

POST PROCEDURE PATIENT DISCHARGE INSTRUCTIONS

Atrial Fibrillation Ablation

What to Expect after your Ablations:

During the first 48 hours after an ablation, some patients experience:

- **Mild Chest Discomfort – for a week or so, due to post procedure inflammation. The pain will often worsen with a deep breath or when leaning forward. It should resolve within a week.**
- **Mild shortness of breath with activity**
- Please do not call the on call doctor regarding this and do not go the ER - chest pain and shortness of breath are common side effects of the ablation
- Mild to moderate fatigue – this may last 1-3 weeks
- Soreness and bruising in the groin area. This bruising may extend down past the knee as time pass. This bruising will go away slowly over a few weeks.

During the first 1 month after an ablation, some patients may experience:

- Palpitations, fast heart rates, episodes of atrial fibrillation or flutter, this is normal first 4 weeks is the “healing phase” some patient require medications or cardioversion (shocks) to maintain a normal rhythm.
- Recurrence of the arrhythmia during this time is **not** an indicator of the failure of the ablation.
- **Should you have a recurrence of atrial fibrillation but are otherwise doing well and are on blood thinning medication then this is not an emergency. Please do not call the after hours covering physician but call our office during regular business hours to have your doctor decide what, if anything, need be done.**

Care of your Puncture Site:

- You will generally have two sets of puncture sites one on each side of the groin, keep area clean.
- You may shower when you get home and remove the band aides. DO NOT go in a tub bath, pool, ocean, or lake until completely healed 7-10 days.
- Avoid any lotions, powder or creams to the puncture sites.
- You may notice a lump at the puncture site smaller than the size of a quarter this is normal.

Activity Restrictions:

- First two days post ablation, you should take it easy.
- Do not drive for 2 days post ablation
- Do not lift, pull or push anything greater than 5-10 pounds for 7 days
- You may resume normal activity after 1 week, but avoid strenuous activities for 2 weeks



CALL THE DOCTOR IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:

- Signs of infection, such as fever over 100 degrees F within the first 3 weeks post procedure, drainage from the puncture sites, redness swelling, hot to touch or severe pain.
- Lump larger than the size of a quarter near the puncture sites, increasing more painful or seem to be throbbing.
- Severe chest pain with deep breath or when leaning forward, or shortness of breath
- Slurred speech, difficulties swallowing, loss of sensation, decrease strength in hands or legs or any other stroke like symptoms
- Severe chest pain or difficulty breathing

Medications:

Your discharge medication may include but are not limited to:

- Anticoagulant (blood thinner) therapy to prevent stroke from atrial fibrillation – including perhaps one of the following Eliquis, Pradaxa, Xarelto, or Coumadin
 - If you are on Coumadin you will need your blood checked weekly for the first couple of weeks after the procedure to confirm your INR range 2.0-3.0 for stroke prevention
 - Anti-arrhythmic medication may also be initiated or continued to help your heart heal from the ablation.
 - Carafate (sucralfate) 1 gm tablet by mouth before every meal and bedtime (four times a day)
 - Protonix (pantoprazole) 40 mg tablets by mouth twice daily
- ** Carafate and Protonix need to be taken for 6 weeks post ablation. This is routine post-ablation prophylactic anti-ulcer therapy given to the majority of our patients****

Post-Ablation Appointments:

- Call the office (561) 434-0353 schedule appointment with physician who performed the ablation in 6-8 weeks.
- This appointment is important, if you are doing well it is likely the physician will start weaning the medications you have been taking for your arrhythmia.

Please remember to be patient with your arrhythmia; atrial fibrillation generally reoccurs for life if left untreated. Today we can fix the vast majority of patients with paroxysmal atrial fibrillation but this sometimes requires our patients to be patient

Thank you for entrusting us with your care

Visit our web site www.heartrhythmexperts.com for more information

Florida Electrophysiology Associates 561-434-0353