

Further Follow-up

General Recommendation

To avoid bleeding at the puncture sites, we recommend avoiding physical exercise for at least 10 days, which includes biking, running and lifting heavy objects. Normal physical activities including walking and taking showers are allowed (but avoid swimming).

In the event of experiencing bleeding or sudden swelling, please lie down and apply firm pressure at the site, which should stop the bleeding. You should then present to your nearest Accident and Emergency Department, which will then contact us.

Longterm Follow-up

Usually patients will be asked to present back to the outpatient department one week after the procedure to perform further control tests (12 lead ECG, lab tests etc). Especially before returning to overseas locations, this visit will clarify any outstanding questions including specific recommendations for future tests. These vary with regards to the specific arrhythmia, but may include;

- 12 lead ECGs
- Transthoracic Echocardiogram
- 24 (48) hour ECG or 7 day event recording to monitor for recurrences of arrhythmia (especially after atrial fibrillation ablation)

Contact Numbers

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Office Hours

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

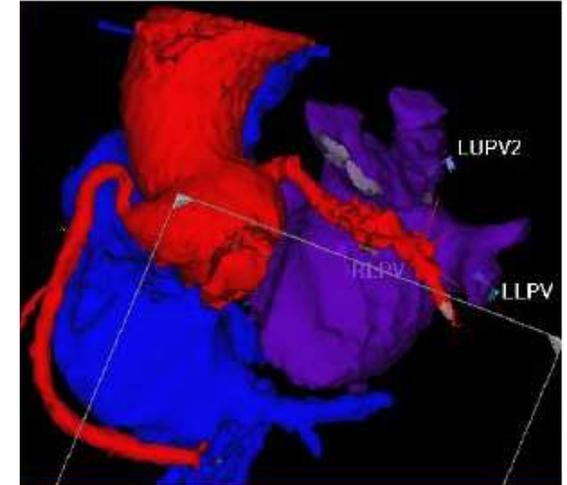
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Dr Sabine Ernst

Consultant Cardiologist



Patient
Information Leaflet

What to
expect after
an invasive EP
procedure/
Catheter
Ablation?

Post Procedure Information

Information

A note from Dr Sabine Ernst



This brief information leaflet will help to prepare you for your forthcoming electrophysiologic (EP) study/catheter ablation procedure. It aims to answer frequently asked questions and recommends specific behaviour after such procedures.

Although every patient is different and requires individual care, most recommendations for a speedy recovery are universal. Please do not hesitate to ask if you still have specific questions after reading this information leaflet.

My team and I will always strive to perform to the highest expectations. However if you feel that you can help us to further improve our service, or have any recommendation for the optimisation of our care, please do let us know.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'S. Ernst'.

Dr Sabine Ernst

Right After the Procedure

Exhaustion

Every invasive EP study is an exhausting procedure and your body will feel tired afterwards, even if it was done during general anaesthesia (GA). Every patient undergoes careful monitoring for the next hours in order to exclude serious side effects. The initial observation is usually in the recovery area of the catheter laboratories (especially after GA), but for procedures under local anaesthesia patients are transferred back to the ward immediately.

Bed Rest

To avoid bleeding from puncture sites (usually both groins), you will need to stay in bed with your legs extended without sitting up or going to the bathroom. This will ensure that there is no bleeding at the puncture sites. You will be informed of the length of bed rest which varies with the type of procedure and vessels punctured.

Pain Management

There is usually very little pain related to an ablation procedure, but some patients report chest discomfort. Please report any pain to the ward nurse who will come to see you at regular intervals after the procedure.

On the Post Procedural Day

Control Test Pre-discharge

Checks of the vital signs (heart rate, blood pressure etc.) We usually also connect you to a telemetry system to monitor the ECG. A normal 12 lead ECG will be recorded. A Transthoracic Echocardiogram will be performed to exclude fluid collection around the heart. In case of puncture of the shoulder or neck veins, we will perform a chest x-ray to exclude any damage to the lungs.

Medication

Before leaving the hospital, we will provide you with a written recommendation for any medication that you need to take.

In some cases, all rhythm medication is stopped right after the procedure, in other instances (especially after atrial fibrillation ablation) the anti-arrhythmic medication is continued for time during the follow up.

Oral Anticoagulation ("Blood Thinning")

In some patients, reintroduction of oral anticoagulation using Warfarin is necessary to protect against the risk of a stroke The aim is to reach an international normalised ratio (INR) of 2 to 3. Until then, we will "bridge" you with low molecular heparin injections. You will receive detailed instructions of when and how to take this medication and when the next INR check is due.