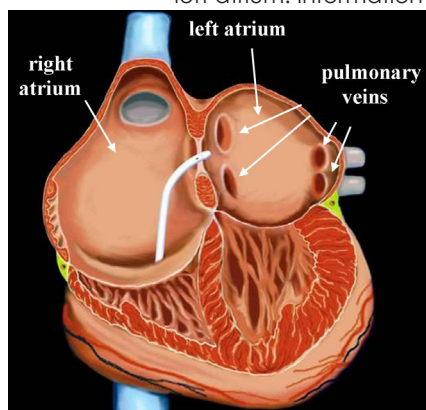


WHAT IS IT?

Catheter ablation is a procedure which uses special wires that are advanced into the heart to give treatment to abnormal electrical impulses that cause heart rhythm problems (arrhythmias). In people who experience atrial fibrillation, the treatment is directed around the pulmonary veins (blood vessels bringing blood back from the lungs to the heart) where they connect to the left atrium (left top chamber of the heart). Research has shown that most abnormal electrical impulses that trigger episodes of atrial fibrillation come from this region of the heart.



connections of the pulmonary veins with the left atrium. Information is then recollected to ensure that electrical impulses are no longer able to exit from inside of the pulmonary veins to trigger atrial fibrillation (so called "pulmonary vein isolation"). Other areas of the heart will be checked for abnormal electrical impulses which could cause atrial fibrillation, and additional treatment may be performed.

At the completion of the procedure pressure will be applied to seal over the incisions. You will be taken to recovery and then back to your ward bed for monitoring overnight. You will be asked to lie still for 6 hours to prevent any bleeding from the groins.

An important safety aspect of the procedure is preventing blood clot from forming on the catheters during the procedure, or inside the heart during the healing period, which could potentially travel off in the bloodstream and cause a stroke. You will be required to take Warfarin treatment for at least 4 weeks before, and to have a satisfactory blood level (INR test) on the day of the procedure. The procedure can be safely performed whilst taking Warfarin therapy, and your Cardiologist will use additional blood thinners during the ablation treatment.

WHY PERFORM ABLATION FOR ATRIAL FIBRILLATION?

Some patients continue to experience severe symptoms from their atrial fibrillation despite having tried several medications and other treatments such as cardioversions (electrical shock under anaesthetic to reset the heart rhythm). Catheter ablation is a new treatment which is effective at controlling or even curing atrial fibrillation in such people.

HOW SUCCESSFUL IS THE PROCEDURE?

The success rates of this type of treatment for restoring and maintaining normal heart rhythm for at least 1 year are greater than 70% in people who are having intermittent episodes of atrial fibrillation. The success rates are lower if the heart has been in atrial fibrillation persistently for some time. You should understand that several techniques for catheter ablation for atrial fibrillation have been developed around the world, and that success rates can vary. The Cardiologist performing your procedure has been specifically trained in the USA in the technique developed at The Cleveland Clinic, America's top rated Cardiac Hospital. Small numbers of patients can get their atrial fibrillation back over time, in which case medications can be retried or a repeat procedure can be performed to improve the success.

WHAT DOES THE PROCEDURE INVOLVE?

The procedure is performed under a general anaesthetic. While you are asleep, small incisions are made in both groins and several catheters are passed up through the veins into the heart. Two small punctures are made from inside the heart to advance the catheters across into the left atrium where the treatment will be delivered.

First, information is collected with the catheters from the inside of the heart. Then ablation treatment is performed around each of the

WHAT SHOULD I EXPECT?

Do not eat or drink anything for 6 hours prior to your catheter ablation procedure. You will be instructed to stop any antiarrhythmic (heart rhythm) medications 3 days prior. A CT scan of your heart will be performed immediately before your procedure.

In the first 24 hours after your procedure it is common to have some minor bruising and discomfort at the incision sites in the groin and some mild chest discomfort. You will generally be discharged from hospital the morning after your procedure.

WHAT HAPPENS AFTER DISCHARGE?

You will be instructed to continue your Warfarin treatment for at least 3 months, and possibly longer. It is common to have some palpitations and even episodes of atrial fibrillation in the first 2 to 3 months of healing, and you will be advised to continue any antiarrhythmic medications for this period. You should avoid exercise and heavy lifting for the first few days, and then resume normal activities after the first week.

You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form.

TESTING

WESLEY HOSPITAL
3rd Floor
Wesley Private Hospital
Chaseloy Street
Auchenflower QLD 4066
t (07) 3870 4144
f (07) 3870 8481

MOUNT OMMANEY
Mount Ommaney
Medical Centre
171 Dandenong Road
Mt Ommaney QLD 4074
t (07) 3279 4111
f (07) 3279 4155

CLAYFIELD
Figtrees
Suite 3 1st Floor
531 Sandgate Road
Clayfield QLD 4011
t (07) 3262 7477
f (07) 3262 9631

GREENSLOPES
Suite 212 Ramsay
Specialist Centre
Greenslopes Private Hospital
Newdegate Street
Greenslopes QLD 4120
t (07) 3394 3100
f (07) 3394 3118

CONSULTING

BRISBANE METROPOLITAN
Wesley
Clayfield
Mount Ommaney
Green Slopes

QUEENSLAND
Hervey Bay
Kingaroy
Maryborough
Rockhampton
Roma
Beaudesert
Emerald
Gladstone
Gympie
Ipswich
Cleveland

Name	Date of Birth	Medical Record Number
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I, Dr _____

Have discussed with the Patient/Parent/Guardian,

Patient's name _____

the patient's present condition, alternative treatments available and have explained the risks of

CATHETER ABLATION FOR ATRIAL FIBRILLATION

Which may include less than 2% chance of one or more of the following occurring:

- Risk of bleeding or bruising
- Risk of perforation of wall of heart 1 in 100
- Risk of stroke 1 in 100
- Risk of narrowed pulmonary vein 2 in 100
- Risk of nerve injury to diaphragm 1 in 1000
- Risk of death 1 in 2000

Medical Doctor's signature _____

I, _____

of _____

Request CATHETER ABLATION FOR ATRIAL FIBRILLATION to be performed on me

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this procedure.

I understand that other unexpected operation/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may be need to be tested, if there is any injury to either my doctor or a hospital staff member during the procedure.

Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure.

I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

Signature of Patient/Parent/Guardian/Other (specify below)

Specify Other (Print)

Special Provisions (if applicable)

Signature of Witness to Patient's Signature

Full Name of Witness (Print)

Address of Witness

Date