Supraventricular Tachycardia (SVT) Ablation Procedures

You had an SVT ablation to try to correct a problem with your abnormal heartbeat. This Health Facts for You will review what to expect and how to care for yourself at home.

Supraventricular tachycardia (SVT) is an abnormal heartbeat in the upper chamber(s) of the heart. This involves an abnormal electrical signal that causes the heart to beat too fast. SVT can cause symptoms for some. It may be treated with medicines and/or ablation.

There are different names for different kinds of arrhythmias. This depends on where they happen in the heart. Some patients may have more than one area where the abnormal electrical signal is coming from.

How Ablation Works

An **ablation** is a procedure used to try to treat an abnormal heart rhythm. An ablation can stop, block, or disrupt the electrical signal. This will reduce the number of irregular beats.

The procedure's length depends on the type of irregular heartbeat being treated and where it is located.

Day Before Procedure

A nurse will call you the day before procedure (or the Friday before a Monday procedure). The nurse will review your instructions, including medicine holds, and discuss arrival time. If you do not hear from us by 4 pm, please call: **(608) 915-0200**.

If you feel sick or have a fever over 101.5°F the day before surgery, call the clinic.

Day of Procedure

In the pre-op area, an IV will be placed in your hand or arm and blood may be drawn for labs. If needed, a small area around the surgical sites will be shaved. Your skin will be cleaned with a special soap.

The procedural team will determine a sedation (anesthesia) plan to make sure you are comfortable.

Sterile drapes will cover you from the top of your head to over your feet. Only the surgical site(s) are exposed during the procedure:

1. One or more thin, flexible tubes (called catheters) will be placed into a blood vessel and routed into the heart.
2. Sensors on the catheter send electrical signals and record the heart's electrical activity. This can help locate the area causing the irregular heartbeat.
3. A 3D picture or map of your heart is made. This shows areas of normal and abnormal tissue in the heart. You may be exposed to some Xray (fluoroscopy) during the procedure.
4. The abnormal area is treated using ablation which will then block, stop, or reduce the irregular heart signals.

Methods of Ablation

There are different types of ablations.

- **Radiofrequency:** This method uses heat energy to burn the tissue.
- **Cryotherapy:** This method uses cooling energy to freeze the tissue.
- **Pulsed field ablation (PFA):** This method delivers short bursts of very strong (high voltage) electrical energy pulses.

For certain patients, freezing therapy may be safer than heat.

What to Expect
After the ablation, you will rest in the recovery area for a few hours. Depending on your recovery, you may go home or stay at the hospital.

After your procedure, you may have:

- Soreness or tenderness at the puncture sites that may last 1 week.
- Bruising at the site that may take 2-3 weeks to go away.

Pain Control
You may take a mild pain reliever such as acetaminophen (Tylenol®), ibuprofen (Motrin®) or other NSAID medicines. NSAIDs can increase your risk of bleeding, especially if you are on a blood thinner. Please ask your care team if these medicines are safe for you to take after the procedure.

You may place an ice pack or warm pack over the site for 20 minutes every 2 hours. Gently wipe the puncture site after you remove the pack if it is wet.

Care of the Puncture Site(s)
It is important that you take care of your sites to prevent an infection. Keep the sites clean and dry for 24 hours. You may remove the dressing(s) and shower after 24 hours. Remove the dressing over the site before taking a shower.

To care for the puncture site(s):

1. Gently clean the site for 3 days with soap and water. Pat dry and leave open to air.
2. Keep the site dry.
3. Inspect the site daily for redness, swelling, or drainage.

You may feel a small lump (dime to quarter size) under the skin. Most of the time, this goes away within 6 weeks. In some cases, it can persist if scar tissue forms.
Please let us know if you have any new or increasing pain at the site.

Activity

- **Avoid** strenuous activity.
- **Do not** lift over 10 pounds for 7 days.
- **Do not** soak in a bathtub, hot tub, or go into a swimming pool, lake, or river until the site is completely healed. **Do not** drive for 24 hours, unless instructed otherwise.
- **Do not** make any important decisions until the next day.
- After 7 days, you may resume normal activity.

Going Home
You may go home the same day or stay in the hospital overnight. We will review discharge instructions with you. If you go home the same day, you need to have someone drive you home and stay with you overnight.

Heart Healthy Diet
Include heart healthy foods in your diet, such as: vegetables, fruits, nuts, beans, lean meat, fish, and whole grains. **Limit sodium, alcohol, and sugar.**

Lifestyle Changes

- **Do not** smoke.
- Be active. Try for at least 30 minutes of activity on most days of the week. Talk to your care team about what type of level of exercise is safe for you.
- Maintain a healthy weight. Lose weight if you need to.

- Manage health problems such as high blood pressure, sleep apnea, high cholesterol, and diabetes.

Medicines
You will receive instructions about medicines after your procedure. If you take or are prescribed a blood thinner, take this and do not skip any doses. If you take Coumadin (warfarin), you will need to have a PT/INR level checked. You may need dosage adjusted. This will be done within 3-5 days of discharge.

Follow Up Visit
This will be scheduled after your procedure. After the ablation, you may be asked to wear a heart monitor to look at your heart rhythm.

Return to Work
Ask your clinician about when it is safe to return to work.

When to Get Emergency Help
Call 911 or go to the nearest emergency room if you have:

- Trouble swallowing, or you are coughing up or vomiting blood.
- Severe swelling.
- New numbness, weakness or coldness in your extremities (arms, hands, fingers, legs, feet, toes).
- Skin that turns blue.
- Sudden bleeding or swelling at the groin puncture site. If this occurs, apply direct pressure. If the bleeding does not stop after 10 minutes of placing constant pressure on the site, call 911. Keep pressure on the site until help arrives.
- Signs of stroke:
    - Sudden face drooping, arm or leg numbness weakness, confusion.
    - Trouble seeing, trouble speaking, trouble walking, or severe headache.

When To Call
Call if you have:

- Chest pain or new back pain.
- Increased shortness of breath.
- Signs of infection around the puncture site, such as:
    - Redness
    - Warmth
    - Swelling
    - Drainage
- A fever over 101.5°F.
- Trouble urinating or blood in the urine.
- A sudden increase in weight overnight (more than 3 pounds), or over a few days, this could be a sign of fluid retention.
- Been prescribed a blood thinner and have questions or concerns about stopping this.

Who To Call
You may contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, please visit www.uwhealth.org/.

UW Heart and Vascular Clinic
(608) 915-0200
Monday – Friday, 8:00 am – 4:30 pm

After clinic hours, nights, weekends, and holidays your call will go to our after-hours answering service.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2024. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8374