

ATRIAL FIBRILLATION ABLATION DISCHARGE INSTRUCTIONS

What you need to know

We have discussed a great deal of information about the procedure with you and your family while you were in the hospital. This instruction sheet is a summary of the most important facts we want you to remember.

Going Home

Continue taking all of your medications as previously prescribed, including all medications used for control of atrial fibrillation.

The response to ablation of atrial fibrillation is variable in timing and pattern. In fact, it is common for patients who ultimately fully respond to the procedure to continue to have some atrial fibrillation in the weeks, or even months, after the procedure. Thus, do not feel disappointed if any arrhythmia occurs in the early phases of recovery as this is quite common and not indicative of your ultimate outcome.

You will be monitored, wearing a special type of transtelephonic electrocardiogram. This allows us to track your response to the ablation procedure and determine whether you

are having any important arrhythmias. Please press the record button should you feel any symptoms indicative of an arrhythmia. Also understand that the device is capable of automated recordings so that should you have an important arrhythmia, the device will automatically detect, record and transmit. These devices perform transmission using the cellular phone network so we will be receiving regular updates of your arrhythmia status. The results of these recordings will be reviewed at your next follow-up visit.

Stroke prevention is very important after ablation of atrial fibrillation. We have resumed, or initiated, warfarin (Coumadin) therapy the night of your procedure, however warfarin takes several days before its full effect is reached. Until then, usually about 3 days, we need to cover you with an alternate anticoagulant. You will be given a prescription for enoxaparin (Lovenox), a form of heparin, to be injected subcutaneously. Lovenox should be taken twice a day at the prescribed dosage for 3 days. On day 3, after hospital discharge, a blood test called an "INR" should be performed at your local laboratory. The results should be forwarded to your regular physician who can determine whether the warfarin effect is adequate. If so,

Lovenox will be discontinued. Please remember that Lovenox is not usually required for more than a few days but is necessary until the INR reaches the appropriate level, between 2.0 and 3.0.

Activity Restrictions

For the first few days after hospital discharge, you may feel washed out or tired, or feel discomfort at the puncture sites or in the chest. Please refrain from strenuous physical activity or heavy lifting. After about a week, you may resume your normal activities if you are feeling well.

Follow-up Visits

You will return to our office in approximately one month at which time we will review your response to the ablation procedure and any symptoms experienced during the intervening period.

You may contact your physician at any time before the follow-up visit if you are feeling unwell in any important way. If you feel your atrial fibrillation has worsened, you may speak to your physician. If the puncture sites in your groin have become excessively painful, swollen or are actively bleeding, please contact your physician. It is quite common, however, to have black and blue marks at the puncture site as long as they are not swollen or painful.

You may contact our office at any time or call for an office appointment.

You may also visit our website at www.arrythmia.org for additional information about the procedure.