (when your heart beats very fast) more frequently than usual. This can be normal and will usually settle down within 12 weeks
- Bruising around the groin area can be normal and sometimes can go as far down as your knee.

If you have any worrying symptoms and are becoming concerned within the first week following your procedure, please ring us (see below for details). After that time your GP may be the best person to contact.

What symptoms should I look out for?

Keep an eye on the puncture site over the next few days.

In the highly unlikely situation of your wound starting to bleed excessively, lie down flat and get a family member or friend to apply pressure to the site.

If the bleeding does not stop within ten minutes, call an ambulance immediately.

If a lump starts to develop which is larger than the size of a 50p coin, lie down flat and get a family member or friend to apply pressure to the puncture site.

What should I do if my AF symptoms come back?

After the catheter ablation, it is quite common to experience symptoms of AF in the first two months. This usually settles. It does not necessarily mean that the procedure did not work.

You may also experience some changes with your pulse which is not AF. This should settle with time.

What should I do if my AF symptoms come back, and I feel very unwell?

If you have a severe episode, and feel unwell, please call NHS 111 or go to the Emergency Department of your local hospital.

If you have an electrocardiograph (ECG) taken, please ask for a copy of the ECG and telephone the arrhythmia nurses on the number below during office hours.

If the AF is persistent (does not stop), please call the arrhythmia nurses and we can talk to you over the telephone. We will not make any treatment decisions without discussing them with you and your consultant.

There are some potentially serious rare complications that can occur after an AF ablation which will have been discussed with you before you had the procedure.

If you are very unwell or experience any new or unusual symptom such as sudden weakness in an arm or leg, or you have a fever, please seek medical attention immediately. Call an ambulance or go to your local Emergency Department.

Show the doctor or medical professionals the section at the end of this information called **Message for a doctor reviewing this patient**.

How should I look after my wound at home?

The dressing can be removed after 24 hours, although we advise you to leave it for two or three days to reduce infection risk.

What activities should I avoid?

- Do not lift anything heavy for one week. Resume normal level of exercise gradually. If you are not sure, check with your doctor first.
- Avoid hot showers for 24 hours and avoid hot baths for three days (hot water encourages bleeding).
- Avoid drinking alcohol for three days after the procedure.

When can I return to work?

You should arrange to take approximately one week off work, although this can vary depending on the type of job you do and the type of ablation you have had.

If you have a manual job which involves heavy lifting, we would advise you to take at least a full week off. You should speak to your employer about your return to work.

When can I drive again?

If you have a successful ablation:

You can start driving two days after your procedure, as long as there is no other reason that you should not drive.

We recommend you avoid driving for the first week post ablation.

If you have a LGV or PCV licence, you may drive again after two weeks as long as there is no other reason that you should not drive. You must notify the DVLA and they will give you further advice.

What happens next?

A detailed report will be sent to your GP.

If the hospital doctor would like to see you again in the outpatient clinic, an appointment will be sent out to you through the post.

If you are admitted to any other hospital, please tell us as it can be important and related to your ablation.

Please help yourself to any of the information booklets available on the ward.

Feel free to talk to your nurse about any concerns you may have or any health education you feel you may benefit from.

Ask about your medication before you leave the hospital.

It is very important you do not stop or miss any of your oral anticoagulation medications after the ablation. There is an increased stroke risk during the first few weeks following an ablation.

Message for a doctor reviewing this patient.

The patient you are seeing has undergone an ablation for Atrial Fibrillation at the Royal Sussex County Hospital (RSCH), Brighton. Any neurological, septicaemic, and/or unexplained constitutional symptoms (e.g. unexplained pyrexia) could reflect a rare complication known as an atrio-oesophageal fistula.

If this patient has any of these signs or symptoms please contact the On-Call Cardiology Registrar at the RSCH immediately, through the hospital switchboard: **01273 696955**. If the patient presents to your department with an arrhythmia, please give a copy of the ECG to the patient, and ask them to contact the Arrhythmia Nurses on: **01273 067041** or email: uhsussex.arrythmianurses@nhs.net for follow-up advice.

Who can I contact for further information and advice?

If you have any concerns during your first week at home, please call the Cardiac Care Unit, telephone number **01273 696955, Ext. 64484**. You can call this number at any time.

For more general concerns, please contact your GP, or if it is an urgent health issue contact **NHS 111** for advice or **999** for paramedic assistance.

Other useful contacts: Arrhythmia Nurse Specialists

Telephone: **01273 067041**,

Monday to Friday 8.00am to 4.00pm.

Email: uhsussex.rrhythmia.nurses@nhs.net

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

Ref. number: 2451

Publication date: 12/2024

Review date: 12/2027

© University Hospitals Sussex NHS Foundation Trust Disclaimer:

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.