

## Atrioventricular Node (AV Node) Ablation Procedure

An AV node ablation may be used to help manage abnormal heart rhythms such as atrial fibrillation and/or atrial flutter. When you have rapid atrial fibrillation and/or atrial flutter, the heart is not working as well as it should. This abnormal electrical signal can cause your heart to beat too fast. When the heart beats too fast, the heart chambers cannot fill with blood fast enough or empty blood into the bottom chambers. Sometimes along with medicines, an AV node ablation may be used to help control these abnormal electrical signals.

### How Ablation Works

An implanted device, such as a pacemaker or defibrillator, must be in place before an AV node ablation. This device prevents the heart from beating too slow.

An AV node ablation is a procedure used when your arrhythmia doesn't get better with medicines or other treatments. In this procedure, heat energy (radiofrequency) is applied to a certain area of tissue between the upper and lower chambers of the heart.

Ablation of the AV node blocks or disrupts the electrical signal from going to the bottom chamber of the heart. Patients can still have atrial fibrillation and/or flutter after this procedure. Sometimes arrhythmia-like symptoms improve.

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) are exposed.

One or more thin, flexible tubes (called catheters) will go into a blood vessel. Then are placed in the heart.

The length of the procedure can vary, but often takes about 1-2 hours.

Sensors on the catheter send electrical signals and record the heart's electrical activity. This helps locate the area for ablation (the AV node).

A 3D picture or map of your heart is made. This shows areas of normal and abnormal tissue in the heart.

In this procedure, heat energy (radiofrequency) is often used to create tiny scars in the heart.

You may be exposed to some Xray during the procedure.

### What to Expect

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.
- A small lump (dime to quarter size) at the site which may last up to 6 weeks.

### 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.

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 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 healed.
- 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, someone should drive you home and stay with you overnight.

Do **not** drive for 24 hours, unless instructed otherwise.

Do **not** make any important decisions until the next day.

### 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 and directions 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 Visits

Your follow up visit will be arranged after your procedure.

Continue regular follow up with the device clinic.

## **Return to Work**

Talk to 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 arms, hands, fingers, legs, feet or 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
- A sudden increase in weight overnight (more than 3 pounds) or over a few days as this could be a sign of fluid build up
- Been prescribed a blood thinner and have questions or concerns about stopping this

## **Who to Call**

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

The toll-free number is **1-800-323-8942**

After hours, nights, weekends, and holidays, this number will give you the paging operator. Ask for the cardiology fellow on call. Give your full name and phone number with the area code. A clinician will call you back.

For questions about your device, call the device company:

- Medtronic: 1-800-633-8766
- Boston Scientific: 1-800-227-3422
- Abbott/St. Jude: 1-800-722-3423
- Biotronik: 1-800-547-0394

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#8377