Catheter Ablation -

What to Expect on the Day

In preparation for surgery, a candular (plastic port for receiving fluids) will be inserted into a vein in your arm and flushed with salt water. The main purpose of this port is to allow medication to delivered into the bloodstream during surgery. Sometimes more than one is put in for convenience.

You will be dressed in an apron and taken down to the catheter lab where the surgery will take place. It is a specialised facility for this type of surgery consisting of a scanner, screens showing information on patient

status and a digital 3D reconstruction of your heart to help the staff navigate the heart chambers. You will also see the machine the catheter lines hook up to; this takes in information being relayed back from the catheter lines and also produces the RF output.

The staff will attach ECG wires to you to monitor the electrical signals of your heart as well as difibulator pads as a precaution. The surgery is very safe as the catheter wires can 'pace' the heart if a fast heart rate is produced or if the AV node is accidentally damaged.

You will then be laid down

on the bed and be injected with anaesthetic. You may be awake during surgery or asleep depending on what is required. It depends on how prominent the WPW reading is on the EGC and the surgeons personal preference. Sometimes it is required for the patient to be awake as the anaesthetic can mask the WPW pathways and make them impossible to locate with the diagnostic catheter. Don't worry though as the surgery is mainly painless and most people have lowered awareness of what's going on due to the medication. Some even forget the experience.

During surgery, four tiny

cuts are made (three in the groin and one in the neck), plastic ports are put in place and the catheter wires are fed through these ports into the veins or arteries up into the heart chambers. Each catheter has its own specialist job; one paces the heart, two measure electrical current and locate the pathway and the last one is used to deliver a focused burst of radio frequency to burn away the nuisance pathway.

The procedure time varies depending on how easy the pathway is to locate and how many there are. Usual time is around 2 hours but might take less or more time.

After the pathway is destroyed, the heart will be assessed for a period of time to see how it reacts and to take readings to see if the WPW reading has vanished. When everything is satisfactory, the equipment will be removed, pressure will be applied to the incision areas to seal them and dressing will be added to protect them + you will have travel socks to minimise the risk of a clot. You will then be wheeled out of the catheter lab and placed in intensive care (standard procedure as it's a heart operation).

You will be laid down at an angle for a couple of hours

to insure the incision areas do not reopen and will be kept in overnight until being discharged the day after.