

Heart Hospital / Cardiac Arrhythmia Unit

Electrophysiological examination and catheter ablation of arrhythmia

General information

The purpose of an electrophysiological examination is to gain information on the electrical conduction system of the heart and establish the arrhythmia creation mechanism. Arrhythmia can be treated either by medication or by catheter ablation therapy, which can most often be performed in connection with the examination. Sometimes, pacemaker therapy is selected as arrhythmia therapy.

Getting ready for an electrophysiological examination

Before coming in for the procedure, you will need to have laboratory tests taken. The laboratory tests do not require fasting.

The procedure will not be performed on pregnant women, because it requires fluoroscopy. For this reason, a pregnancy test is included in the series of laboratory tests ordered for women.

An active infection is an impediment to the performance of the procedure. Contact the Arrhythmia Outpatient Clinic before hand, if you feel ill.

You should not eat or drink anything for six hours before the procedure.

Bring with you to the hospital

Bring with you your own medication, the filled-in medical history form and possible consent forms. You can bring something to read and a laptop. Heart Hospital has a wireless network.

Medication

Observe the possible discontinuation of your anti-arrhythmic medication:

Discontinue your beta blockers/verapamil/diltiazem ____ day(s) prior to the procedure.

Discontinue your Tambocor®/Cordarone® medication _____ day(s) prior to the procedure.

If you are taking Eliquis® (apixaban), Xarelto® (rivaroxaban), Lixiana® (edoxaban) or Pradaxa® (dabigatran) anticoagulant, the medication does not need to be discontinued. You can also take the medication on the morning of the procedure.

Marevan® therapy will be in the therapeutic range (INR 2.0–3.0) for three weeks before the procedure. When you receive the procedure invitation, have your INR value taken on a weekly basis. Notify the Arrhythmia Outpatient Clinic if your value is not in the therapeutic range. The implementation of the Marevan® therapy is the responsibility of the patient together with their personal doctor. Bring the Marevan® therapy card with you to the hospital. However, do not take Marevan® on the morning of the procedure.

The diuretic furosemide (Furesis®) is not taken on the morning of the procedure.

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You can take other medication prescribed to you normally without any breaks, even on the morning of the procedure.

Course of the procedure

The procedure involves introducing catheters via the femoral vein to different parts of the heart under local anaesthesia. The catheters will be used to examine the heart's electrical activity and to pace the heart. The aim is to launch arrhythmia with pacing. Sometimes medication impacting the heart's rhythm is also administered. This is done to establish the origin of arrhythmia. Next, it will be assessed whether the case of arrhythmia is suitable for treatment with catheter ablation.

The purpose of catheter ablation therapy is to cause small local tissue damage with the catheter in the area where arrhythmia originates.

This procedure involves a risk of adverse events, i.e. complications. However, these are rare. The most common complication is bleeding from the groin puncture site, which often heals in the course of time. Complications affecting the heart, puncture of the heart wall caused by the catheter and conduction system damage as the result of ablation therapy are extremely rare. A damaged conduction system is treated with a permanent heart pacemaker.

The procedure takes from two to four hours, including the preparations, electro-physiological examination and possible catheter ablation.

After-care

After the procedure, the puncture sites will be closed either by suturing or by pressing. This will be followed by two to three hours of bed rest.

You will be discharged from the hospital either in the evening or on the following day. You should however be prepared to stay the night at the hospital.

Driving is not recommended due to possible tenderness of the groin area for a few days after the procedure. You should avoid lifting heavy objects and great exertions for one week following the procedure. Typically, sick leave is a few days.

Contact information

Arrhythmia Outpatient Clinic, telephone 050 361 4490, call time on weekdays from 8:00 am to 1:30 pm. Further information about the procedure and changing the appointment.

Cardiac interventions ward, telephone 050 514 4391, call time on weekdays from 7:00 am to 8:00 pm and Saturdays from 9:00 to 12:00 am. Last-minute cancellations and issues arising immediately after the procedure.

Heart Hospital uses the call-back service. We will call you back as soon as possible. Calls regarding the procedure and appointment are free of charge for you. The treatment-related phone call fee is €30,90.