

Atrial Fibrillation (A-Fib) Convergent Hybrid Ablation Procedure

Atrial fibrillation (AFib) is a common type of abnormal heart rhythm in the top chambers of the heart often treated with ablation. Convergent hybrid ablation is a treatment option for A-Fib that is done in two-stages. It combines the skills of our Electrophysiologists (heart rhythm doctors) and Cardiothoracic surgeons. This procedure is for patients who have had A-Fib ablations before and continue to have A-Fib.

How Ablation Works

Ablation uses heat (radiofrequency) or cold (cryotherapy) energy to form scars in areas of the heart with abnormal electrical signals that cause AFib. AFib ablations are usually done using catheters to apply energy inside the heart (endocardial ablation) by way of the veins in the groin and/or neck. This may not cure or completely get rid of your A-Fib but reduces the amount of AFib.

How Hybrid Convergent Ablation is Different

Patients are usually referred for Hybrid Ablation if they have a constant type AFib for 1 year or longer that continues even with medicine and/or procedures. It is a two-stage process. The first stage is a Surgical Ablation. The second stage is a catheter ablation.

Surgical Ablation

This is done in the operating room. The cardiothoracic surgeon makes small incision(s) in the chest wall to get to the heart.

They apply heat energy to the outside of the back wall of the heart (epicardial surface) to form scars in the tissue that a typical AFib ablation cannot reach.

The surgery takes 3-4 hours and most patients spend 1-2 nights in the hospital.

Catheter Ablation

About 6 weeks after the surgical ablation, the Electrophysiologist will check the ablation scars from inside the heart (endocardial surface) to see if any additional energy needs to be applied.

The ablation occurs in the Electrophysiology (EP) Lab with catheters through the veins in your groin and/or neck.

This takes about 2 hours, and most patients go home the same day.

Candidates for Hybrid Convergent Procedure

You may be a good candidate for the Hybrid Procedure if:

- You have continued symptoms that have not gone away (1 year or more).
- You have undergone ablations for AFib before and continue to have symptoms.

The Hybrid ablation is not for patients who have had heart surgery or for those who cannot take blood thinners. There are additional exclusions that may apply.

Getting Ready for Your Procedure

- **Tests:** Blood work and/or imaging of the heart such as an MRI or CT scan.
- **Medicines:** Changes may be made to medicines and a blood thinning medicine may be needed for a month or more before the procedure.
- **Diet:** We will tell you when to stop eating before the procedure.

When to Call

For questions about your upcoming procedure, please call the UW Health Heart and Vascular Clinic during normal business hours.

Who to Call

UW Health Heart and Vascular Clinic
Monday – Friday, 7:30 am – 5:00 pm
(608) 263-1530

Toll-free number: **1-800-323-8942**.

If you are having a medical emergency, go to the nearest emergency room or call **911**.

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 © 10/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8309