AFTER ATRIAL FIBRILLATION ABLATION
Discharge Instructions

FOR YOUR SAFETY, A RESPONSIBLE ADULT MUST DRIVE YOU HOME AFTER THE PROCEDURE. THE MEDICATION YOU RECEIVED DURING THE PROCEDURE MAKES YOU DROWSY. WE WISH YOU A VERY SPEEDY RECOVERY. HERE IS SOME IMPORTANT INFORMATION ABOUT CARING FOR YOURSELF WHEN YOU GO HOME.

» DISCOMFORT
» WHAT TO MONITOR ONCE AT HOME
» WHEN TO CALL THE DOCTOR
» IS IT COMMON TO HAVE SOME PALPITATIONS AFTER THE ABLATION PROCEDURE?
» AM I SUPPOSED TO RESUME MY MEDICATIONS ESPECIALLY BLOOD THINNERS?
» WHEN SHOULD I FOLLOW-UP?

DISCOMFORT

- It is very common for patients have a sharp chest pain that usually worsens with deep breathing. It can worsen over the first few days after the procedure and then gradually resolves over the next 2-3 weeks. You may have been prescribed pain medications prior to discharge – please take them as instructed. Call the office if you develop chest pain of a different nature.

Back to Top
WHAT TO MONITOR ONCE AT HOME

- Check for Bleeding from the groin puncture sites. Small amounts of “oozing” may be controlled by applying direct pressure to the site for 5-10 minutes with a piece of gauze or Band Aid. If bleeding continues, call your EP physician and seek immediate medical attention.
- Check for a Hematoma (blood clot) – characterized by a firm mass under the skin that may cause a sensation of tightness or pain. If a hematoma grows rapidly in size, apply direct pressure and seek immediate medical attention.
- Check your temperature – A temperature of 101 or greater may be an early sign of infection.
- You may remove the clear bandages on your groins the day after the procedure.
- You may take a shower after the bandages are removed. Gently wash the area with soap and water and pat dry.
- Do not lift, pull or push anything greater than 10 pounds (about a gallon of milk) for 3 days.
- Avoid running, lifting (more than 10 pounds) and sit-ups for 1 week.
- Resume normal activity after a week, but avoid any strenuous activities for 2 weeks, such as the gym.
- Prior to discharge you should discuss when it is appropriate for you to return to work.

WHEN TO CALL THE DOCTOR

Call your Electrophysiologist if you experience one of the following:

- Fever
- Malaise< general feeling of being unwell
- Dysphagia< difficulty swallowing
- Neurological symptoms< numbness, tingling, dizziness, double vision
- Burning or hesitation with voiding< may be a symptom of a urinary tract infection
- You should monitor the above symptoms for up to 4 months. These may be symptoms of atrial<esophageal fistula, a rare, but serious potential complication.

Your doctor may advise you to go to the local Emergency Room for evaluation. When to go to the Emergency Room

- Increasing chest pain
- Palpitations
- Shortness of breath
- High fever
- Neurological symptoms

Back to Top
IS IT COMMON TO HAVE SOME PALPITATIONS AFTER THE ABLATION PROCEDURE?

It is common for patients to feel frequent palpitations after the procedure, even when successful. You may go back into atrial fibrillation shortly after you leave the hospital. We generally ignore atrial fibrillation recurrences for at least 6-8 weeks after the ablation.

AM I SUPPOSED TO RESUME MY MEDICATIONS ESPECIALLY BLOOD THINNERS?

Patients generally need to resume all medications including the blood thinners. If you were not on a blood thinner before you may have been started on one after the ablation procedure. You may be required to take a blood thinning medication, such as Coumadin (warfarin), Pradaxa, Xarelto or Eliquis for two to three months after the procedure. You may be required to have a blood test called an INR on a regular basis so the doctor may evaluate the dosage of Coumadin (Warfarin). INR is generally maintained between 2.0 and 3.0.

WHEN SHOULD I FOLLOW-UP?

- Patients generally followup in the clinic in 2-4 weeks of the procedure.
- Call (602) 456 2342 to schedule this appointment if one was not made for you at the time of your discharge from the hospital.
- An echocardiogram, EKG, holter or event monitor may be performed as part of your first follow-up evaluation.