

Atrial Fibrillation Ablation

DISCHARGE INSTRUCTIONS

What to Expect

During the initial 48 hours after an ablation, some patients experience:

- Chest Discomfort – you may experience discomfort due to post procedure inflammation. You may take an anti-inflammatory (Aleve/Naproxen Sodium) as needed
- Mild shortness of breath with activity
- Mild to moderate fatigue – this may last 1-3 weeks.
- Soreness and bruising in the groin area. This bruising may extend down the knee or further as you become more active.

During the first 3 months after an ablation, many patients experience:

- Episodes of arrhythmia (Atrial fibrillation, or flutter), palpitations or fast heart rates. The first 3 months are referred to as the “healing phase” and some people might even require medication or cardioversion (shocks) to maintain a normal rhythm.
- Recurrence of arrhythmia during the first 3 months is not necessarily an indicator of long-term success

When to call

- a) Fluid retention – Signs/Symptoms
 - ** Swelling of abdomen, hands, ankles
 - ** Severe shortness of breath or difficulty breathing at rest
 - ** Weight gain of more than 3 pounds in 1 day
- b) Difficulty Swallowing
- c) Persistent cough – or coughing up blood
- d) Sudden onset of pain or swelling to groin
- e) Chest pain that does not improve after 5-7 days.
- f) Episodes of Afib or racing heart that lasts more than 12-24 hours. Episodes that are becoming more frequent or bothersome

Activity

- You may shower the day of discharge.
- No swimming or soaking in a tub for the first 7-10 days, until punctures in groin are healed
- No lifting more than 10 pounds for 5-7 days after the ablation.
- No driving for 2 days after the procedure. Someone must drive you home from the hospital.
- You may resume your normal activity after 7 days. No heavy weight lifting, however for two weeks after the ablation. Please resume your normal activities gradually and see how you feel after the workout.

Diuretics

- You **may** be given a diuretic (Furosemide/Lasix) after the procedure to take for a couple of days (as determined by your Physician) to help rid your body of excess fluid.
- You may also be put on a Potassium supplement with the diuretic. Potassium can be hard on your stomach, so please take this with some food.
- It is important to know that many times you are given extra pills of the diuretic and potassium (this is done so you do not have to run back to your pharmacy). Please **ONLY** take these pills as directed by the Physician for the proper number of days prescribed. You may have extra pills.

Anticoagulation – Blood thinners

You will be sent home on a blood thinner – Coumadin(Warfarin), Xarelto, Pradaxa,or Eliquis.

- If you are on Coumadin, you will need your blood checked weekly for the first couple weeks after the procedure to confirm you are in the range of 2.0-3.0 for stroke prevention.
- If you are on Xarelto, Pradaxa or Eliquis no blood tests are needed, however it is very important the medication be taken as instructed to reduce the risk of stroke.
- Plan to be on blood thinners anywhere from 8 weeks to 6 months – this will be determined by your Physician.

Monitoring

Event monitor – In some cases you may be given an event monitor after the ablation. This is a hand held monitor that does not require any patches. The instructions with the monitor are very helpful. If you have questions on the use of this monitor please call the phone number listed on the monitor and the technicians will help you.

- Please send a weekly recording so the Doctor may ensure you are maintaining a normal rhythm.
- In addition to the weekly recording– if you experience any arrhythmia (Afib, fast heart rate), please send in a recording of this as well. If this arrhythmia is bothersome to you, please also notify your nurse so she may look at the rhythm strip in a timely manner.
- You will keep this monitor approximately 2-3 months

Follow up appointment

Follow up in the office 1-2 weeks after your ablation, unless stated otherwise by your Physician.