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Your EP Study and Ablation

How thin wires map your heart's electrical system, often fix the problem in the same visit, and what to expect before and after.

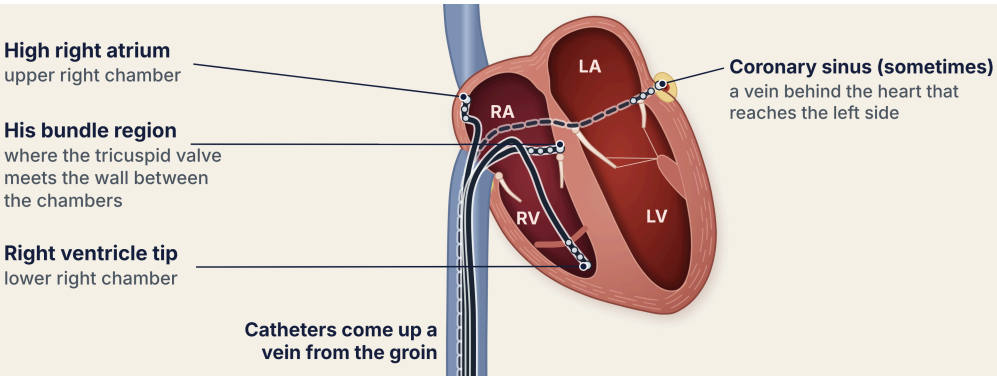
Above 95%
cure rate for AVNRT, extra-pathway SVT and typical atrial flutter

2 to 4 hours
of lying flat afterward, per your center, so the groin sites can seal

3 months
blanking period after AFib ablation, when early flickers don't mean it failed

WHAT HAPPENS IN THE EP LAB

Thin wires that map your heart's wiring



What the catheters do

1. **Listen**
   The tips record the heart's electrical signals from inside, in far more detail than an EKG.
2. **Pace**
   Tiny pulses at different rates try to trigger your abnormal rhythm so the team can find it.
3. **Treat**
   If they find it, an ablation catheter uses heat or freezing energy on a spot about 4 to 6 mm wide.

Short tubes go into the femoral veins in your groin, and catheters about the diameter of cooked spaghetti slide up the veins to the heart. If the team finds the source of your rhythm, they can often treat it in the same visit.

THE DAY OF THE PROCEDURE

Before, during and after

1. **Before**
   Arrive when told, usually 1.5 to 2 hours early, for an IV, EKG leads and a talk with the doctor about the plan.
2. **During**
   You may be sleepy but responsive, or fully asleep. If your rhythm is triggered, you may briefly feel it race until the team stops it.
3. **After**
   You lie flat with the leg straight while the groin seals. Most people go home that day. Overnight stays are more common after AFib or VT.

The procedure takes roughly 2 to 3 hours for SVT, 3 to 4 for AFib and 4 to 6 for complex VT.

Walk in prepared

Follow the instructions before the procedure to the letter, arrange your ride home, and have a plan in place for the first week of recovery.

BEFORE AND AFTER

Getting ready, getting better, staying safe

THE WEEK BEFORE

your team's written plan comes first

Rhythm medicines	Flecainide, propafenone and calcium channel blockers are usually stopped about 2 to 5 days ahead, so the team can trigger your rhythm in the lab. Amiodarone is usually continued, decided case by case. Your team will tell you which ones and when.
Blood thinners	For AFib ablation you usually keep taking them straight through. For SVT or right-sided ablation they may be held the morning of.
Diabetes medicines	If you take insulin or a sulfonylurea, ask for clear instructions for the morning, because you'll be fasting.
Fasting and the ride home	Nothing to eat or drink after midnight. You can't drive for 24 hours after sedation, so arrange a ride. Wear loose clothes and slip-on shoes.

RECOVERY

most people recover within a week

First 24 hours	Rest and drink fluids. Acetaminophen is usually enough for pain. Avoid ibuprofen and naproxen for the first few days. Keep the dressing dry and wait until the next morning to shower.
Days 2 to 5	Walk 10 to 15 minutes at a time. No lifting over 5 to 10 pounds. Most desk workers are back by day three or four.
Days 5 to 10	Most people return to moderate gym workouts by day 7 to 10. Wait about a week for sex, and at least a week for baths, hot tubs or swimming.
Bruising	A palm-sized bruise is not uncommon. It usually fades over 2 to 3 weeks.

CALL YOUR TEAM WITHIN HOURS

At the groin	A new lump or swelling that's growing, especially if it's painful or pulsing, bleeding that soaks the bandage, or redness, warmth or pus.
Elsewhere	Fever over 101°F, new or worsening pain in the back, hip or thigh, new trouble breathing, or palpitations that feel different from your usual.

CALL 911 OR GO TO THE ER

Bleeding	Severe groin bleeding that won't stop with firm pressure for 10 to 15 minutes.
Other warning signs	Sudden severe shortness of breath, new or worsening chest pain, fainting or near-fainting, sudden severe belly or back pain, or stroke signs like sudden weakness, slurred speech, loss of vision or a severe headache.

HOW SAFE IS IT?

Most people have no complications. Serious ones, like bleeding around the heart, heart block needing a pacemaker or stroke, occur in well under 1% of typical SVT ablations and 1 to 4% of AFib ablations, and somewhat more often in VT ablation when the heart muscle is damaged.

READ THE FULL ARTICLE

damianrasch.com/ep-study

For education only, and not a substitute for advice from your own physician. Sources include the 2015 ACC/AHA/HRS SVT guideline, the 2017 HRS and 2019 HRS expert consensus statements on ablation, the 2020 ESC AFib and 2018 ESC syncope guidelines, and the 2023 pulsed field ablation trial in NEJM.

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