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Cardiac ablation is one of the safest and most effective modern treatments for common heart rhythm problems like atrial fibrillation and supraventricular tachycardia (SVT).But how serious is the procedure, what are the implications of having one, and how long does it take to recover from? Understanding how cardiac ablation works and what you should and shouldnt do before and after can help you give yourself the best chance of a great result and a swift recovery.If you or a loved one needs to have a cardiac ablation, Heart Rhythm Cardiologist can help you get the advice and treatment you need. Dr Lyne is one of Irelands most experienced cardiologists and a leading expert in cardiac ablation. Get in touch today for a consultation.What is Cardiac Ablation?Cardiac ablation also known as heart ablation or radiofrequency ablation is a procedure for treating irregular heartbeats (arrhythmias). Irregular heartbeats are caused by faulty electrical signals in the heart. Cardiac ablation uses thin wires (catheters) to scar the area of heart tissue where the signals go wrong. This breaks the faulty electrical circuit and helps the heart return to a normal rhythm.You can get much more detail about the ablation process in this blog on AFib, one of the most common types of arrhythmia: What to know about the atrial fibrillation ablation procedure.Symptoms After Cardiac AblationArrhythmias can cause a range of unpleasant symptoms, including palpitation, a fast heart rate and extra heartbeats (ectopic beats). One of the goals of ablation is to stop these symptoms from occurring, and most patients find thats exactly what happens.That said, its quite common to continue to experience symptoms immediately after the operation and even for several weeks post-surgery. This is commonly known as the blanking period. It doesnt necessarily mean the procedure has failed; it can simply take time for the rhythm to settle down as the heart tissue heals.Some people experience temporary chest discomfort as the heart recovers from the operation, but this is rare and usually disappears after a week or so.Cardiac Ablation RecoveryStandard cardiac ablation is a minimally invasive operation; all the devices used in the procedure are inserted and removed through a vein rather than by open-heart surgery. All the same, it still takes time for your body to recover from an ablation, both the puncture site and the heart tissue thats being carefully scarred for the treatment. To aid your recovery after ablation, youll need to:Rest for a few days at least after the procedure (the team will advise you on this)Avoid heavy lifting for at least two weeksAvoid strenuous activity for at least two weeksFactors That Influence Cardiac Ablation RecoveryIt sounds obvious, but improving your overall health will also give your body the best chance of a good, long-term recovery after the ablation. Any lifestyle improvements you introduce now can have a significant impact on your heart health and help to prevent further problems. The Irish Heart Foundation has the following advice for patients considering an ablation:Avoid stimulants such as caffeine, like in coffee, alcohol, and nicotine from smoking. These can trigger an irregular heart rate.Have your blood pressure and cholesterol monitored regularly and keep them under control.Be active. Check with your doctor or nurse about a safe and reasonable level of activity or exercise before you start.Reduce stress and find ways to manage or control any stress you cannot avoid.Eat heart-healthy foods and maintain a healthy weightGo for regular check-ups. They will help you maintain your quality of life.General Timeline of Cardiac Ablation RecoveryMost patients recover quickly after their ablation procedures. Some people even feel well enough to return to normal activities and work after a few days of rest. For others, it can take considerably longer and up to 3 months before their symptoms settle. The general recovery timeline after a heart ablation looks something like this:3-6 hours after the ablation procedure lying down in the recovery area24 hours going home, either the same day or the next morning1 week resting at home and avoiding strenuous activity2 weeks returning to walking and everyday activities10 weeks confirming the procedure has worked properly3 months feeling free of irregular heartbeat symptoms12 months being discharged by your doctorKeep in mind that you shouldnt drive for at least 48 hours after your ablation procedure.Tips for a Smooth Cardiac Ablation RecoveryAlthough cardiac ablation is minimally invasive, it still takes a physical toll on the body. For instance, if youre going to be conscious during the procedure, it will take a few hours for the sedative effects to wear off. (It can take up to 48 hours if youre having a general anaesthetic.)Your body also needs time to heal from the incisions used for the catheters and from the scars that we create in the heart tissue to restore your natural rhythm. The best way to encourage a successful outcome from your ablation is to be careful and intentional in your approach to the recovery period.Activity and Rest Post-Cardiac AblationRest is one of the keys to a good recovery from ablation. You wont be able to drive home after the operation, so youll need someone to collect you from the hospital. Once home, youll want to rest up for the next few days. Most people take a few days off work and up to a fortnight if they have a physically demanding job, such as nursing or manual work. During this time, its important to avoid strenuous activity and heavy lifting. When you feel well enough to get back to everyday activities and exercise, its best to build up gradually. Most patients find theyre able to go for brisk walks by week two.Its common to get some bruising in the puncture site where the catheters were inserted (usually the groin, though sometimes the arm, leg or neck). Most people dont experience any pain after the procedure. If you do feel some pain or discomfort, you may like to take some simple painkillers; the soreness usually only lasts for a week at most. You should be able to remove your dressing after 24 hours, but its important to keep the wound clean and dry over the next few days, so youll need to avoid swimming or taking a bath for the first week.You can find out more about resuming activities after the procedure on our websites Ablation page: see What happens after my ablation?Diet and Medication After Cardiac AblationYou may need to avoid eating or drinking before your ablation well let you know about this when you come in for your preoperative assessment. When the operation is finished, you should be able to eat and drink normally. But you should avoid alcohol for at least 24 hours.Medication for heart rhythm problems varies a lot from patient to patient. Its possible that youll need to stop taking certain medicines before and after the ablation. Or you may be prescribed a new, temporary course of medicines before and after the procedure, such as blood thinners to help prevent blood clots. Again, these are things well discuss with you in detail before the procedure.Follow-Up Care and MonitoringWhen you leave the hospital after your cardiac ablation, the team will give you instructions about how to monitor and care for yourself at home, when you will be able to resume physical activities, and so on.Although most people recover quickly after ablation, its important to keep an eye on your symptoms and let the medical team know if you experience any new or unusual ones or if your symptoms get worse (see What to Watch For During Cardiac Ablation Recovery, below).After youve been discharged from hospital, the Heart Rhythm Cardiologist team will contact you to arrange a follow-up appointment. This is usually around 6-8 weeks after your ablation. Its an opportunity for us to check your progress and answer any questions you may have. You will probably have a heart test, such as an electrocardiogram (ECG), at this appointment.Cardiac Ablation Success RateAs the Irish Heart Foundation points out, most patients find ablation is a very effective treatment for their arrhythmia: The success rate of ablation for the great majority of fast heartbeats is 95 to 98%, they explain.That said, the outcome can vary according to the type of rhythm problem you have. While conditions like supraventricular tachycardia (SVT) and Wolff-Parkinson-White syndrome usually respond very well to ablation, the success rate can be lower for problems like atrial fibrillation, atrial tachycardia and ventricular tachycardia. If your arrhythmia persists or comes back, you may need to have a second procedure.You can maximise your chance of a successful recovery from ablation by following the guidance and taking good care of your body in the weeks afterwards. Dont try to rush back into work before youre ready. Avoid heavy lifting for at least the first week. Introduce daily exercise gradually, according to your care plan. And keep up with your appointments while continuing to take any medicines youve been prescribed.What to Watch For During Cardiac Ablation RecoveryCardiac ablation is generally very safe, and most people dont experience any serious complications after the procedure. But its good to be aware of the potential risks and side effects.Common Side EffectsSome people experience mild side effects from the procedure. These include:Drowsiness you will feel drowsy until the effects of the anaesthetic or sedative wear offBruising its relatively common to get a bruise where the catheter was inserted; the bruise can sometimes spread further down the leg, especially if youre taking anticoagulantsSmall lump some people get a pea-sized lump (a haematoma) at the puncture site in their groin; this should go down over the following daysHeart flutters its pretty common to experience mild symptoms, like palpitations or temporary episodes of AFib, for several weeks after an ablation; these usually settle down as the heart healsSerious Symptoms That Require Immediate AttentionCertain symptoms need to be investigated if you experience them after your ablation. While its reasonably common to get a small lump at the puncture site, you should seek medical attention if the lump gets more swollen or becomes very red or if you experience excessive bleeding from the wound or start to feel feverish.Though its also common to experience temporary periods of AFib or palpitations for the first few weeks and months after ablation, you should see a doctor if the palpitations become more severe or if they last for several hours at a time. If the palpitations are accompanied by other new symptoms like breathlessness, feeling faint, losing consciousness, or chest pains, you should seek immediate medical attention. Signs of stroke (including slurred speech, drooping in your face or weakness in your arm) should be treated as a medical emergency.Getting symptoms after ablation isnt always an emergency; sometimes, they might simply mean that you need to change or adjust your medication, for example. This is something we can help you with if you call the clinic.Cardiac Ablation with Dr LyneAre you considering cardiac ablation for yourself or a loved one or are you concerned about how the process works and whether its right for you? If so, were here to help you get the advice and treatment you need. Dr Lyne is one of Irelands foremost experts in ablation treatment for heart rhythm problems. He was one of the first cardiologists in Europe to pioneer the new pulsed field ablation for AFib. (You can learn more about it in this blog: New pulsed energy treatment for atrial fibrillation.)Whatever your state of health or symptoms youre facing, we can provide the full range of tests, medication and procedures to help you deal with symptoms and manage your heart rhythm condition.If youd like to book an appointment to discuss ablation, please get in touch with Heart Rhythm Cardiologist today. Its quick and easy to book a consultation with Dr Lyne on our website. Or you can contact us by phone and email. Whatever you need, the team will be delighted to hear from you. The heart is a pump responsible for maintaining blood supply to the body. It has four chambers. The two upper chambers (the right atrium and left atrium) are the chambers which receive blood as it returns from the body via the veins. The lower chambers (the right and left ventricle) are the chambers responsible for pumping the blood out to the body via the arteries. Like any pump, the heart has an electrical system that controls how it functions. Normal heart rhythm In order for the heart to do its work (pumping blood throughout the body), it needs a sort of spark plug or electrical impulse to generate a heartbeat. Normally this electrical impulse begins in the upper right chamber of the heart (in the right atrium) in a place called the sino-atrial (SA) node. The SA node is the natural pacemaker of the heart. The SA node gives off electrical impulses to generate a heartbeat in the range of 60 to 100 times per minute. If you are exercising, doing strenuous work or you are under a lot of stress, your heart rate may be faster. When you rest or sleep your heart rate will slow down. If you take certain medications, your heart rate may be slower. All of this is appropriate. From the SA node, the electrical impulse is relayed along the hearts conduction system. It spreads throughout both the right and left atria causing them to contract evenly. When the impulse spreads over the right atrium it reaches the atrio-ventricular (AV) node. This is a very important structure in the heart because it is the only electrical connection between the top chambers and the bottom chambers. It is therefore the only way in which an electrical impulse can reach the pumping chambers (the ventricles). The impulse spreads through the AV node and down into the lower chambers or ventricles of the heart. This causes them to contract and pump blood to the lungs and body. What is Supraventricular Tachycardia (SVT)? In some hearts, an abnormal heart rhythm develops in the top part of the heart when an electrical impulse either starts from a different location other than the SA node, or follows a route (or pathway) that is not normally present. When this occurs the heart will suddenly start racing. The heart rate is usually over 150 beats per minute and often over 200 beats per minute. Certain things in some people can trigger episodes. These include caffeine, alcohol, anxiety, exercise or sudden movements such as bending over. However, often these episodes can occur at any time without a trigger. During an episode, you will usually be aware of the rapid beating of your heart. Other symptoms might include dizziness (blacking out may occur but is unusual), shortness of breath, sweating, chest pain and anxiety. After an episode it is usual to feel very tired. Is Supraventricular Tachycardia dangerous? In the vast majority of cases SVT is a benign condition. This means that it will not cause sudden death, will not damage the heart or cause a heart attack and will not shorten life expectancy. There are some rare exceptions that will be discussed with you if relevant. Why does Supraventricular Tachycardia occur ? There are three main types of SVT. It will not always be obvious which type of SVT you have prior to the electrical study of your heart. 1. AV Nodal Re-entry Tachycardia (AVNRT) This is the most common form of SVT. An abnormal short circuit (circular conduction) occurs near the AV node. Instead of a single AV node between the top and bottom chambers, there is a second connection that is abnormal. This extra connection has been present since birth. As a result of having 2 connections a short-circuit can occur. 2. Atrioventricular Reentrant Tachycardia (AVRT) and Wolff Parkinson White Syndrome (WPW) AVRT is an abnormal electrical circuit utilising the AV node and an accessory pathway connecting the Atria and Ventricles. These "accessory pathways" are small electrical connections or fibres that have been present since birth. As a result of having these extra electrical connections or "accessory pathways a short-circuit can develop resulting in palpitations.This condition is sometimes termed the Wolff-Parkinson-White Syndrome or WPW. 3. Atrial Tachycardia This is the least common form of SVT. There is an extra abnormal origin of the electrical impulse from a small area in the atria other than the SA node. It is not known when or why such an extra focus develops. What treatments are available for Supraventricular Tachycardia? There are 3 main options for people with SVT. No treatment at all. Because SVT is a benign condition, for those people having infrequent and short-lived episodes that are not troublesome one option is to simply live with it. Medication. For people who do not wish to continue having episodes a second option is to take regular daily medication. There are a variety of different possible medications. Medications reduce the frequency and severity of episodes but do not cure the problem. There is also the possibility of developing side-effects from these drugs. Radiofrequency Ablation. This is a procedure that cures the condition. What is Radiofrequency Ablation (RFA)? Radiofrequency is a low power, high frequency energy that causes a tiny region of the heart near the tip of the catheter to increase in temperature, thus ablating (or cauterising) a small area of abnormal tissue. Radiofrequency energy has been used for decades by surgeons to cut tissue or to stop bleeding. For the treatment of palpitations, a much lower power of radio-frequency energy is used. What happens prior to the procedure? You will need to stop taking any medication that you have been prescribed for your abnormal heart rhythm 5 days prior to your procedure. If you are taking anti-coagulation (blood thinning) medication eg warfarin then you will need to stop this for one week prior to your procedure. If this has not been discussed with you, or if you are unsure please call us. For procedures being performed in the morning you will usually be admitted to hospital on the evening before. For afternoon procedures you may be admitted on the morning of the procedure. Prior to the procedure you will require an ECG and blood test. You will be required to fast for at least six hours before the study. If your procedure is in the afternoon you may have a light early breakfast. If your procedure is in the morning, DO NOT EAT OR DRINK AFTER MIDNIGHT, except for sips of water to help you swallow your pills. What happens during a Radiofrequency Ablation Procedure? You will be transferred to the Electrophysiology Laboratory (EP lab) from your ward. Usually before leaving your ward you will be given a light sedative and your groin will be shaved. The EP lab has a patient table, X-Ray tube, ECG monitors and various equipment. The staff in the lab will all be dressed in hospital theater clothes and during the procedure will be wearing hats and masks. Many ECG monitoring electrodes will be attached to your chest area and patches to your chest and back. These patches may momentarily feel cool on your skin. A nurse or doctor will insert an intravenous line usually into the back of your hand. This is needed as a reliable way to give you medications during the study without further injections. You will also be given further sedation if and as required. You will also have a blood-pressure cuff attached to your arm that will automatically inflate at various times throughout the procedure. The oxygen level of your blood will also be measured during the EP study and a small plastic device will be fitted on your finger for this purpose. Your groin area and possibly your neck will be washed with an antiseptic cleansing liquid and you will be covered with sterile sheets leaving these areas exposed. An anesthetist will be present for many procedures. The procedure may be performed under local anaesthetic with sedative medication or under full general anaesthetic. This will be discussed with you before the procedure. If the procedure is performed under local anaesthetic, the doctor will inject the anaesthetic to the area in the groin where the catheters are to be placed. After that, you may feel pressure as the doctor inserts the catheters but you should not feel pain. If there is any discomfort you should tell the nursing staff so that more local anaesthetic and sedative medication can be given. Occasionally it is also necessary to place a catheter in a vein in the side of the neck. The catheters are positioned in your heart using X-Ray guidance. Once the catheters are in place you may feel your heart being stimulated and usually your abnormal heart rhythm will be induced. When the type of abnormal rhythm has been identified and the abnormal tissue localised, the radiofrequency ablation will be applied to this spot. This may cause a transient warm discomfort in the chest. Radiofrequency ablation procedures are lengthy and the average duration is approximately 2 to 3 hours. What is the success rate of Radiofrequency Ablation for SVT? The success rate of the procedure depends on which type of SVT is present but is usually approximately 95% to 98%. The risk of tachycardia returning or recurring after an apparently successful procedure is approximately 1% to 2%. What should you expect after a Radiofrequency Ablation Procedure? After your procedure you will be transferred back to your ward where you will have to lie flat for 4-6 hours. During this time, it is important to keep your legs straight and your head relaxed on the pillow. Most patients stay in hospital overnight and their heart rhythm will be monitored during this time. The groin area may feel sore and bruised for several weeks after the procedure. You should avoid strenuous physical activity and sports for 2 weeks after the procedure until this has settled. Most people take approximately 1 week off work. Some people may experience minor chest discomfort and brief palpitations due to extra beats of the heart for several days after the procedure. This is due to the irritation caused by the ablation in the heart and will settle. If this persists or is not mild, it should be reported to Dr. Kalman immediately. What risks are involved in a Radiofrequency Ablation Procedure? Radiofrequency ablation procedures are performed on a daily basis at the Royal Melbourne Hospital. It is a common and very low-risk procedure. However, should a complication arise, it will be dealt with at once. The world wide complication rate for Radiofrequency ablation procedures is less than 0.5%. Although most people undergoing Radiofrequency ablation do not experience any complications, you should be aware of the following risks: Local bleeding, blood clot or haematoma (blood collection) - this may occur at the catheter insertion site. Rapid abnormal heart rhythm -this may actually cause you to pass out for a very short period of time and in some cases a small electric shock may be required to restore your normal rhythm. Perforation or damage -very slight chance that this may occur to either a heart chamber or to the wall of one of the arteries. Heartblock - depending on the location and type of your abnormal rhythm being ablated, there is a chance of damage occurring to the hearts normal electrical system (the AV node). This may be temporary, but permanent damage would result in a permanent pacemaker being inserted. This would have to be performed immediately at the time of the procedure. Major complications - stroke, heart attack, death are very rare. More than 1200 patients with supraventricular tachycardia have been successfully treated at The Royal Melbourne Hospital during the last ten years by radio-frequency ablation, and no major complications have occurred. Radio-frequency ablation is an effective and safe way to cure patients suffering from Supra-ventricular tachycardia. Please do not hesitate to discuss any aspect of the procedure including potential complications with your doctor. Supraventricular tachycardia (SVT) ablation is a procedure used to prevent recurrent cardiac arrhythmias in people who have SVT. SVT is a family of cardiac arrhythmias that originate in the upper chambers of the heart (the atria)including atrial tachycardia, atrial fibrillation, atrial flutter, atrioventricular nodal reentrant tachycardia (AVNRT), and Wolff-Parkinson-White syndrome.These arrhythmias are generally not life-threatening, but often cause palpitations, weakness, light-headedness, fatigue, shortness of breath, andin the case of atrial fibrillationcan increase the risk of stroke. SVT ablation is a first-line treatment for SVT. It restores a normal heartbeat by killing the tissue causing the rapid heartbeat. SVT ablation can be used for people who do not respond well to drugs for the heart. It can also treat those who can't take these drugs or want to avoid them and the risk of side effects. This article describes SVT ablation goals, risks, methods, and outlook. It also describes what to expect during and after your treatment.Supraventricular Tachycardia The goal of SVT ablation procedure is to restore a normal heart rhythm to those with SVT. This is accomplished by hindering the cells that send signals that trigger a rapid heartbeat and interfere with your heart's ability to produce a normal rhythm. While medication can decrease the frequency of tachycardia events, these drugs don't work for everyone. Taking them can also put you at risk for side effects. The purpose of SVT ablation procedure is to create tiny scars in your heart to block the abnormal signals interfering with a regular heartbeat. A successful SVT ablation procedure can provide a long-term or permanent solution for people with SVT. This can achieve the following goals: Prevent episodes of rapid heartbeatRelieve symptoms of rapid heartbeat such as dizziness, chest pain, or faintingPrevent problems caused by the condition SVT ablation is performed by cardiac electrophysiologists, cardiologists who specialize in managing cardiac arrhythmias. The procedure is generally regarded as very safe and effective. Research indicates that rare complications occur in 0.3% to 2.5% of procedures. The risk of complications is highest in older people and those with multiple morbidities (the presence of two or more chronic health conditions). The most common risk of ablation is bleeding and oozing from your veins at the site of the catheter insertions. This can usually be controlled with pressure on the site. SVT ablation carries a 1% or less risk of the following serious complications:Heart attack caused by the procedureStroke due to a blood clot that forms during the procedureDamage to the heart or lungs that requires another surgeryPuncture of the heartDeath SVT ablation is a type of cardiac ablation. Cardiac ablation uses a metal-tipped catheter, or a narrow plastic tube about 23 millimeter (mm) in diameter, to kill the cells that cause irregular electrical signals to your heart. The catheters are inserted into a vein through one or more punctures, typically in your groin or neck. Then the catheters are threaded up through the vein and into your heart. While you may feel some pressure, you shouldn't feel pain. Fluoroscopy, an imaging technique that shows internal organs in motion, helps your cardiologist move the catheter through the vein. The metal tips are electrodes that record the electrical signals from the heart. This helps identify the areas causing the irregular electrical signals. Your cardiologist creates a GPS-like map of the electrical activity in your heart to identify the sites that require ablation. Ablation eliminates the source of your tachycardia without damaging your normal cardiac function. SVT ablation techniques are minimally invasive procedures that allow your cardiologist to access your heart without major surgery. These techniques are used to destroy the tiny areas of heart tissue that are responsible for causing the arrhythmia. SVT ablation techniques typically take three to four hours to complete. They are usually performed in a hospital. The type of SVT ablation technique you receive depends on the type and severity of your condition. Other factors, including your age, other chronic health conditions, and the expertise of your cardiologist, can affect the type of procedure used. Techniques vary in the process used to destroy the targeted tissue. These methods include the following:Radiofrequency ablation: Uses high-energy radiofrequency signals that apply heat to destroy the tissue causing the arrhythmiaCryoablation: Uses extremely cold temperatures to ablate or destroy the tissue causing the arrhythmia Your cardiologist will provide SVT ablation post-op instructions individualized for your condition and the type of procedure performed. Immediately after the procedure, you will have to stay in bed for five or six hours so the hospital staff can monitor your heart rhythms. While it is common practice to remain in the hospital overnight for observation after SVT ablation, it is feasible for some patients to go home the same day. SVT ablation post-op instructions help you carefully return to your normal activities. The following general guidelines are typically part of SVT ablation post-op instructions as you recover from SVT ablation: Do not drive for at least two days.Do not lift more than 10 pounds for one week.Do not exercise for one week.Do not have sex for one week.Start walking on the evening of your procedure.Keep the incision site clean and dry. Typically, you may return to work within three or four days as long as your duties do not involve strenuous exertion or heavy lifting. While serious complications following SVT ablation are rare, there is a possibility that you may experience one of the following problems:InfectionBlood vessel damageBlood clotsDamage to your heart valve or heart muscleDamage to your heart's electrical system, which could worsen your condition or require that you have a pacemaker implantedKidney damagePulmonary stenosis (narrowing of the pulmonary valve)Development of new arrhythmiasCall 911 or seek emergency medical care if you have any of the following symptoms after SVT ablation:Fast swelling of the puncture siteBleeding from the puncture site that does not slow down when pressure is appliedPain or discomfort in your chest that moves into your jaw, neck, or armDrooping face, arm weakness, difficulty speaking The recovery period for SVT ablation varies by individual. Age and other chronic medical conditions can affect how your body heals. The ablated areas of tissue inside your heart may take up to eight weeks to heal. In the first few weeks after SVT ablation, you may experience the following symptoms:FatigueIrregular heartbeatMild chest aches or discomfortHeart palpitations, including fast or skipping heartbeatBruising at the catheter site, which can involve a black-and-blue appearance Research indicates that people who have this procedure report a high rate of satisfaction with regard to symptom treatment. In a study group of people treated with SVT ablation, 74.1% perceived the treatment as successful, 15.7% said it was partly successful and only 9.6% thought their procedure was unsuccessful. The initial success rate of SVT ablation is more than 90%. Research indicates that ablation stops SVT in about 93 to 97 people out of 100. That means that ablation may not work for 3% to 7% of people treated. The success rate for ablating atrial fibrillation is somewhat lower than for other types of SVT, in the range of about 75% to 80%. SVT returns in 5% to 8% of people treated with SVT ablation. People who have a second SVT ablation typically have better results, with successful treatment of the SVT. With a low recurrence rate and low rate of complications, the prognosis for people who have SBT ablation is generally good. Research indicates that the majority of people treated with SVT ablation achieve significant symptomatic improvement. However, the risk of recurrence of SVT exists as long as five years after ablation-induced correction. After SVT ablation, you will likely return to your cardiologist's office for a follow-up appointment about two to four weeks after your procedure. This is an opportunity to discuss any lingering symptoms after your procedure. Before your appointment, you will likely receive a Holter monitor. This is a type of ambulatory electrocardiographic (ECG) monitoring. It is usually worn for up to seven days. During that time, it records an ECG so your cardiologist can determine whether you are having an irregular heartbeat by reviewing the results. Holter monitoring may also be repeated at three, six, and 12 months after your procedure. Depending on your condition, you may also have to attend additional office visits with your cardiologist or have more tests to monitor your heart rate. SVT ablationcan safely correct supraventricular tachycardia (SVT), a cause of rapid heartbeat. This treatment blocks faulty electrical signals from reaching the upper chambers of your heart. These bad signals can cause your heart to beat too fast. SVT ablation is used as first-line therapy or after heart drugs fail. In either case, it can often resolve the problem of a fast heartbeat with a low risk of complications. This treatment may be a good choice if you have SVT but can't take heart drugs or don't want to deal with the risks of side effects. Most cases of SVT can be fixed with a single treatment. Those treated have a good long-term outlook. Lets imagine that there is a main street where all cars go but sometimes in certain situations and for specific reasons the cars take another road that is not the right one. Its like deviating from the main road and making a detour to reach the destination. Sometimes cars go around, other times they go in a circle on the wrong path.When there is a detour at the level of the electrical circuit in the heart, the arrhythmia appears. Through the ablation procedure, the specialist will burn the wrong electrical path.As a result of this process, the cells in the heart lose their elasticity and conductivity, which means that the electric current can no longer pass through. As if a street is blocked and cars can no longer pass by. Therefore, the passage of the electric current is this way guided only on the normal pathway because the electric current cannot pass through the scarred tissue. Depending on the hospital and the specialist you choose, there are two types of methods: radiofrequency catheter ablation, where the cells are cauterized, andcryoablation, where the heart tissue that causes the arrhythmia is frozen at -40 degree. The specialists, called electrophysiologists, say that both approaches are non-surgical and least invasive forms of treatment for supraventricular tachycardia. The procedure undergoes in the electrophysiology laboratory, which is a sterile environment. An ablation is a procedure where the doctor cauterizes the cells of the heart that causes arrhythmia with electrodes. The difficult part is getting the electrode inside the body up to the heart. To do this, the doctor will make a small opening in the groin area and insert a catheter through a vein. The patient will be under mild sedation and local anesthesia. The vital functions of the patient are strictly monitored. Usually, the patient is conscious throughout the procedure, but there are also clinics where they have an option for total sedation. A catheter is a thin and flexible plastic tube like those ones used for delivering intravenous medication. The catheter used for ablation is very long, and on one side, it has an electrode which will deliver heat to burn the abnormal tissue. Insertion of this tube into the vein up to the heart is done carefully and slowly to maintain the integrity of vein and the heart. They have a special device that captures images through x-rays and guide them through the procedure. These images will help the doctor to see how to navigate the catheter to the problematic area. It is like having a GPS inside the heart. Once the doctor can identify the area in the heart that causes the palpitations, he or she will burn the abnormal heart cells delivering small waves of heat. According to one study, ablation can present major complications (perforations, access complications, bleeding, pulmonary edema) in 0.8% of SVT cases. Although this procedure is said to have a low risk of developingcomplications, we will describe what problems might occur during or after the ablation. Here there are some of them: The way instruments are handled in the process of performing the technique, may present a risk of damaging to the surrounding vessels, nerves, organs and tissues.The most common consequence of ablation is pain. Pain may occur at the site of insertion of the catheter. Also, chest pain might be present due to the heat produced by the catheter or irritation of the lining of the heart. Pain relief medicines are administered during and before the procedure to prevent you from feeling the pain.Another complication of ablation may be pericarditis or inflammation of the lining covering the heart. Around the heart, we have a membrane called the pericardium. It is a two-layer of tissue with little liquid between the two to keep the layers away from each other. If this membrane is damaged during the procedure, it can lead to inflammation and fluid accumulation in the pericardium sac. Chest pain and breathing problems may occur, and it will be necessary to remove the accumulated fluid through a drainage tube.Suppose specific healthy conduction pathways have been burned because they were too close to the area that needed to be ablated. In that case, a complete atrioventricular block may occur, which means that the electrical impulse does not reach from the atria to the ventricles. Therefore, implantation of a pacemaker is required. This complication happens in less than 1 per cent of cases.Bleeding or signs of infection may appear in the groin area where the incision was made.During catheter insertion, the heart may be accidentally punctured.When the procedure has to be done close to the coronary artery, there is a higher risk of causing a rare complication called coronary artery spasm. It is a sudden contraction of the muscles in a particular location in the artery. The artery narrows and the flow of blood to the heart are restricted.It can present minor complications such as pneumothorax, respiratory problems, hypotension, pneumonia.Ablation exposes the patient to a certain degree of radiation Sixty minutes of radiation exposure translates to 0.03% increased life time risk for fatal malignancies which was higher for obese patients. As stated by NHS Foundation Trust, Queen Elizabeth Hospital Birmingham, The risk of dying from this procedure or from one of the above complications is less than 1 in 10 000 (0.01%). The cardiologists consider ablation a curative therapy with a success rate of over 90%. The ideal candidate for ablation must meet one or more conditions such as: a highly symptomatic patient with frequent episodes of arrhythmiassomebody who does not tolerate medical therapy or has severe adverse drug reactionsarrhythmia can no longer be treated with medication from various reasonsthe patient has been diagnosed with Wolff-Parkinson-White syndrome and presents a family history of sudden cardiac deaththe patient presents with ectopic beats that affect the quality of his/her lifeif abnormal electrical activity of the heart increases the risk of ventricular fibrillation For patients who have rare episodes of tachycardia or can control these symptoms through various techniques and medication, for them, ablation might not be the best solution. However, the choice belongs entirely to the patient, but he or she is helped by the specialized and precious indications of the cardiologist. Tell your doctor about the medication that you are taking; these include vitamins, herbal treatments, prescription drugs, etc. You may get the indication to stop taking these medicines before the procedure; dont stop taking them until the doctor instructs you.You will receive instructions about what food and drinks you can have in the 24 hours before the procedure. Fasting usually starts 6 to 8 hours before ablation.If you are allergic to anything, especially the materials used in catheterization such as latex, iodine, and X-ray dye, you should let your doctor know before the procedure.Bring any medical devices you routinely use, such as hearing aids and spectacles to the hospital.Lastly, ask someone to pick you up after you are discharged as you should not drive for at least 24 hours after the ablation. The ablation lasts between 2 and 6 hours. However, the length of the operation depends on how many areas need to be cauterized, and the possible complications that may occur. After the catheters are removed, the artery is compressed at the puncture site. You will be instructed to rest in bed, lying flat with your leg straight for 6 to 8 hours after ablation. Your nurse will inform you when you can get up. To achieve compression, a dressing is applied that must be kept for 24 hours or as long as the specialist indicates to avoid bleeding. The nurse will carefully monitor your heart rate, blood pressure, and heartbeat. If you notice any signs of swelling, bleeding, or pain at the site of insertion of the catheter, or if you experience chest pain, inform your doctor or nurse immediately. You might experience the side-effects of anaesthesia. Cough, sore throat, and lethargy are common side-effects of anaesthesia that can last anywhere between a few hours and days. Before being discharged, you will receive written instructions from the nurse explaining the physical recovery treatment you should do after leaving the hospital. Often patients are prescribed aspirin for 2 to 4 weeks after the procedure to prevent clot formation at the site of ablation. People typically resume their daily activities one day after being discharged. The doctor or the nurse will give you instructions to follow for optimal recovery. You will be advised not to drive or drink alcohol for 24 hours after being discharged and to avoid strenuous physical activities for the next 72 hours. You can ask your doctor about a safe time to resume vigorous activities. You might notice a small bruise on the site of catheter insertion; this is normal. However, if you experience bleeding, have someone call the hospital and lie down straight while applying pressure on the puncture site. You should call an ambulance if the bruise starts swelling rapidly or applying pressure does not stop bleeding. You should contact your hospital if you: feel numbness and tingling in the leg in which the catheter was inserted, and your foot turns cold and bluenotice increased bruising, swelling or drainage of fluids from the puncture siteexperience chest pain or discomfort that radiates to your arm, neck, or jawfeel your heart racing or beating irregularlyexperience dizziness, light-headedness that prevents you from standing and shortness of breathstart sweating and feeling nauseous Alternative treatments are useful in treating arrhythmias, but we must consult a specialist who will recommend the appropriate therapies for the type of arrhythmia we have. As individuals, we are each different, and unlike traditional medicine, when we talk about an alternative treatment, there is no standard treatment for everyone. If you want to be successful in using alternative methods, find an excellent integrative heart doctor, discover the cause of your tachycardia and follow the treatment indicated by the specialist. Most of the time, you will not only have to drink tea or take a supplement, but the program will be much more complicated, including changes in lifestyle like diet, sleep and exercise. Recovery after ablation for some patients is straightforward. Their quality of life improves, and they may no longer have palpitations or episodes of SVT. In this situation, the ablation was beneficial, and we can say that the patient is cured. Depending on the particularity of each case, the cardiologist will decide whether the patient will continue, reduce or stop the medication after ablation. However, other patients may experience ectopics or SVT attacks afterwards. It is not uncommon to have occasional SVT episodes or annoying flip-flops during the first few weeks after the ablation. The heart needs three months to heal from the trauma experienced during the procedure. If you havent become SVT free after three months of ablation and the symptoms return the same or even more pronounced than before, the doctor may indicate the need for a second ablation. The recovery time varies from person to person and depends on multiple factors. Thus, it is essential to let your body take its time to heal. The destroyed/ablated heart tissue can take as many as four weeks to heal, and during this time, you may still experience arrhythmia. Your doctor might prescribe antiarrhythmic drugs as well as other treatments to minimize the symptoms as you recover. Even though this procedure is minimally invasive, be sure to relax and not to overexert yourself while your body heals. Most forms of SVT can be treated with ablation, and the initial success rate is higher than 90%. Recurrent rate of SVT after ablation is about 5%. Cardiac ablation stops supraventricular tachycardia as well as its associated symptoms. The success of the procedure depends upon the type of SVT. The success rates quoted reflect the data collected from patients with AVNRT (Atrioventricular Nodal Re-entrant Tachycardia) and AVRT (Atrioventricular Reciprocating Tachycardia) types of SVT. To successfully treat a patient using catheter ablation, it is vital to be able to induce supraventricular tachycardia in the patient. While this is usually possible in most of the patients, in some cases, SVT cannot be triggered and thus, it is difficult to treat the patient using ablation. Do the benefits of SVT ablation outweigh the risk? For many people, their hope of complete recovery with ablation makes the procedure worth the risk involved. However, for those with fewer symptoms or conditions in which ablation is not likely to be very useful, the benefits may not outweigh the risk. When you decide to make an appointment with a cardiologist, it is imperative to choose a well-experienced doctor with whom you can communicate according to your needs. Otherwise, you will risk leaving the cardiology office confused, with questions that you did not have time to ask, with explanations that you did not understand anything or what is even worse with a treatment with which you disagree. When you buy a house, you dont take the first one you see listed in the newspaper. This is not even a house; it is about the quality of your life from now on. For excellent outcomes towards your heart health, you need the best doctor. You should search on the internet, ask friends, read reviews left by other patients, visit his or her website, ask questions at the reception, get as much information about this doctor as you can. You may be wondering what should be your expectations from a specialist? Three things, in my opinion, are a must: communication, expertise and a multifaceted approach to heart care. It would help if you had a specialist who cares about you as a person and supports you regarding the choice of your treatment. You may also want a doctor who can give you some other selection of treatment except pills and ablation, which should be the last resort if nothing else works. If you feel that you are not being listened to or you cannot connect with your doctor, you can seek a second opinion. When it comes to our health, we must take steps to make informed decisions. This includes being aware of the potential risks and benefits of any medical procedure and alternative options. Cardiac ablation is a standard treatment for certain types of heart arrhythmias, involving the use of heat to disrupt abnormal electrical pathways in the heart. While it can be a highly effective option, it also carries potential complications such as blood clots, stroke, and damage to the hearts electrical system. That is why it is crucial to ask your doctor for an informed consent before undergoing this procedure. It is important that any potential risks or alternatives are explained well and clearly so that you understand all of your options before proceeding with any type of decision. Dont hesitate to speak up for yourself and ask for informed consent you deserve information about what will happen to your own body. A pacemaker is an incredible feat of modern technology that a small device can be implanted just beneath the skin near the heart no bigger than a small coin and act as an electric pulse generator helping to regulate and strengthen a persons heartbeat. An ablation can weaken the heart muscle, making it more difficult for the heart to pump effectively. In these cases, a pacemaker may be needed to help maintain a steady and regular heartbeat, improve heart function and prevent other complications. I started having episodes of really fast heartbeats 2 years ago. It's this pounding in my chestvery scary. Medicines haven't really helped. I hate the idea of having a procedure like this. But I'm more afraid of the pounding in my chest. I'm going to try catheter ablation. I know that catheter ablation usually works really well for my type of heart problem. But no one can guarantee that it's completely safe. I'm not ready to take any more risks with my body. I'm going to keep using medicines to treat my fast heartbeat. I don't like the idea of taking the rhythm medicines. I would rather have the procedure and fix this problem for good. I'm not really bothered by my symptoms when I have an episode. I can usually stop it with vagal maneuvers like coughing. For now, I don't think I need to have this procedure. Cardiac ablation is a common procedure used to treat patients with supraventricular tachycardia (SVT), a condition characterized by rapid and irregular heart rhythms. While this procedure has been successful in restoring normal heart rhythm and improving quality of life, many patients may wonder how it affects their life expectancy. Understanding the long-term outcomes of cardiac ablation for SVT can provide reassurance and valuable insights into the potential benefits of this procedure.CharacteristicsValuesAge range18-70GenderAnyProcedure typeCardiac ablation for SVTType of SVTAll types (AVNRT, AVRT, AT, AFL)Success rate95%Complication rate5%Average life expectancy increase10-15 yearsRecovery time1-2 weeksMedication usage post-ablationMay be reduced or eliminatedLifestyle changesRegular exercise, healthy diet, stress managementFollow-up careRegular check-ups, monitoring of heart rhythmLong-term successMay require repeat ablation procedures in some casesQuality of life improvementImproved quality of life, reduced symptomsMortality rate