

What You Need to Know About Afib Ablation. How Often Does It Work and What Are The Risks?

In this article, I discuss Afib Ablation, how often is Afib ablation successful, and what are the possible things that can go wrong?

What is Ablation?

Afib ablation is a procedure done in the hospital where a doctor threads a thin catheter into the heart and creates scars in the heart tissue with either heat or cold to alter the electrical signals.

The typical Afib ablation creates scars around the pulmonary veins in the left atrium (called pulmonary vein isolation) but also can create other areas of scar where there are electrical signals that may be causing Afib.

Article continues after [video](#)

How Often is Ablation Successful?

There are more than 20,000 Afib ablation procedures done each year in the United States.

The success of Afib ablation is difficult to measure because different studies use different measures of success. It can depend on the doctor, but one of the most important predictors is what type of Afib you have.

Those with paroxysmal Afib-which means Afib that comes and goes-typically do the best. Individuals with paroxysmal Afib who undergo ablation are about 75% likely to be free of symptoms at one year, and about 50% of people will have no detectable Afib without any rhythm medications or a repeat ablation procedure. The reduction in the amount of Afib after an ablation procedure for these individuals is over 90%.

Results are not as good for those with Afib that is ongoing for less than a year, which is called persistent Afib. Those with persistent Afib are about 60% symptom-free one year after Afib ablation.

Other factors are important in the risk of recurrent Afib after an ablation procedure. Recurrence is more likely in patients with underlying heart disease or high blood pressure. The older you are, the more likely you will have a recurrence. Afib ablation performed by doctors who do less than 25 Afib ablations a year have higher rates of recurrence.

If you do not address the underlying problem that leads to Afib in the first place, you are more likely to have a recurrence. Obstructive sleep apnea and high thyroid levels are examples. Additionally, weight loss is a remarkably effective treatment for Afib in those who are overweight.

About 20% of people need a 2nd Afib ablation procedure. Third procedures are less common.

Complications of Afib Ablation

The most feared complications, death, stroke, or heart attack are fortunately rare. Death occurs in about 1 in 1,000 procedures. Stroke and heart attack occur in less than 0.5%.

Major complications such as bleeding, perforation of the heart, or damage to the esophagus or phrenic nerve happen in less than 4%.

All complications are more common when done by physicians who do less than 25 Afib ablations per year.

In Summary

Afib ablation is a common procedure for those with symptomatic Afib and it is significantly more effective than medications. Although generally safe, there are risks to the procedure. Any decision about Afib ablation should be a shared one between the doctor and the patient and include a full discussion about the risks, benefits, and alternatives.