

Atrial Fibrillation

Comparing different treatments *In this edition we look at Ablation*



What is atrial fibrillation?

If you are healthy and your heart is working normally you are likely to have a regular resting heart rate of around 60 to 90 beats per minute. If you are experiencing atrial fibrillation (AF), however, you may notice your heartbeat becoming irregular and speeding up for no apparent reason. These feelings or “palpitations” may occur constantly or only from time to time. They are unpleasant and worrying and they should not be ignored as they may mean that something is seriously wrong with your heart.

Atrial fibrillation happens when the electrical control of your heartbeat becomes disrupted. Normally your heartbeat is controlled by electrical signals from its own natural pacemaker, called the sino-atrial node. These signals cause the upper chambers of your heart (the atria) to squeeze blood into the lower chambers (the ventricles) which then squeeze blood out into your blood vessels. The regular boom-boom of a healthy heart is the sound of the contracting atria quickly followed by the contracting ventricles.

In atrial fibrillation, however, the electrical signals become erratic causing the atria and ventricles to contract out of sync. Instead of beating normally, the upper chambers, the atria, start making repetitive twitching movements known as ‘fibrillations’. This hampers the movement of blood from the atria into the ventricles. The ventricles respond by beating faster and more irregularly. It is this irregular ventricular beat you feel when you have a palpitation.

Common symptoms of AF include palpitations, dizziness, chest pains (angina) on exertion and breathlessness.

Who suffers from AF?

AF is the most common arrhythmia (variation from the normal heart beat rhythm).

AF affects approximately 5% of the UK population over 65 years of age, with prevalence rising to 10% in those over 70 years.

More than one third of individuals over 75 years of age have AF.

Treatment

Only your cardiologist will be able to advise you on treatment. You may be offered a regime of drugs as well as other treatments. In this issue we look at **Ablation**.

Ablation is a procedure where “electrical” energy is used to destroy some of the cells in your heart that are causing the atrial fibrillation. You may be instructed not to eat or drink anything for up to 8 hours before the ablation

Normally this is carried out by inserting a catheter into a blood vessel in the groin, however a vessel in the arm is another option.

You may be given some light sedation. This does not mean that you will go to sleep but it will help you to relax. The site will be cleansed, shaved and numbed (with a local anaesthetic). The catheter is then fed through the blood vessel femoral artery in the groin and up into the heart. There may be some minor discomfort during this period. You will be able to talk to the doctors and nurses and should tell them if you are experiencing any pain or discomfort.

As the catheter is guided to the heart, the doctor may be watching the progress on an special x-ray machine that provides continuous images inside the body.

The doctor will be monitoring your heart to see where the arrhythmia is occurring and will guide the catheter to that point.

When the catheter reaches the target area, “energy” from the tip of the catheter will be used to destroy the heart cells that are creating the tachycardia. While this is happening you may experience light-headedness, rapid heartbeat or chest pain. It is important to tell the doctor about this. When the procedure is complete, the catheter is withdrawn.

Your doctor will tell you how long you will have to stay in hospital. This can vary from hours to one or two days.