After Your Atrial Fibrillation Ablation

Recovery at home

This handout explains what to expect after having an atrial fibrillation ablation procedure.

Symptoms

Many patients have atrial arrhythmias, including atrial fibrillation or premature atrial complexes (PACs) during the first 3 months after their ablation procedure. Both of these arrhythmias feel like irregular heartbeats. They occur because the heart can be more excitable while it is healing from the procedure. Do not be discouraged if this happens. It does not mean that your ablation was not successful.

Medicines

- **Anti-arrhythmic drugs** keep your heartbeat steady. They are most helpful in the first part of the healing process. Some names of these drugs are sotalol, flecainide, propafenone, dronedarone, and amiodarone. You will need to keep taking your anti-arrhythmic drugs for a while after your ablation. After 3 months, we hope to stop or lower your dose. This will depend on whether your atrial fibrillation has occurred again.

- **Anticoagulation drugs** such as Coumadin (warfarin) help prevent blood clots, which can cause a stroke. You are at greater risk of stroke right after an ablation procedure because your heart tissue needs time to heal. You will need to keep taking your Coumadin for 3 months after your ablation. Then, we may be able to stop this medicine. This will depend on your stroke risk profile. We use the CHADS2 score to assess your risk (see page 2).

While you are taking Coumadin, your blood will need to be monitored by an anticoagulation clinic, either at University of Washington Medical Center or through your primary care provider.
At first, your blood levels will be checked 1 or 2 times a week. Your anticoagulation clinic will decide how often you need to have blood draws.

After your blood levels reach a steady state, your blood draws will be once a month. For most patients, we want your International Normalized Ratio (INR) to be between 2 and 3. The INR measures how anticoagulated (“thin”) your blood is. Some patients will have a different target range.

- **Lovenox injections:** If you are giving yourself Lovenox (Enoxaparin) injections after your ablation, you can stop the injections when your INR is 2 or higher. This is usually about 5 days after your ablation procedure.

- **Acid reflux drugs:** You may be prescribed a medicine such as Protonix to prevent acid reflux. If you were not already taking it before your ablation, you can stop taking it 30 days after your ablation.

### Your CHADS2 Score

CHADS2 is a scoring system. It assesses certain risk factors for stroke and atrial fibrillation. We use CHADS2 for most patients, but there are times when it is not used. Because of this, your provider will talk with you about your anticoagulation management. Your CHADS2 score is based on whether or not you have these conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score If No</th>
<th>Score If Yes</th>
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<tbody>
<tr>
<td>C</td>
<td>0</td>
<td>1</td>
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<td>H</td>
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<td>2</td>
</tr>
</tbody>
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Add all of your scores together. If your total CHADS2 score is:

- **0** ................. You will be advised to take 325 mg of aspirin every day for the rest of your life, after the first 3 months after your ablation.

- **1** .................. Your doctor will advise you about taking either 325 mg of aspirin every day or Coumadin every day for the rest of your life, after the first 3 months after your ablation.

- **2 or higher** ...... You are at higher risk for having a stroke. We advise you to keep taking Coumadin every day for the rest of your life.
Activity

For **48 hours** after your ablation:
• Do not soak sites where your catheters were placed (no baths, hot tubs, or swimming).

For **1 week** after your ablation:
• Do not lift anything that weighs more than 10 pounds (a gallon of milk weighs 8 pounds).
• Keep your activity light. No hiking, bicycling, jogging, or running. Do not have sexual activity during this time. It is OK to take walks and to walk upstairs.

After **1 week**:
• You may slowly increase your activity level. Start at about half of your activity level before your ablation, and slowly build up from there.

Who to Call for Questions and Concerns
• **Weekdays from 8 a.m. to 5 p.m.:**
  Call 206-598-4300.

• **After hours and on weekends and holidays:**
  Call 206-598-6190 and ask for the Electrophysiology Fellow on call to be paged.

When to Call
Call one of the numbers above if you have any of these symptoms:
• Chest pain.
• Signs of groin infection:
  – Warmth, redness, swelling, pain, or discharge from the catheter site
  – Fever higher than 101.4°F (38.6°C)
• Groin or neck problems where the catheter was inserted. These may include swelling, “knotty” or hard growth that gets worse after your procedure, pain, or any of the signs of infection listed above.
• Feeling lightheaded or dizzy.
• Nervous system changes such as difficulty thinking, slurred speech, or numbness or tingling in your face, arms, or legs.
• Shortness of breath that is new or different from shortness of breath you may already have.
• Blood in your urine or stool.
• Nosebleeds or coughing up or vomiting blood.
• Atrial fibrillation or flutter that keeps occurring.

If You Think You Are in Atrial Fibrillation

• If your symptoms are **MILD** and it is a **Monday, Tuesday, Wednesday, Thursday, or Sunday**:
  - Allow some time throughout the rest of the day for your heart to convert (return to normal) on its own.
  - Do not eat or drink anything after midnight that night if the arrhythmia keeps occurring.
  - If you are still in atrial fibrillation the next morning, call your doctor’s nurse to schedule a *cardioversion*. Cardioversion uses electricity or drugs to convert an abnormal rhythm to a normal one.

Please call with any questions you may have. We can help you decide what to do.

• If your symptoms are **MILD** and it is a **Friday or Saturday**:
  - Try to wait and see if your heart returns to normal, as above.
  - Do not eat or drink anything after midnight on Sunday.
  - If you are still in atrial fibrillation on Monday morning, call your doctor’s nurse to schedule a *cardioversion*. Cardioversion uses electricity or drugs to convert an abnormal rhythm to a normal one.

• If your symptoms are **SEVERE**, or if your heart rate stays above **110 beats per minute**, call one of these numbers **right away**:

<table>
<thead>
<tr>
<th>Day and Time</th>
<th>Call</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Weekdays, 8 a.m. to 5 p.m.</td>
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<td>206-598-4300</td>
</tr>
<tr>
<td>After hours and on weekends and holidays</td>
<td>Electrophysiology Fellow on call</td>
<td>206-598-6190</td>
</tr>
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</table>

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Please call if you have symptoms and you are not sure what to do. We can help you decide what to do.