

**Electrophysiology (EP) Study & Catheter Ablation**

Your cardiologist is requesting for you to be scheduled for an EP Study/Ablation. One of our hospital procedure coordinators will be contacting you within the next 48 hours to interview and schedule a procedure date for you. Please have this packet available for your phone call as they will also review the attached instructions with you at that time and answer any questions you may have. Should you need to contact our scheduling department, please call the main number, 609-584-1212 and ask to speak with the procedure scheduling department.

**PRE-TESTING:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PROCEDURE LOCATION:** SFMC RWJ New Brunswick

PERFORMING: Dr. Christina Wjasow Dr. Sanjukta Sanyal

DATE: \_\_\_\_\_

**PROCEDURE:** EP Study SVT Ablation AV Node Ablation AFib Ablation  
Aflutter Ablation VT Ablation PVC Ablation

**FOLLOW UP APPT:** at the Madison Office

Dr. Caplan Dr. Wjasow Dr. Sanyal

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Electrophysiology Study**

Depending on your clinical arrhythmia, or heart rhythm disturbance, and the frequency of the episodes, your physician may refer you for an Electrophysiology (EP) study. These studies are typically performed by an Electrophysiologist, or Heart Rhythm Specialists, in patients with:

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- Symptomatic arrhythmias despite medications
- Intolerable side effects from medications prescribed for the arrhythmia
- Desire for a curative catheter ablation procedure as a first-line to avoid medications, or secondary to occupational risks (pilots, public servants – police, fireman, etc)
- For risk stratification for sudden cardiac death in the presence of structural heart disease or clinically documented arrhythmias, to determine a need for an Implantable Cardiac Defibrillator (ICD)
- To evaluate the need for a Permanent Pacemaker

An EP study is a procedure performed to study the electrical system of your heart. The Electrophysiologist will place several catheters, typically via the groin, into the heart under fluoroscopic, or X-ray, guidance. These catheters are placed in well-defined regions critical to the heart's normal conduction system, such as the right atrium, His bundle, and the right ventricle. These catheters allow your physician to stimulate your heart and to electrically map the origin and characteristics of your clinical arrhythmia.

### **Catheter Ablation**

Catheter Ablation is typically performed during the same EP study. By using specialized intracardiac catheters, heat or cold energy can be delivered to the local heart tissue to terminate a fast heart rhythm, or type of tachycardia. The success rates of catheter ablation for types of arrhythmias listed below can be greater than 95%, and in some cases may be curative.

Catheter ablation for supraventricular tachycardias (SVT), or those that arise from the upper chambers, or atria, is, as a group, typically more successful and more often performed than for ventricular arrhythmias. These types of SVT include:

- Atrial fibrillation (AF)
- Atrial flutter
- AV nodal reentrant tachycardia (AVNRT)
- AV reciprocating tachycardia (AVRT)
- Atrial tachycardia (AT)

Catheter ablation for ventricular tachycardia (VT) is fundamentally more complex. Those patients with "focal" ventricular tachycardia with no evidence of structural heart disease (including outflow tract variants) can be ablated with a high-rate of success if they fail medical therapy. Patients with structural heart disease and "reentrant" ventricular

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tachycardia are a more challenging subset of patients. These patients typically have an ICD implanted and are referred to a heart rhythm specialist after failed antiarrhythmic therapy for recurrent ICD shocks. Catheter ablation of VT can be performed in these patients with success rates that vary based on the location of the arrhythmia focus. A careful discussion with your heart rhythm specialist to design a customized treatment plan is important.

The risks of an EP study and catheter ablation are small, but, as with any invasive procedure, it is not risk-free. Not all arrhythmias can be cured with catheter ablation and an individually-tailored discussion of your treatment options with your physician is paramount.

### **Pre-Admission Testing**

- The hospital will call you to schedule your pre-admission testing appointment
- During this appointment, you will be interviewed by a nurse, who will review your medical history and medications
- Bring all medication bottles in a zip lock bag, or a detailed list of your medications including dosage and frequency
- Fasting blood work, EKG, and CXR may be performed at this appointment.
- Take all medications as prescribed
- HCA will contact your insurance for pre-authorization. If a referral is required, we will fax a referral request to your primary care physician with all the necessary information.

### **Before The Procedure**

- You **CAN NOT** drive yourself the day of your procedure.
- No solid food or drink after midnight including gum or candy.
- You may take your usual medications with a sip of water the morning of the procedure, except diabetic medications
- Diabetic patients: Do not take diabetic medications or Insulin the morning of your procedure
- Coumadin/ Eliquis/Xarelto/Savaysa/Pradaxa patients: You may have been given a stop date, if not or have questions regarding medication instructions please call the office.
- If you develop symptoms of a cold, flu or fever or if you have been exposed to any communicable diseases (chicken pox, shingles, mumps, measles or tuberculosis) since your preadmission visit, immediately notify us.

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- The hospital will call you the afternoon prior to your appointment to let you know the arrival time.
- Be prepared to stay overnight as there is always a possibility you will be admitted following your procedure. If you are discharged the same day, you **MUST** have someone to stay with you that night.

### Discharge Instructions

Dressing	If the band aid was not removed in the hospital, you may remove it once you get home, unless otherwise instructed. It is less painful if you remove it while in the shower.
Bathing	You may shower the day after the procedure. You may not take a bath, swim, or soak in a hot tub or Jacuzzi until after your office follow-up appointment.
Exercise	You may resume walking at home. After 24 hours, you may walk the distance at which you are accustomed. If you have not been walking, you may start at a low level
Sexual Activity	You may resume after 48 hours, unless advised otherwise.
Household Chores	You may resume household chores (dishes/laundry). Wait 5 days before vacuuming. You may not shovel for 5 days.
Lifting	Do not lift over 10 pounds for the first 3 days at home.
Driving	You may resume 24 hours after discharge, unless advised otherwise
Stairs	As tolerated
Work	Depends on your type of work. Check with your Doctor
Medications	Take as directed. Do not stop any medications unless you are instructed by your Cardiologist. Contact the office for specific instructions
Notify your Doctor if:	Temperature greater than 101.5. Bleeding at the puncture site. Leg is white, numb, cold, very painful, or if a lump appear at the incision site.
Follow-Up Appointments	Schedule and keep your appointment for 7-10 days post procedure.

Thank you for allowing Hamilton Cardiology to participate in your care. Your cardiovascular health is our priority. Please contact the office for any further questions or concerns.