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PVC / VT ablation

Premature Ventricular Contraction ablations or 'PVC' ablations and Ventricular Tachycardia (VT) ablations are procedures performed on individuals where investigations have demonstrated a high prevalence of symptomatic extra beats from the bottom chambers of the heart or where prolonged or symptomatic periods of VT have been demonstrated. Often, these procedures are considered where traditional pharmaceutical therapies have proven insufficient or are unable to be tolerated by individuals and a more invasive means of treatment is required.

In recommending this procedure, your doctor has made has determined that on balance, the benefits and risks of the procedure outweigh the benefits and risks of not proceeding. As such, your doctor believes there is a net benefit to you going ahead and that the procedure should be successful overall.

What are the risks involved in a PVC or VT ablation?

As with all procedures, PVC and VT ablations carry their own risk profiles that can range from common occurrences, through to uncommon and rare instances. All Risks should be taken into consideration when considering a PVC ablation to determine if the procedure is an appropriate treatment option for yourself during consultation with your treating cardiologist.

Common risks and complications can include but are not limited to:

- Bruising to the surgical access site/puncture site and surrounding tissues that can take weeks to heal completely in some instances.

Uncommon risks and complications can include but are not limited to:

- Blood pooling around the heart (tamponade) that requires immediate drainage or surgical intervention in extreme cases.
- CVA or stroke symptoms (either temporary or permanent)
- Persistent or considerable bleeding to access site/puncture site or damage to an artery in the groin that can require surgical repair in some cases.
- Damage to circulation from clot formation that can require immediate surgical intervention.
- Heart attack
- Infection of procedural access site from use of a vascular closure device (if required)
- Damage to heart valves of heart arteries

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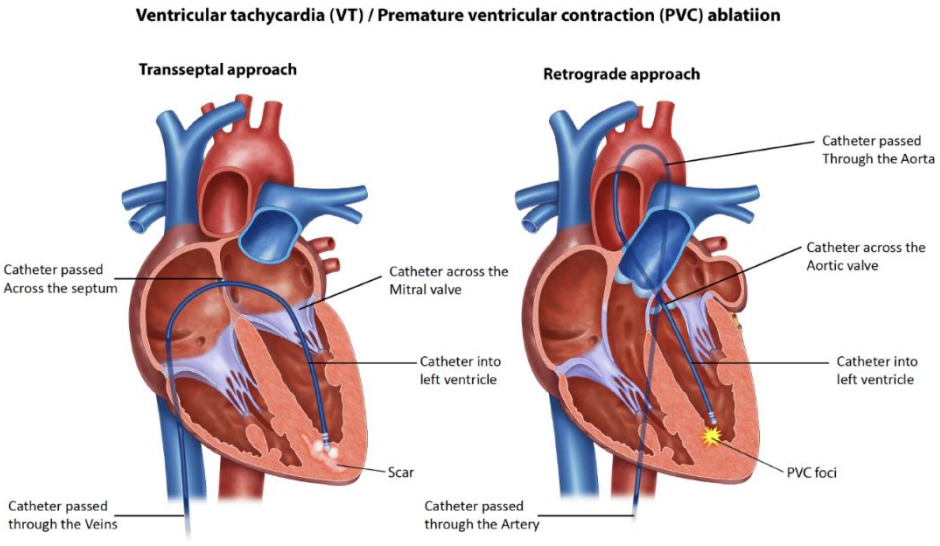
- Incidences of death due to this procedure are considered incredibly rare but are still possible

What Can I Expect During The Procedure?

Once checked into hospital for your procedure, you will be taken through an admission process where a detailed medical history is taken, preprocedural blood tests are collected and your body is prepared by shaving off any hair to your groin, chest and back. This is undergone to ensure a sterile surgical field can be created to reduce any chance of infection and ensure that any cardiac mapping pads or electrodes can be appropriately placed on your chest or back in a way that is both effective for use and easy to comfortably remove.

You will then be taken to the anaesthetic holding bay where your anaesthetist will discuss their part in the procedure and discuss any queries or concerns you may. Upon entering the cardiac catheter laboratory, you will be prepared for your procedure by the cardiac scientists who will position you on the table and apply mapping pads, defibrillation pads and various electrodes to your body prior to anaesthetic administration.

At the commencement of the procedure once you have been anaesthetised and surgically prepared by the staff assisting with the procedure, the doctor will insert two to three small access sheaths or tubes into your right groin under ultrasound guidance before passing a series of catheters up through your femoral vein and/or artery. This is performed under x-ray guidance. On occasion, a long needle may also be utilised if the doctor deems it necessary to perform a tiny puncture through the septum (wall between the left and right sides of the heart) to ensure the ablation catheters can be advanced into the appropriate location – this puncture hole reduces in size and eventually heals up over the course of a few months.



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Throughout the procedure, additional blood thinners are administered to maintain a suitable level of anticoagulation of the blood and ensure the patient does not experience a stroke from clot formation following the introduction of the sheaths or ablation catheters. Once the catheters have been advanced into position, the heart is visualised into a 3D model through the use of a mapping catheter before a series of electrical measurements are taken to pinpoint the exact location of the electrical impulses to be ablated. Once the doctor and the cardiac scientists are satisfied with the location of the ablation catheter, radiofrequency energy is delivered and an area of scar is created to block the transmission of unwanted signals that cause the PVCs or.

The entire procedure is generally reasonably quick, generally taking up to 2 hours to complete however it can take longer if the signals to be ablated are difficult to detect, locate and remove.

At the completion of the procedure a vascular closure device may be deployed to close the access site in the artery (if arterial access was required).

The patient is then awoken from their anaesthetic and transferred to the post anaesthetic recovery area for observation before transferring to their room in coronary care for overnight observations. Once the catheters have been removed from the patient's groin, patients generally have to remain flat without moving their hips/legs for up to 2-4 hours to prevent the onset of any bleeding. Provided no complications are observed post-operatively, patients are generally discharged the following.

Before Your Procedure

It is important that you fast prior to your procedure in line with your anaesthetists' instructions. Generally, a fast time of 6 hours for solid food and 4 hours for water is required in order to prevent any complications with the use of anaesthesia during your procedure.

For patients taking Ozempic, Trulicity, Saxenda, Wegovy or Mounjaro, the anaesthetic guidelines require you to continue your medication as normal, commence a clear fluid diet 24 hours prior to your procedure and completely fast for 6 hours immediately prior to your procedure to minimise the potential for anaesthetic related complications.

Note: Clear fluids includes water, apple juice, broths, black coffee and black tea. Any non-transparent fluids such as milk, smoothies, juice containing pulp or soups are not considered clear fluids and can cause a delay in your procedure time if consumed.

After Discharge Process

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Prior to discharge from hospital, patients are advised of any changes to their regular medications and advised of their follow up process. This usually consists of an investigative Holter monitor appointment to assess the effectiveness of the ablation by observing cardiac activity for 24h hours, followed by an in-clinic appointment with Doctor Hunt in 6-8 weeks. If you are unsure if an appointment has been made, please contact the clinic to ensure all pre-appointment testing can be completed in a timely manner.