

Name:

Date of Birth:
Affix Patient Label

CHI:

Catheter Ablation for Atrial Flutter

What is Atrial Flutter?

Atrial Flutter is an abnormal heart rhythm which causes the heart to beat too quickly. It results from a very fast electrical circuit forming in the top chambers of the heart (the atria), and this in turn causes the pumping chambers of the heart (the ventricles) to beat too quickly. This may lead to symptoms such as palpitations, feeling of a racing heart, breathlessness, light-headedness, lethargy and fatigue. Some people with Atrial Flutter sometimes do not know they have the condition, as they have no symptoms.

Why treat Atrial Flutter?

The two main reasons to treat Atrial Flutter are to improve symptoms (in those who have them), and to reduce the chance of a clot forming in the heart leading to stroke. The risk of stroke is reduced by taking medication that make the blood less sticky. Examples of common blood thinners are Warfarin, Apixaban, Rivaroxaban, Edoxaban and Dabigatran.

How are the symptoms of Atrial Flutter treated?

Successfully managing Atrial Flutter can be difficult. There are a number of treatment options and they involve either doing nothing, medication (pills), cardioversion (electric shock under anaesthetic to normalize the heart rhythm), weight loss, pacemakers, catheter ablation, or a combination. These therapies aim to either improve the symptoms of Atrial Flutter or restore normal rhythm. The choice of treatment will depend on you as an individual, the type of Atrial Flutter you have, your symptoms, the likelihood of that particular therapy working for you and the risks of the treatment. It is important that you are aware of these options and have discussed them with your doctor and health professionals looking after you

Am I suitable for Catheter Ablation procedure for Atrial Flutter?

Catheter Ablation is not suitable for everybody and is currently indicated for those who have symptoms that significantly affect the quality of their life, and who have either failed to feel better on medication (pills) or have had side effects from medication. It is very important to understand that the procedure has not been shown to allow people live to longer or reduce their chance of stroke; it is only used to treat symptoms.

Your doctor has recommended that you may benefit from this procedure.

We hope that reading this information pack will give you the information you need to decide whether to proceed. It is important that you understand and share in decision making about your treatment options.

Important questions to consider are:

- Is this test, treatment or procedure really needed?
- What are the potential benefits and risks?
- What are the possible side effects?
- Are there simpler, safer or alternative treatment options?
- What would happen if I did nothing?

How does Catheter Ablation affect Atrial Flutter and what is the success rate?

The aim of the procedure is to stop conduction through the abnormal electrical circuit in the top chambers of the heart. This is achieved by applying heat energy (Radiofrequency ablation) to the heart tissue. For the commonest type of Atrial Flutter (“typical” Atrial Flutter) this is a very specific area of tissue in the right-sided filling chamber of the heart, and in this scenario generally the success rate is 90%, that is to say that 90 out of every 100 people undergoing the procedure can expect to have their Atrial Flutter cured. Occasionally the Atrial Flutter may turn out to follow a different circuit (“atypical” Atrial Flutter), and the success rate may be lower in this scenario as a more complex ablation procedure may be required.

What does it involve?

You will usually come in to hospital on the day of your procedure. A nurse will complete a check list and you will be given a hospital gown to change into. A specialist doctor will explain the proposed implantation to you and ask you to sign the consent form to confirm that you understand the procedure, proposed risks and benefits and that you agree to go ahead with it. It is important to ask any questions that are important to you about the procedure. Catheter ablation is carried out in a cardiac catheter laboratory (Cath Lab). Staff from the room the procedure will be performed will come and introduce themselves to you and take you into the room. There will be a team of people present and the doctor (Electrophysiologist) will carry out the procedure with the help of physiologists, nurses and a radiographer who will help with the X-ray equipment.

Once in the Cath Lab, the following will happen:

1. You will have adhesive pads attached to help monitor your heart rhythm and an oxygen mask will be fitted. You will have a blood pressure cuff attached and a clip on your ear (or finger) to monitor your oxygen levels during the procedure.
2. You will have a local anaesthetic at the top of the leg and given sedation to make you comfortable. Rarely a general anaesthetic will be given for your procedure. The top of your leg will be cleaned and a clean (sterile) blanket or drape will be used to cover you.
3. The procedure is performed with long tubes (sheaths) and wires (catheters) placed in the vein at the top of your leg and positioned in your heart using x-ray guidance.
4. For the commonest type of Atrial Flutter the catheters are placed through the veins into the right filling chamber of the heart (the right atrium).
5. Once in position, the doctor will apply heat energy in a series of burns to the floor of the right filling chamber (the cavotricuspid isthmus) and ensure that the abnormal electrical circuit can no longer conduct through this region.
6. There will be a waiting time of approximately 20-30 minutes after this has been done to ensure that the conduction through this area does not come back. If it does more heat energy will be applied. Once the doctor is happy that they have achieved permanent conduction block

7. through this region, they will remove all the catheters and plastic tubes and press on the top of the leg for a few minutes to stop any bleeding. You will then return to the ward to recover

How long does it take?

The procedure takes about one to two hours. The length of the procedure depends on a number of factors including whether you have had cardiac surgery in the past and if you have other heart conditions.

Will I have any pain or discomfort?

You may briefly feel a sharp pain with the local anaesthetic and with the ablation itself. Most patients tolerate the procedure very well but some can find it uncomfortable. Throughout the procedure a nurse will be monitoring you very closely and will be able to give you more sedation or painkillers if needed

What happens after the procedure?

The tubes at the top of your leg are usually removed in the cath lab and you will go back to the cardiology ward. You will lie flat for two to three hours and the nurses will monitor the top of your leg, blood pressure and heart rhythm. You will then gradually sit up, eat and drink and walk around. It is usual to go home the same day, unless you live very far away from the hospital or if you have a lot of other heart conditions. The doctor and ward team will explain what to do with your medication before you go home, and they will write to your GP and local referring doctor explaining what you had done and the plan for further follow-up and medication.

What happens when I go home?

Please make sure that a friend or relative collects you and takes you home and that someone is with you overnight. Most patients recover very quickly, however it may take a day or two to feel back to normal. You should be able to return to your normal activities as soon as you feel able which will vary from individual to individual. It is best to avoid vigorous activity and heavy lifting for one week to allow the top of the leg to heal and reduce the risk of bleeding or a big bruise. It is common to feel extra or missed beats for a few weeks after the procedure and this is normal.

When can I resume driving?

You should not drive for the first two days after the procedure. If you feel well you can then resume driving. There is no formal rule about flying but this should ideally be avoided for the first two days.

Will I be able to stop my medication (pills)?

Heart Rhythm Tablets: It may be possible to stop these pills after the procedure; your specialist will advise you and your GP about this. If you are advised to stop these pills they are usually continued for two to three months then stopped if you have had no recurrence of Atrial Flutter.

Blood Thinners (anticoagulants): Every patient will generally continue anticoagulants for at least 1 month after the procedure. You must understand that this procedure does not reduce your risk of stroke and your specialist will advise you whether you can stop taking these pills long-term. The decision will depend on other factors such as your age, gender (male or female) and other health problems.

Are there any risks?

The procedure is usually very successful, but as with all procedures there are some risks. It is important that you understand what these risks are so that you can make a decision whether you want to have the procedure performed. You will have the opportunity to ask any questions before the procedure is undertaken. Overall the risk of any complication is between 3 and 4 %.

Common Complications (1% or greater):

- **Damage to Blood Vessels (Pseudoaneurysm or fistula)** – there is a 1% (one in 100) risk of damaging the artery, which is a blood vessel that runs beside the vein at the top of the leg. If there is damage then this usually heals up without any treatment. Less than 1 in 500 times you may need surgery or an injection to treat it.
- **Unable to Place Catheters or Perform Ablation** – There is a 5% (five in 100) chance we may be unable to place one of the tubes or catheters into the blood vessels or heart, or you are found to have a different type of abnormal heart rhythm which is too difficult to treat on the day. If this is the case we will stop the procedure and discuss the options with you after the procedure.
- **Blood leak round the heart (Tamponade)** – there is a 1% (one in 100) chance of puncturing the heart and blood leaking round the heart. This can heal on its own without any treatment. Occasionally the escaped blood may need to be removed by placing a small drain (tube) under the ribs into the sac which encloses the heart. Very rarely (less than one in 500) you may require surgery to stop the bleeding.

Uncommon Complications (less than 1%):

- **Pacemaker** – there is a less than one in 100 risk that the heart's natural electrical conduction system may be damaged, causing a condition known as heart block where the heart beats too slowly and may be a risk of stopping completely. In many cases this recovers, but if not you may require treatment which involves implanting a permanent pacemaker system.
- **Stroke or Heart Attack** – there is a one in 500 risk of a blood clot or air bubble causing a stroke or heart attack.
- **Death** – fortunately this is extremely rare. Reported figures round the world suggest this is less than a one in 1000 chance.

Will I need further appointments?

Yes, you will be sent an appointment to be seen in the Arrhythmia Clinic at Glasgow Royal Infirmary a few months after your procedure.

Are there Alternative Treatments?

There are other treatments for Atrial Flutter that you should talk to your doctor about.

These include:

- **Medication:** Drugs can be used to treat Atrial Flutter if it causes your heart rate to be too fast (above 110 beats per minute). Strong drugs can also be used to keep you in the normal rhythm.
- **Pacemakers:** If Atrial Flutter or medication causes your heart rate to be too slow a pacemaker can be inserted to speed the rate up.
- **Pacemaker then Ablation of Atrio-Ventricular node:** This approach disrupts the electrical signals from the top to the bottom chambers of the heart by applying heat energy to the electrical junction in between. The procedure requires you to undergo implantation of a pacemaker generally at least one month beforehand.
- **Heart Surgery for Atrial Flutter:** This approach is generally reserved for patients who are already about to undergo heart surgery for other reasons.

Useful Contacts

Arrhythmia Nurse Specialist: 07970187324 (M-F 8-4)
Ward 2E: 0141 951 5000 and ask for Ward 2E
Coronary Care Unit (CCU): 0141 951 5202
Golden Jubilee Hospital: 0141 951 5000

Further support and information is available from the:

British Heart Foundation

Lyndon Place
2096 Coventry Road
Sheldon
Birmingham
B26 3YU

0300 330 3322
www.bhf.org

Arrhythmia Alliance

Helpline - 01789 450 787
PO Box 3697
Stratford-Upon-Avon Warwickshire
CV37 8YL
e-mail: info@heartrhythmcharity.org.uk
www.heartrhythmcharity.org.uk

Name:

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Consent Form

Procedure Specific Patient Agreement

Catheter Ablation for Atrial Flutter

A procedure to disrupt an abnormal electrical circuit in the heart by applying heat energy to heart tissue

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- To restore normal electrical activity in the top heart chambers, and in doing so improve symptoms of Atrial Flutter such as palpitations, breathlessness, fatigue and dizziness.

Commonly occurring risks (1% or greater):

- The overall serious complication rate is 3-4%
- Mild bruising is common requiring no intervention.
- Risk of Bleeding round the heart (Tamponade) requiring insertion of a drain is about 1%

Uncommon but more serious risks:

- Major bleeding requiring an operation (one in 200)
- Heart block needing a pacemaker (one in 200 – one in 100)
- Stroke and Heart Attack (one in 500)
- Damage to Blood Vessel (Pseudoaneurysms, fistula) one in 100 (one in 500 requiring an operation)
- The risk of death is less than in **one in 1000** procedures

Any extra procedures which may become necessary during the procedure:

- Blood transfusion (required very infrequently)
- Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The patient has had the information leaflet for this procedure and/or discussed it with a health professional and has had sufficient time to make an informed decision.

I am satisfied that this patient has the capacity to provide his/her consent to the procedure.

This procedure will involve:

General and/or regional anaesthesia

Local anaesthesia

Sedation

Health Professional signature:

Name (PRINT):

Job title:

Date:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature:

Name (PRINT):

Date:

Catheter Ablation for Atrial Flutter

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Catheter Ablation for Atrial Flutter which forms part of this document.

Patient signature: Name (PRINT): Date:

A witness should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here.

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Name (PRINT):

Job title: Date:

Important notes (tick if applicable):

- See advance decision to refuse treatment
- Patient has withdrawn consent (ask patient to sign/date here)

I (the patient) understand that my information held by the NHS may be used to audit the quality and outcome of clinical treatment including the external validation of hospital notes.

Agree Disagree (tick as appropriate)

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