

Premature Ventricular Contraction (PVC) Ablation Procedure

You had a premature ventricular contraction (PVC) ablation to try to correct a problem with your irregular heartbeat.

A **premature ventricular contraction** or PVC is an abnormal heartbeat. This can come from one or both ventricles (bottom chamber of the heart). A PVC is an abnormal electrical signal causing irregular heartbeats. Some people may feel like they have a “skipped” heartbeat.

To manage PVCs, sometimes medicines and/or ablation may be used. This depends on the number of PVCs and where they are in your heart. Sometimes PVCs can come from more than one spot in your heart.

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. The goal is to reduce the number of irregular beats or eliminate the PVC.

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

Ablation creates small scars in the heart. These scars can block, reduce, or eliminate the irregular signal using one of these options:

- **Radiofrequency:** Uses heat to treat the area.
- **Cryotherapy:** Uses extreme and freezing cold to treat area. For certain patients freezing therapy may be safer than heat.
- **Pulse field ablation (PFA):** Uses short bursts of strong high-voltage pulses to treat area.

Day Before Procedure

A nurse will call you the day before the procedure (or the Friday before a Monday procedure). The nurse will review your instructions, including which medicines to hold, and your 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 the 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. You may receive antibiotics through an IV.
- 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, so that only the surgical site(s) is exposed.

During the Procedure

- One or more thin, flexible tubes (called catheters) will go into a blood vessel.
- Then, the catheters are routed into the heart.
- Sensors on the catheter send electrical signals and record the heart's activity. This will help us locate the area causing the irregular heartbeat.
- A 3D picture or map of your heart is made to show the areas of normal and abnormal tissue in the heart.

- You may be exposed to some x-ray (fluoroscopy) during the procedure.
- The abnormal area is then treated using ablation which will block, stop, or reduce the irregular heart signals.

After Ablation

After the procedure, 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 last 2-3 weeks.

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.

Follow-up Visit

Your follow up visit will be arranged after your procedure. After the ablation, you may be asked to wear a heart monitor to look at your heart rhythm.

Pain Control

You may take a mild pain reliever such as acetaminophen (Tylenol®), ibuprofen (Motrin®) or other NSAID medicines. NSAIDs 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.

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:

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 anything heavier than 10 pounds for 7 days.
- Do **not** soak in a bathtub, hot tub or go in a swimming pool, lake, or river until the site is completely healed.
- Do **not** drive for 24 hours, unless told otherwise.
- Do **not** make any important decisions until the next day.
- After 7 days, you may resume normal activity.
- Ask your care team when it is safe to return to work.

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 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 the dose adjusted within 3-5 days of discharge.

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
- Signs of stroke:
 - Sudden face drooping, arm or leg numbness weakness, confusion, severe headache.
 - Trouble seeing, speaking or walking.
- Sudden bleeding or swelling at the groin puncture site

If bleeding/swelling occurs, apply direct pressure. **Call 911 if the bleeding does not stop after 10 minutes of placing constant pressure on the site.** Keep pressure on the site until help arrives.

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
- 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

If you have questions, please 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, visit www.uwhealth.org

