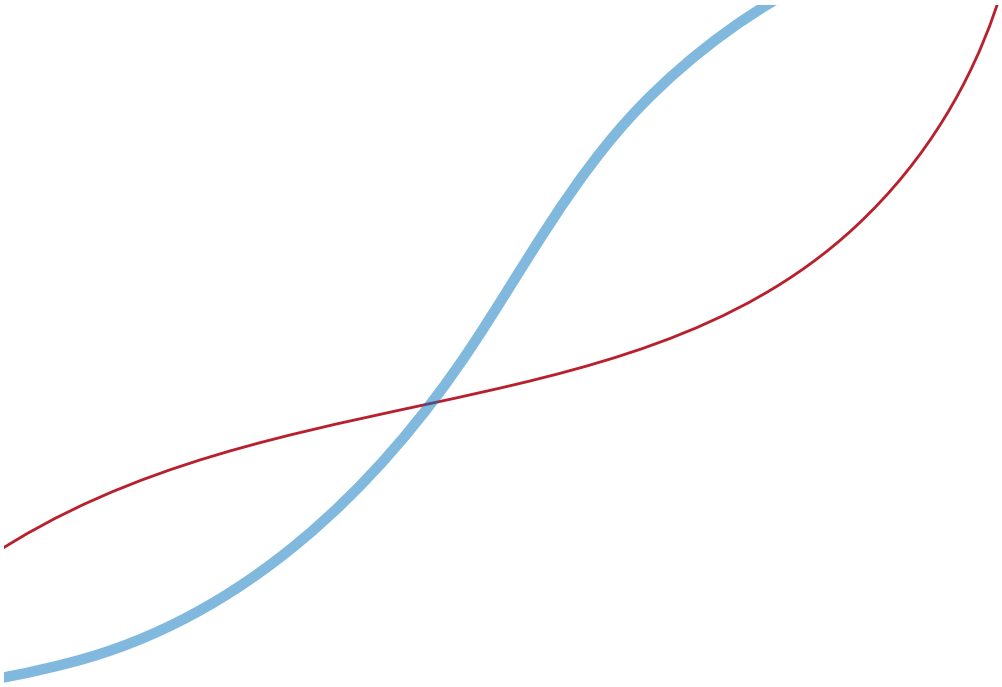
PREOPERATIVE GUIDE

Norma Melchor Heart & Vascular Institute
Mountain View Campus

Atrial Fibrillation Catheter Ablation and Recovery

El Camino Health



Please note that this is a general guide. Instructions from your doctor will supersede any information in this handbook.

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Visitor Information

At El Camino Health, we strive to provide the best quality healthcare to our community. This section covers many questions our patients and their families commonly ask about visiting the hospital.

Location

El Camino Health
2500 Grant Road, Mountain View, CA 94040
Telephone Number: 650-940-7000

Parking & Transportation

A four-level parking structure is located at the end of North Drive. Free valet parking is available to patients and visitors at El Camino Health.

For more information about parking and public transportation, visit the El Camino Health website:

elcaminohealth.org/patients-visitors-guide/before-you-arrive/getting-here

Dining Options

El Camino Café is located on the ground floor of the new main hospital. Salads, sandwiches, hot meals, breakfast items, desserts, beverages and snacks are available.

Hours, Monday through Friday:

- Breakfast 6:30 – 10 a.m.
- Lunch 11 a.m. – 3:30 p.m.
- Dinner 4:30 – 7:30 p.m.
  (Hours subject to change.)

Hours, weekends and holidays:

- Breakfast 7 a.m – 10 a.m.
- Lunch 11:30 a.m. – 2:30 p.m.
- Dinner 4:30 – 7 p.m.
  (Hours subject to change.)

The Bistro is located on the ground floor of the main hospital and offers gourmet coffee and teas, sandwiches, soups, salads and more. Dine in the café setting or grab something to go. *Open weekdays, 6 a.m. – 6 p.m. and weekends 7 a.m. – 4 p.m.* (Hours subject to change.)

Java Junction offers a wide variety of espresso and tea drinks featuring Starbucks Coffee. Pre-packaged snacks, muffins, cookies, croissants and fruit are also available. Java Junction is managed by the El Camino Hospital Auxiliary and all proceeds benefit El Camino Health programs and services. Java Junction is located on the first floor, near the West Entry of the Main Hospital. Hours vary.

Wireless Internet Access

El Camino Health is pleased to provide complimentary wireless Internet access for our visitors on their laptop or mobile device. Use the network "NewGuest" to sign into the network.

Spiritual Support

Our meditation room is located on the first floor of El Camino Health. Visitors of all faiths are welcome.

Visitor Guidelines

El Camino Health does not have formal visiting hours. However, we encourage patients to see family and friends in moderate numbers and for brief periods of time. To ensure uninterrupted patient care and comfort, we've established the following guidelines:

- Visitors may not smoke anywhere on the hospital grounds.
- Visitors must dress appropriately and wear shirts and shoes.
- Visitors may be asked to leave the room during tests or treatments or when a doctor or nurse needs to see the patient.
- Visitors should maintain a quiet environment and should be considerate of all patients.
- For your safety, please tell any person with a cold, sore throat, fever or other transmissible illness not to visit you.

CAMPUS MAP WITH PARKING LOCATIONS

The Heart and Atrial Fibrillation

To help you better understand your procedure, the following section provides an overview of how the heart functions.

The normal heart is a pump made from cardiac muscle and is about the size of a fist. The heart pumps blood throughout your body continuously. The circulating blood delivers oxygen and nutrients to your body's organs and tissues and transports waste products to be filtered out by the kidneys, liver, and lungs.

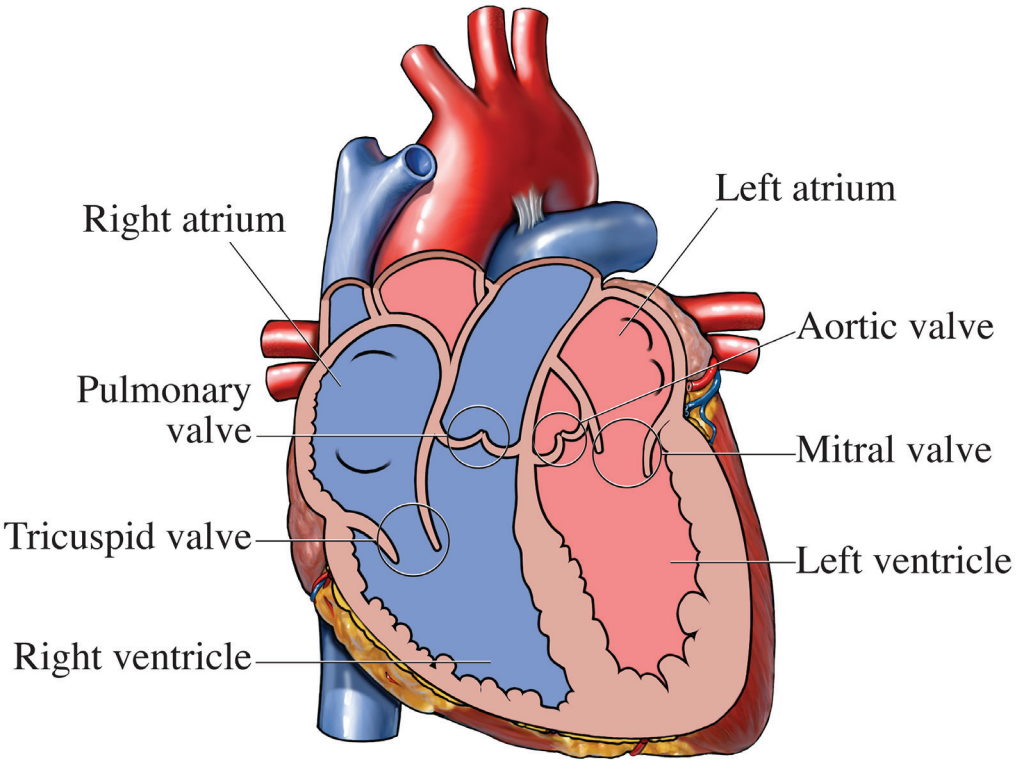
There are three main components of the heart:

- **Structural Components** (muscle, chambers, and valves)
- **Electrical System** (signals instructing the heart to beat)
- **Circulatory System** (pathways for blood)

How the Healthy Heart Works

The heart consists of four chambers. The two upper chambers are the atria, and the two lower chambers are the ventricles. The four chambers of the heart normally beat in a regular synchronized rhythm at a typical rate of about 60 to 100 beats per minute in an adult. Blood is pumped through the chambers, assisted by four heart valves. The valves open and close like doors to let blood flow in only one direction. With each heartbeat, the atria draw blood into the heart and send it to the ventricles. The ventricles push blood out of the heart to the brain and body.

VALVES AND CHAMBERS OF THE HEART

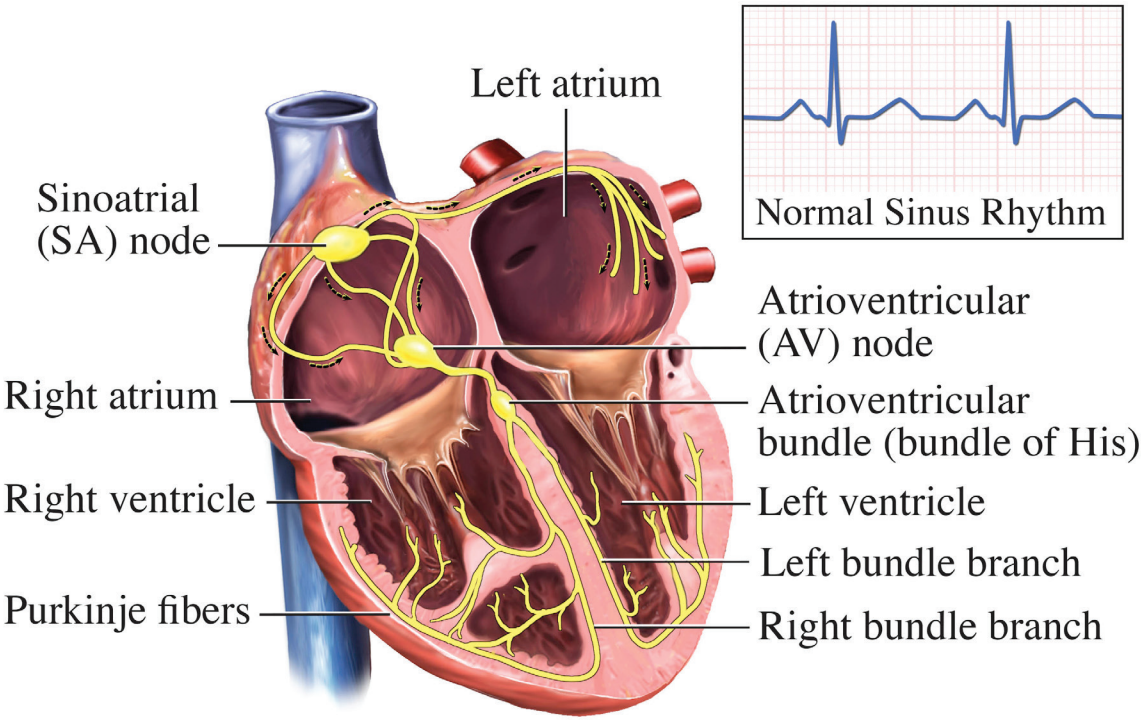


Electrical System of the Heart

The electrical system of the heart initiates each heartbeat. Electrical impulses travel along electrical pathways through the heart muscle which make the atria and ventricles work together to pump blood through the heart.

A normal heartbeat begins with an electrical impulse generated in the sinoatrial node (SA node) which is a small bundle of tissue located in the right atrium. The impulse causes the atria to contract and pump blood into the ventricles. The electrical current then passes through the atrioventricular node (AV node), a small bundle of tissue located between the upper and lower chambers of the heart. As the impulse travels through the AV node, the ventricles contract and release, drawing blood into the heart and pushing it back out to the rest of the body. When the heart chambers do not beat in a steady and regular pattern, this is called an **arrhythmia**.

ELECTRICAL SYSTEM OF THE HEART

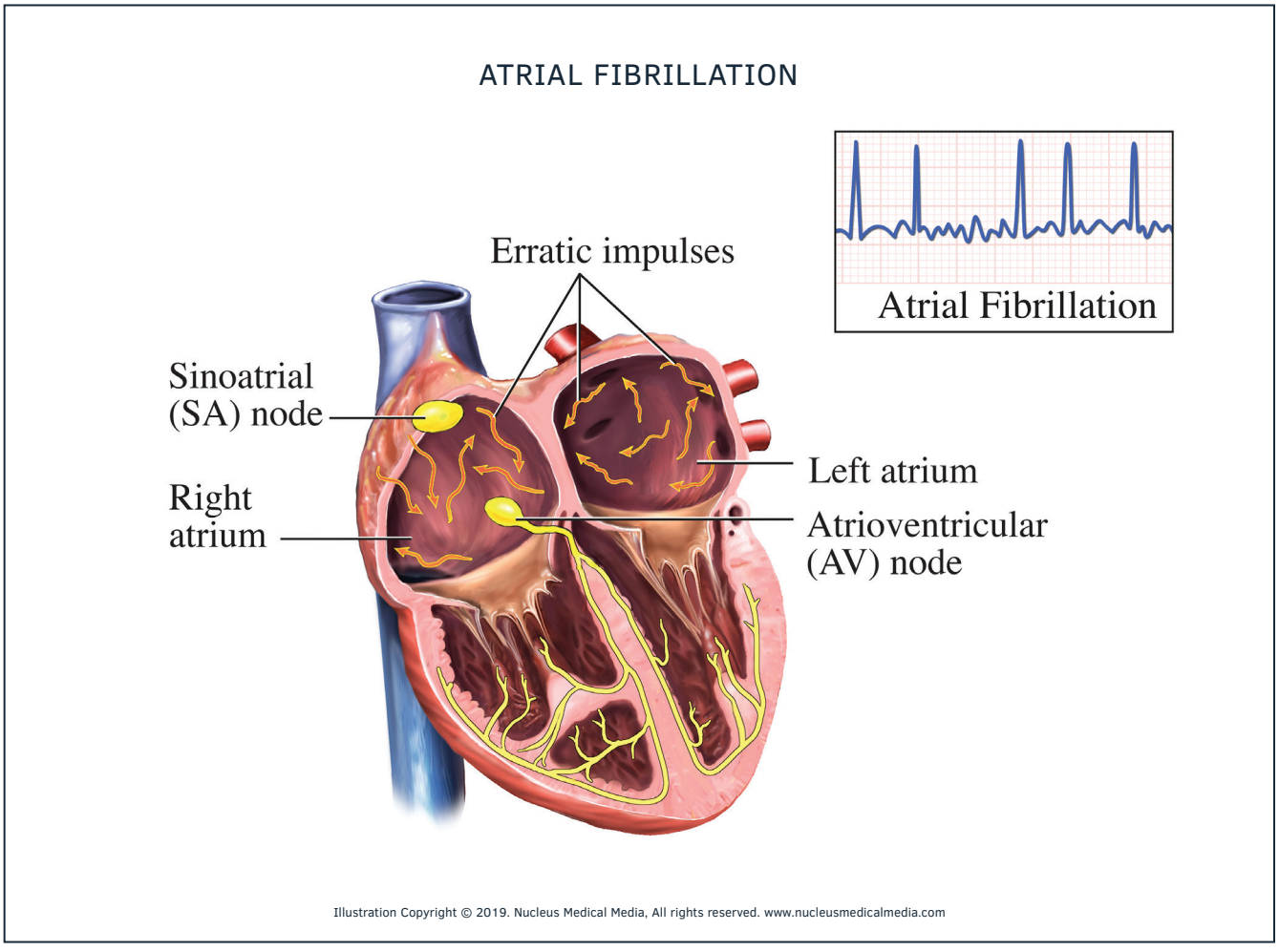


What Is Atrial Fibrillation?

Atrial fibrillation (AF) is one type of arrhythmia which occurs when the atria fibrillate or "quiver" in a rapid, irregular pattern. During AF, the atria can beat irregularly at over 300 beats per minute.

AF is the most common type of arrhythmia. Over two million people in the United States have AF and approximately 160,000 new cases are diagnosed every year. Without treatment, AF can cause uncomfortable symptoms and increase an individual's risk for stroke. The fibrillating allows blood to pool in the atria and increases the risk of a blood clot forming. If the clot breaks loose, it can potentially travel to the brain and cause a stroke. Additionally, AF can cause the ventricles to beat too fast and irregularly. Over time, this can weaken the heart muscle and lead to heart failure.

AF occurs when the atria begin to fibrillate rapidly so instead of one electrical impulse moving through the heart, many impulses begin in the atria and try to pass through the AV node. Some medical conditions such as poorly managed high blood pressure (hypertension), coronary artery disease, and heart valve disease can change the electrical properties and make it more likely for AF to occur. As people age, these conditions become more common and triggers (electrical circuits that send extra impulses at a faster than usual rate) develop. This is what forces the atria to fibrillate in a fast and disorganized way.



Three Types of Atrial Fibrillation

Paroxysmal AF refers to AF that converts back to normal rhythm on its own. The AF may last for seconds, minutes, hours, or up to several days before the heart returns to its normal rhythm. As the heart goes in and out of AF, the pulse rate can change from slow to fast to slow in short periods of time which may lead to more symptoms than other types of AF.

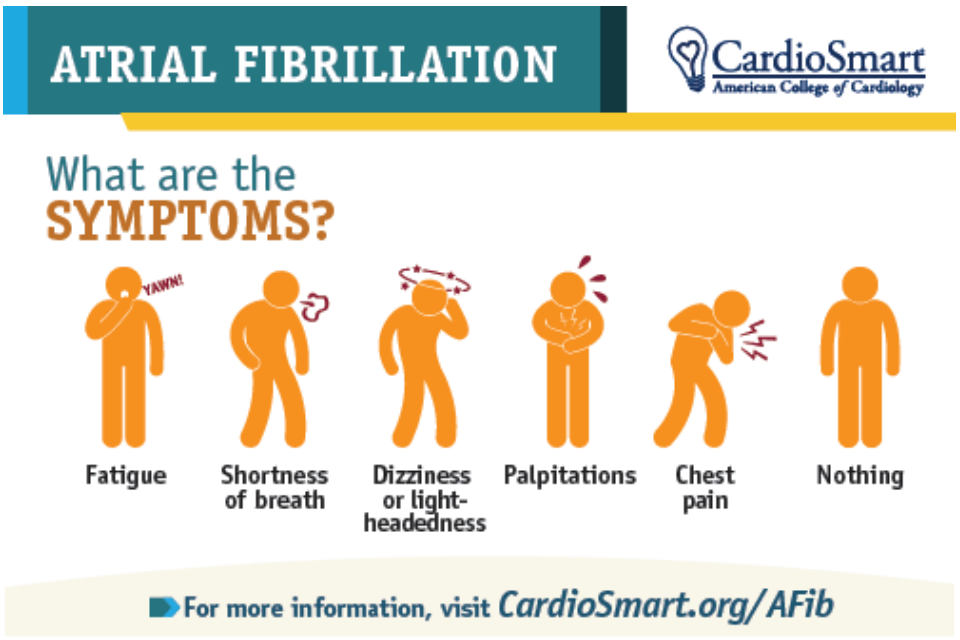
Persistent AF refers to AF which does not stop by itself and remains in AF for more than 7 days. In order to restore normal rhythm, treatments such as medications or electrical shock (cardioversion) are required. Persistent AF lasting more than 1 year is called **long-standing persistent AF**.

Permanent AF refers to AF when a normal heart rhythm cannot be restored, despite treatments such as medications, electrical cardioversion, or procedures, or when attempts to restore normal rhythm are no longer pursued.

Symptoms of Atrial Fibrillation

Each person is different. Some people can tell right away when AF begins and others don't have any symptoms. Some people may not even know that they have AF. The severity of symptoms depends on the heart rate while in AF, the cause of AF, and how much the pumping action of the heart is being affected. Potential symptoms include:

- Fatigue and low energy (most common)
- Fast pulse or pulse that changes between fast and slow
- Shortness of breath
- Palpitations (racing, pounding, or fluttering feeling in the heart) or sensation of skipped beats
- Difficulty with everyday activities or exercise
- Pain, pressure, tightness, or discomfort in the chest
- Feeling dizzy or light-headed
- Fainting
- Increased urination creating more bathroom trips
- No symptoms for some people



Risk Factors

Common causes and risk factors for AF include:

- Age older than 60 years
- Heart Problems
  - High blood pressure
  - Coronary artery disease
  - Prior heart attacks
  - Congestive heart failure
  - Heart valve disease
  - Prior open heart surgery
  - Untreated atrial flutter (another type of abnormal heart rhythm)
- Diabetes
- Thyroid disease
- Chronic lung disease
- Sleep apnea
- Excessive alcohol or stimulant use
- Serious illness or infection
- Blood clots in the lung

While many patients who develop AF may have underlying heart conditions, it is possible for people who have no structural heart disease or other medical problems to develop AF.

Complications from Atrial Fibrillation

Cardiomyopathy – When AF creates a fast pulse rate for long periods of time, the ventricles can beat too fast, and the heart muscle enlarges and then may weaken. This is called cardiomyopathy. Cardiomyopathy can lead to heart failure, so it is important to control the heart rate while in AF and ensure that it does not get too fast.

Stroke – During AF, blood can pool in the upper chambers of the heart and cause blood clots to form. The clot could travel to the brain and lead to a stroke. A stroke caused by AF is usually more severe and disabling than a stroke due to other causes. Also, strokes caused by AF have a higher rate of mortality than strokes not caused by AF. Because of this, stroke prevention is a primary treatment goal for AF. Your doctor will assess your risk of having a stroke and may recommend starting you on anticoagulant (blood thinner) medication after discussing with you the risks and benefits of taking this type of drug.

Goals of Treatment

- Prevent blood clots from forming to prevent stroke
- Improve symptoms
- Control the heart rate
- Return the heartbeat to a normal rhythm, if possible
- Treat the cause(s)
- Reduce risk factors

Treatment for Atrial Fibrillation

Medications – You may need to take one or more medications.

- Rate control medication to slow down a fast heart rate
- Rhythm control medication to help prevent, treat, or reduce the frequency of abnormal heart rhythms.
- Anticoagulant medication for stroke prevention. Although there are a variety of treatments available to prevent a stroke, anticoagulant medication is very effective at lowering the likelihood of stroke related to AF. Anticoagulants interrupt the blood's normal clotting (coagulation) process to prevent clots from forming. There are several types of oral anticoagulant medications available. If an anticoagulant is needed to lower your risk of stroke, your doctor will discuss the risks and benefits of each type with you. Together, you will determine which treatment is the best choice for you.

Other possible treatments might be used in conjunction with medication or when medication is not effective in controlling the heart rhythm.

Cardioversion – A scheduled procedure in which an electric shock is given to the heart muscle to restore normal heart rhythm. It is usually an outpatient procedure at El Camino Health requiring a small amount of sedation through an IV line and patients are normally discharged on the same day as the procedure.

Catheter Ablation for AF – A minimally invasive procedure performed under general anesthesia at El Camino Health. The procedure can be performed when medication is not controlling the heart rhythm or symptoms. Specialized catheters (ablation catheters) deliver energy to modify heart tissue in areas of the heart which cause abnormal heart signals. The modified heart tissue becomes electrically inactive and reduces or eliminates the occurrence of AF. See the next page for more procedure details.

Surgical Ablation – Another approach for treating AF uncontrolled by medication and it is more invasive than catheter ablation. Surgical ablation can be performed during another type of heart surgery such as a valve replacement when the patient also has AF or it can be done alone (not during another operation).

Treating Causes and Lifestyle Modification

If you have medical conditions which can add to the frequency and severity of your AF, your doctor may prescribe other treatments. Conditions such as high blood pressure (hypertension), high cholesterol, and sleep apnea can lead to AF or make the AF worse.

Avoid using recreational drugs (stimulants) or drinking too much alcohol as these can lead to abnormal heart rhythms.

Reduce your risk of developing other heart conditions associated with AF by eating a healthy diet with plenty of fruits and vegetables and cutting down on fat. Limit the amount of salt you use to help lower blood pressure. Regular exercise such as walking will help improve your heart health. A healthy diet and being active will help you achieve or maintain a normal weight which helps reduce risk factors for AF.

Your Atrial Fibrillation Catheter Ablation Procedure at El Camino Health

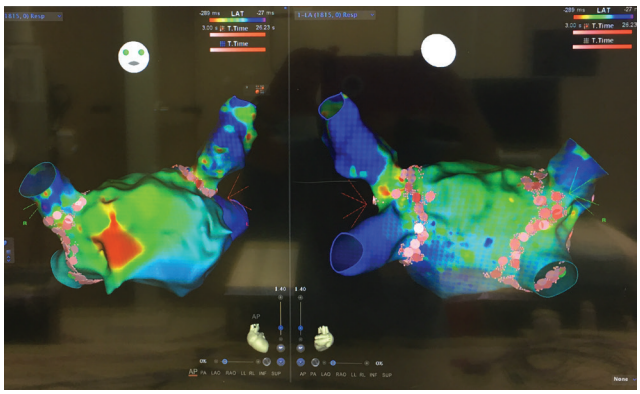
Your doctor has recommended a catheter ablation procedure at El Camino Health to treat your AF. A catheter ablation for AF is performed by an electrophysiologist, a doctor with specific training specializing in diagnosing and treating heart rhythm disorders. A team of specially trained experts which includes nurses and technologists will assist the doctor during the procedure.

The catheter ablation procedure will be performed while you are under general anesthesia. After induction of anesthesia, your doctor may perform a test called a transesophageal echocardiogram (TEE). This is an ultrasound test to ensure that you do not have any blood clots in the chambers of your heart. Short sheaths are inserted in the femoral veins and catheters are carefully guided through the blood vessels using X-rays until they reach the heart. Once inside the heart, a 3D mapping system will help navigate the catheters to identify areas to perform the ablation. The tips of the catheters have tiny electrodes which measure electrical signals from the heart tissue and show the doctor where the abnormal signals causing the AF are coming from. Special ablation catheters can deliver energy to heat and modify the tissues in your heart in the precise areas that trigger or sustain abnormal heart rhythms. Blood thinners will be administered during the procedure to prevent clots from forming in your heart while the ablation is being performed.

The heart tissues just outside the pulmonary veins that contain the triggers causing the atrial fibrillation arrhythmia will be cauterized using radiofrequency energy to create heat. This modified heart tissue can no longer send electrical signals from your four pulmonary veins to your heart and will reduce the chance of your AF recurring. The procedure length is typically between two to three hours.

Note: After your ablation, episodes of atrial fibrillation can recur for up to three months post procedure. Some patients may even experience transient increased atrial fibrillation. In many cases these episodes of atrial fibrillation will prove self-limited. In approximately 30% of patients, post-ablation arrhythmias do not resolve with waiting. In these patients, a repeat ablation could be considered after waiting three to six months to be certain that spontaneous resolution of the post-ablation arrhythmia has not occurred.

Electrophysiology Procedure Room



3D mapping image

Preparing for Your Procedure

Pre-procedure Testing

Your doctor's office will arrange for your pre-procedure workup and testing. This may include blood tests, ECGs, or other tests your doctor feels are necessary prior to the procedure.

What to Pack for Your Hospital Stay

At the hospital you will receive a gown and a pair of non-skid slipper socks. Please pack lightly as storage is minimal.

Toiletries

- Dental care
- Shaving items
- Lip balm
- Hairbrush and/or comb

Clothing

- Change of underclothing

Prostheses

- Dentures
- Glasses
- Hearing aids with extra batteries

Other

- Reading material

What to Leave at Home

Please leave jewelry and valuables at home.

Reporting New Health Problems

Let your doctor know as soon as possible if you have any new health problems. This could include a fever, cough, sore throat, cold, urinary tract infection, or if a doctor or dentist has started you on an antibiotic. It is important for you to be in the best possible health at the time of your procedure. As it gets closer to your procedure date, you should stay away from people who are sick.

Medications

- **It is critical that you** follow your doctor's instructions about taking or stopping medications precisely. If you do not follow these instructions, it is possible that your procedure may need to be canceled.
- You will be given specific instructions regarding your anticoagulant medication.
- Bring a list of your current medications and the date and time of the last dose for each medication.

Transportation

Arrange for an adult family member or friend to drive you to and from the hospital. You should not drive yourself.

Advance Healthcare Directive

If you have an Advance Healthcare Directive or durable power of attorney for healthcare, you should bring these documents with you to the hospital. An Advance Directive tells your doctor what care you wish to receive in the rare case that you are unable to communicate or make decisions on your own behalf. If you have not completed this form or discussed these issues with your family, now is a good time to consider it. All adults age 18 and older should have an Advance Directive.

You can download an Advance Directive form from El Camino Health's website at **elcaminohospital.org**. The Health Library & Resource Center at El Camino Health offers Advanced Healthcare Directive assistance. Please call 650-940-7210 for more information. In addition you will also find resources for advance healthcare planning on the Coalition for Compassionate Care of California website **coalitionccc.org**.

Procedure Timeline

Before Your Procedure

- You will have a consultation appointment with your electrophysiologist.
- Your doctor may ask you to have tests such as an ECG, blood work, and other diagnostic tests.
- Your doctor may start you on an anticoagulant (blood thinner) medication.

One Week Before Your Procedure

- Your doctor may ask you to have more blood drawn for testing.
- Follow instructions from your doctor regarding your antiarrhythmic/anticoagulant medications.

The Day Before Your Procedure

- Eat a normal meal the evening before your procedure.
- Do not eat or drink anything (including water) after midnight the night before your procedure.
- Get plenty of rest.

The Day of Your Procedure at Home

- If you have been instructed to take any medications on the morning of your procedure, please take them with just a small sip of water.
- You may shower with your regular soap and shampoo.
- When brushing your teeth, do not swallow any water.
- Remove makeup and jewelry.
- Wear loose, comfortable clothing to the hospital. You can wear the same outfit on your return home.

Arrival and Check-in Time at El Camino Health

Your procedure is scheduled at El Camino Health, 2500 Grant Road, Mountain View. **Please arrive two hours prior to your scheduled procedure time.**

- The closest parking to the main entrance is lot 1A (see map on page 4 for parking locations). Free valet parking is available 8 a.m. to 5 p.m. Please refer to the El Camino Health website for more information about parking and valet service. Visit **elcaminohealth.org/patients-visitors-guide/before-you-arrive/getting-here**
- Check in at Patient Admitting/Registration, (1B23) located on the first floor by the hospital main lobby entrance.

Patient Registration, near hospital main lobby

Procedure Schedule

Please understand that the procedure schedule sometimes must change at short notice. If this happens, we will inform you as soon as possible.

Day of Discharge

- Discharge instructions will be reviewed with you and you will receive a printout to keep.
- You must have an adult drive you home.

After You Get Home

- Schedule your follow-up if not already done. Follow-up is normally 1–2 weeks after the day of discharge.
- **Call the clinic if you have any questions.**

Mountain View Campus Directory

Blood bank.....650-940-7132
Financial counseling.....650-988-8275
Patient registration.....650-940-7111
Pre-operative & short-stay unit.....650-940-7180
Telemetry unit (3B).....650-940-7124
Spiritual care.....650-988-7568

Where to Go When You Arrive for Your Procedure

On the day of your procedure, please arrive two hours prior to your scheduled procedure.

Upon arrival at the main entrance, follow the dotted line on the map at right to Patient Registration. After checking in, continue to the tower A/B elevators.

Take the elevator to the second floor. The check-in desk and surgery waiting room are straight ahead.

Day of Procedure

Pre-Operative/Short-Stay Unit

After you are admitted, you will see your electrophysiology doctor who will perform the catheter ablation, the anesthesiologist who will administer general anesthesia to make you sleep during the procedure, and the pre-procedure nurse who will prepare you for the procedure. They will answer any questions you may still have.

Please expect the following:

- You will be asked to change into a hospital gown and your weight will be checked. Clothes and valuables should be given to the person who came with you.
- An admission assessment will be completed. This includes reviewing your medical and surgical history, current medications, and when each medication was last taken. Please bring a list of all your current medications. Be sure to let your nurse know when your last anticoagulant (blood thinner medication) dose was taken. The nurse may also perform a physical assessment, if appropriate, and will ask you to complete a questionnaire regarding how atrial fibrillation has affected your quality of life.
- An intravenous tube (IV) will be inserted into a vein in your hand or arm. You can receive fluids, antibiotics, and blood through an IV.
- The hair on your chest, back, and groin areas will be clipped. This allows placement of monitoring electrodes and patches for the mapping system.
- A consent form will need to be signed. When you sign the form, you are indicating that you understand the procedure and the associated risks, benefits, and alternative treatment options. By signing the consent form, you are also giving permission to perform the procedure.
- Your doctor may order additional blood tests or an electrocardiogram (ECG) prior to your procedure.
- Before you are taken to the procedure room, a staff member will ask you to urinate so that your bladder is empty.

Please let the healthcare team know if you have any questions.

In the Electrophysiology (EP) Laboratory (Procedure Room)

Atrial fibrillation catheter ablation is performed in the EP laboratory at El Camino Health.

- To ensure patient safety, when you enter the procedure room, a nurse will greet you and check your name band and other vital information.
- Staff will apply the cardiac monitoring and navigation patches specific for the procedure onto your chest and back.

Cardiac Monitoring Leads

- A special warming blanket will be placed underneath you to keep your body at a normal temperature during and after the procedure.
- Your arms and legs will be cushioned with foam during the procedure.
- The anesthesiologist will give you medication through your IV line to make you sleep. Once you are asleep, the anesthesiologist will place an endotracheal tube (breathing tube) into your mouth. Additionally, a temperature probe will be placed in your esophagus to monitor the heat which is generated during ablation. The anesthesiologist will stay in the room and continuously monitor you while you are asleep.
- Once you are asleep, staff will clean the skin around the groin where the doctor will insert the sheaths and catheters and cover you with sterile drapes.
- An arterial line may be placed into an artery in your wrist during the procedure. The line is used for monitoring blood pressure and drawing blood samples.
- After the procedure is completed, most of the monitoring patches will be removed before you leave the procedure room. The anesthesiologist will accompany you to the recovery room where you will be taken immediately after your procedure.

Electrophysiology Procedure Room

Your Recovery in the Hospital

Waking Up from Anesthesia in the Post-anesthesia Care Unit

When you first wake up from the general anesthesia, you may feel tired, confused, nauseated, thirsty, or cold. These reactions and feelings are very normal after this procedure. Your nurse will make you comfortable and warm, place monitoring patches on your chest, and monitor you closely. Your vital signs, pulses in your feet, and groin puncture sites will be checked frequently. Additionally, your nurse will assess your need for pain medication. You will initially have an oxygen mask over your face. A post-procedure ECG will be performed before you leave the recovery room.

Heart Monitors – You will have five electrodes on your chest that transmit an electrocardiogram (ECG) and heart rate to a bedside monitor, continuously monitoring your heart to watch for abnormal heart rhythms or problems. Each monitor has alarms that are very sensitive to movement, so you should not be frightened if the alarm rings.

Intravenous (IV) lines – The IV line fluids are usually discontinued in the recovery room and a cap will be placed on the end of the IV tube so that it is still in place in your body.

Arterial Line – If an arterial line is in place when you get to the recovery room, the nurse will remove it and apply a pressure dressing over the site to prevent bleeding from the artery. The pressure dressing will be removed by the nursing staff at the appropriate time.

Urinating and Urinary Catheters – If you need to urinate, call the nurse. You will need to use a bedpan (or urinal for males) as you will be on bedrest immediately after the procedure. Sometimes, urinary retention can occur due to the effects of anesthesia or in people with existing medical conditions affecting their ability to urinate after a procedure. If you have difficulty with urinating, a urinary catheter (also called a Foley catheter) which is a small, soft tube, is inserted through your urethra into your bladder. After urine has been drained from your bladder, the tube may be removed immediately or, depending on your doctor's instructions, left in place to allow urine to continue to flow into a drainage bag. It may give the sensation of having to urinate even as it is draining. A urinary catheter is generally avoided. However, if the urinary catheter is left in place, it will be removed as soon as possible, usually by the next morning to ensure that you will not have difficulty with urination prior to discharge and to avoid the risk of a urinary tract infection.

Post-Anesthesia Care Unit

Sequential Compression Device – A sequential compression device (SCD) prevents the occurrence of deep vein thrombosis (DVT) which is a blood clot in your leg. After your atrial fibrillation ablation procedure, SCD "sleeves" are placed on your legs and connected to a pump that inflates and deflates compartments in the sleeves with air. This helps prevent blood from pooling in your lower legs and forming a clot.

Transferring to the Telemetry Unit

When you are awake and ready for transfer, you will be moved to the telemetry unit. The staff will settle you into your room, show you how to call the nurse, and connect you to a portable telemetry box. The telemetry box is a piece of equipment which continuously transmits heart rhythm information to a monitoring system so staff can quickly see any changes in your heart rhythm. Once you are settled into your room, your family members and friends may visit. An overnight stay is required on the telemetry unit.

Nursing Assessments – Your nurse and other staff will continue to monitor your vital signs, pulses in your feet, and groin puncture sites. Liquid intake and urine output will also be monitored.

Activity – It is important that you follow your nurse's instructions regarding activity. You will need to lie flat in bed for several hours after your procedure, depending on your doctor's instructions. During this time, your legs should be kept straight and still to prevent bleeding at the groin puncture sites. If permitted by your doctor, your nurse might slightly elevate the head of the bed or tilt the bed so that your head is higher than your feet to allow you to eat more comfortably. However, you will still need to keep your legs straight. Your nurse will let you know when it is okay to get out of bed. The first time you get out of bed after the procedure should be with a telemetry unit staff member assisting you. When getting up, you should move slowly at first to avoid feeling light-headed.

What to Call the Nurse For

- Warm, wet sensation around groins or upper legs. Do not sit up or lift your head up to look, call the nurse to check. You may have some oozing of blood at the groin puncture site which a nurse will need to look at and possibly apply pressure to stop the oozing.
- Fast or irregular heart beats
- Chest pain or chest discomfort
- Shortness of breath or difficulty breathing
- Dizziness or feeling light-headed
- Back pain or discomfort
- Nausea or vomiting
- Difficulty with urination
- Skin redness, itching, or soreness

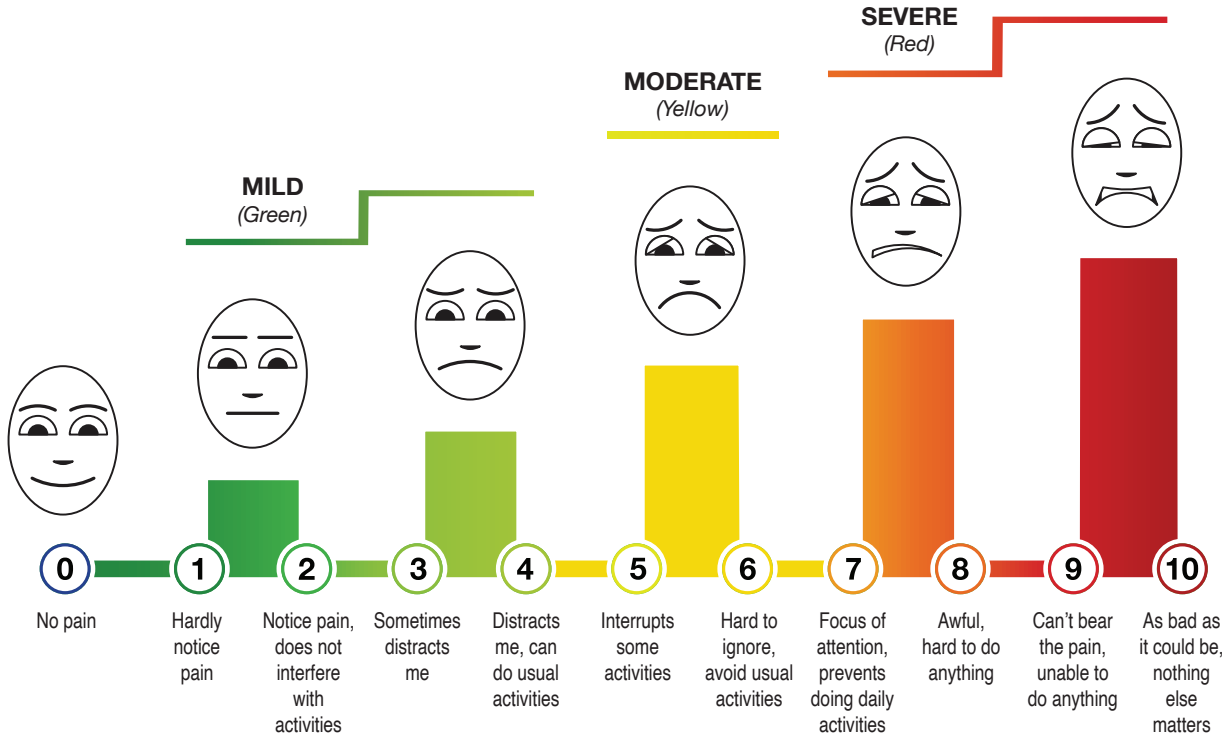
Telemetry unit patient room

Nurse call bell, telemetry box AND patient gown

Managing Your Pain

Pain is an individual experience. Our goal is to keep you as comfortable as possible after your procedure. We will use a numeric pain scale to help you communicate your level of pain. There is no right or wrong answer and the care team will work with you to minimize discomfort.

PAIN MEASUREMENT SCALE



DVPRS Pain Scale v 2.0

Follow-up Care and Recovering at Home

We will give you a printout with your discharge instructions before you leave the hospital. Your nurse will review these instructions with you prior to discharge.

Follow-up Appointment

Your follow-up appointment should be scheduled as instructed by your doctor. You may want to write down any questions you would like to ask at your follow-up appointment.

What to Expect at Home Following Discharge

- You may experience minor chest discomfort for a couple of weeks and it may feel worse 1–2 days post-ablation. The discomfort may be worse with deep breaths or when leaning forward. As you increase your activity, you may experience some increased discomfort. Please call your doctor to discuss further if this is very uncomfortable.
- Your groin will generally have puncture sites on one or two sides which look like small incisions. Some minor bruising is common at each site with minor soreness. The bruising may occasionally extend down the leg. There could also be a small area of swelling at the access site. The bruising and swelling are normal.

When to Call the Doctor

- Bleeding, drainage, increased swelling, tightness, or pain at or around the groin puncture sites
- Fever exceeding 100 degrees, shaking, or chills within the first 3 weeks post-ablation.
- Difficulty with urination
- Long-lasting extreme tiredness (fatigue)
- Fast or irregular heartbeats
- Tenderness in your calf or calves
- Shortness of breath/winded while resting or with very little exertion
- Persistent cough
- Increased swelling in your legs
- Call immediately if you develop any of the following within the first month:
  - Chest pain
  - Shortness of breath
  - Difficulty swallowing
  - Heartburn
  - Vomiting
  - Abdominal pain

Call 911 if You Develop Neurological Symptoms

Neurological symptoms should be taken seriously, and you should call 911 if you experience symptoms such as:

- Sudden numbness or weakness of the face, arm, leg, or trouble walking
- Sudden confusion, trouble speaking, or understanding
- Sudden visual trouble in one or both eyes
- Sudden dizziness, loss of balance, or coordination
- Sudden severe headache with no known cause

Diet

Resume your normal diet unless it has been changed by your doctor.

Activity

- You may feel fatigue or minor discomfort for 48 hours after your procedure. Space your activities to allow for rest periods.
- Occasionally, you may experience chest discomfort for up to a week following the procedure. This pain is typically worse with deep inspiration.
- It is okay to take walks and go up and down stairs slowly. Gradually increase the length of your walks and move at your own pace. Alternate between resting and walking.
- Do not lift anything that weighs 5 lbs or more.
- No heavy exertion for one week post catheter ablation.
- Avoid crossing your legs to prevent sluggish circulation in the legs as this can lead to blood clots.
- The following activities should be discussed with your doctor before resuming:
  - Driving
  - Returning to work
  - Air travel
  - Sexual activity
  - Exercise

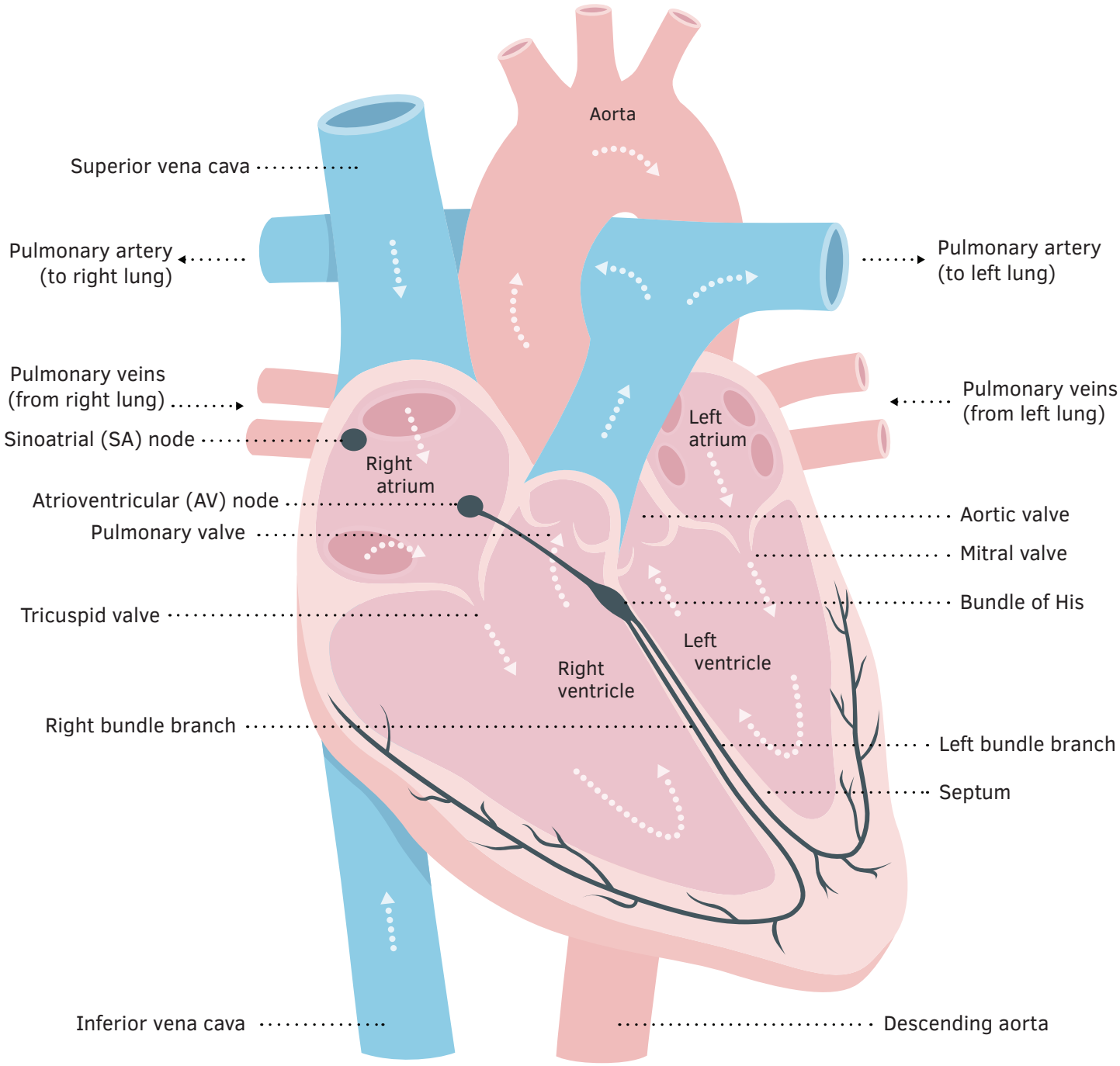
Medications to Take After Discharge

It is important that you understand which medications to take after discharge. You will be given a list of medications with your discharge instructions. This list will tell you which medications to continue, which ones to stop, and any new medications your doctor wants you to take.

Hygiene and Caring for Your Groin Puncture Sites

- You may shower on the day of discharge.
- Do not submerge in water (bath tub, swimming pool, hot tub) until your groin puncture sites are completely healed.
- Use gentle soap and water to keep your groin puncture sites clean. Gently pat your puncture sites dry.
- You will be discharged with a Band-Aid over your groin puncture site. Change the Band-Aid to your groin daily for 4 days and then leave it off.
- Please DO NOT apply any lotions, creams, or ointments to your groin puncture site.

Notes


Aorta
Superior vena cava
Pulmonary artery (to right lung)
Pulmonary artery (to left lung)
Pulmonary veins (from right lung)
Pulmonary veins (from left lung)
Sinoatrial (SA) node
Left atrium
Right atrium
Atrioventricular (AV) node
Aortic valve
Pulmonary valve
Mitral valve
Tricuspid valve
Bundle of His
Left ventricle
Right ventricle
Right bundle branch
Left bundle branch
Septum
Inferior vena cava
Descending aorta

About El Camino Health

El Camino Health provides a personalized healthcare experience at two not-for-profit hospitals as well as primary care, multi-specialty care, and urgent care locations across Silicon Valley and the South Bay.

Bringing together the best in technology and advanced medicine, our network of physicians and care teams delivers high-quality, compassionate care.

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Los Gatos Campus
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