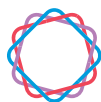




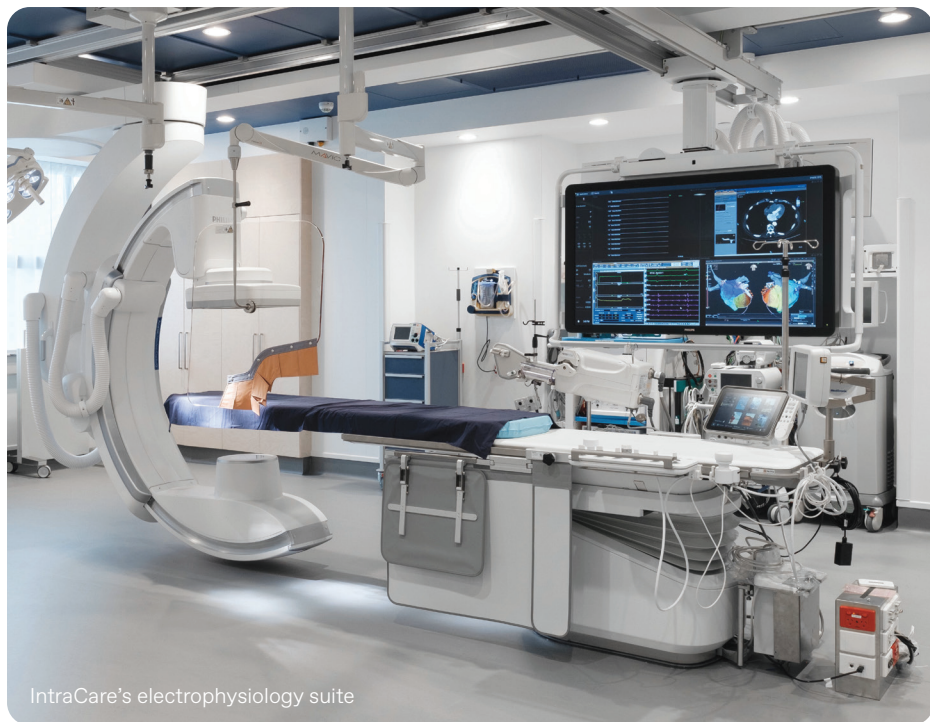
YOUR GUIDE TO

# AV Junction Ablation



**IntraCare**

Electrophysiology



IntraCare's electrophysiology suite

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# About this procedure

This guide provides information about an AV junction (AVJ) ablation procedure. It includes information about what is involved, how to prepare and what to expect during and after this procedure. Please use this in addition to information from your doctor and nurse.

An AVJ ablation procedure is performed in an electrophysiology (EP) suite at IntraCare in Epsom. Your cardiologist will be assisted by our team of nurses and other highly skilled personnel.

Both IntraCare and Allevia Hospital will be involved with your care for this procedure. Allevia Hospital are responsible for your admission, preparation and aftercare in the Cardiac Investigation Unit (CIU). A nurse from CIU will accompany you to the EP suite at IntraCare located in Allevia Hospital.

## Background

Prior to this procedure, it is likely you have recently had a pacemaker implantation. If this was implanted at IntraCare, your AV junction ablation will be in the same EP suite.

## What is atrial fibrillation?

Atrial fibrillation (AF) is an abnormal and irregular heart rhythm that originates in the top chambers of the heart (atria). The electrical signals which cause the heart chambers to contract become disrupted and erratic, causing the atria to quiver (fibrillate) instead of contracting. The pulse becomes irregular and may be too fast, too slow or alternate between extremes.

## Why do I need an AV junction ablation?

Pacemaker implantation followed by an AV junction ablation is one of several methods to treat atrial fibrillation (AF).

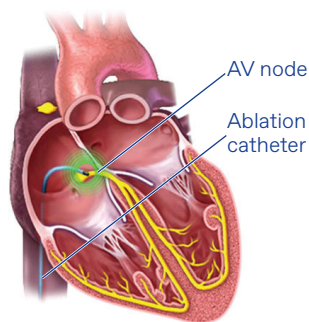
An AV junction ablation is recommended for those where other methods to treat AF (e.g. medical therapy) have either been unsuccessful or caused intolerable side effects. AV junction ablation will not cure your atrial fibrillation but will allow greater control over the slow, fast and irregular heart rates associated with atrial fibrillation.

## What is an AV junction ablation?

Radiofrequency ablation is where an electrode catheter is placed in the heart and radiofrequency energy is delivered to a target site.

The target site of the AV junction ablation is the AV node. This is the small bundle of tissue in the middle of the heart that transmits the heartbeat from the top chambers of the heart (atria) to the bottom chambers of the heart (ventricles). Ablating the AV node with radiofrequency energy prevents it from transmitting atrial fibrillation signals to the ventricles.

As a result, the pacemaker lead in the ventricle then takes over the job of stimulating the bottom pumping chambers (ventricles) to beat regularly and control the heart rate.



**Ablation catheter ablating the AV node**

## What does this mean long term?

You will require a pacemaker for the rest of your life. Thousands of people with pacemakers live normal, long and healthy lives. As with anyone with a pacemaker you will require regular pacemaker checks (usually every 6 months), and pacemaker replacement operations every 10–15 years. Therefore AV junction ablation, although very effective, is not the first line of treatment for atrial fibrillation.

You will also need to continue to take blood thinning medications to reduce the risk of blood clots and stroke. This is because the atria are still fibrillating and not contracting, so blood can still pool in certain parts of the chamber causing a clot. You may be able to stop some medications if their only purpose is to try and slow the AF. Your cardiologist will advise according to your circumstances.

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# Before your procedure

## Pre procedure phone call

A nurse from IntraCare will call you 24–48 hours prior to your procedure to discuss the following information:

- Your admission time.
- When you should stop eating and drinking.
- Medication instructions.
- Allergies (including medications, contrast dye, dressings/plasters and food).
- Answer any further questions.

## On the day (important anticoagulation instructions)

- If you are taking Pradaxa/Dabigatran, please take this as usual on the morning of your procedure.
- If you are taking Rivaroxaban, skip the morning dose on the morning of your procedure.
- If you are taking Warfarin, please continue to take this as usual. Our nurses will monitor your INR levels and advise any medication changes if necessary.

## Other regular medications

Please continue to take these unless advised otherwise by your cardiologist. If you are taking a diuretic or water pills (e.g. frusemide, spironolactone), you may need to withhold this on the morning of the procedure.

## Reminders for the day of your procedure

- If you are on regular medication, please bring this with you in its original packaging.
- Please leave all your jewellery and valuables at home. You are welcome to bring your mobile phone in with you.
- We recommend wearing loose-fitting clothing and shoes that are easy to slip on/off.
- You are encouraged to bring a friend or a family member as a support person before and after your procedure.
- Please bring an overnight bag with you as it is likely you will need to stay the night, unless otherwise discussed with your cardiologist.
- The planned procedure time is an estimate only and may vary. We will keep you informed of any unexpected delays on the day.

## Informed consent

As with any procedure, there are potential risks involved. Your cardiologist and anaesthetist will explain the procedure, discuss possible risks and answer any questions you may have. Your whānau or support person are welcome to be part of this discussion. You will then be asked to sign the consent form. This will occur either at an earlier appointment, or on the day of your procedure.

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## Your procedure

An AV junction ablation is performed under conscious sedation and local anaesthetic and is usually completed within 1 hour.

### Preparation

Once you are in the EP suite, the staff will perform a safety check-in to confirm your name, date of birth and the procedure you are having. A small intravenous (IV) line will be inserted into a vein in your arm for medication to be injected. We may need to remove hair with clippers at the access site for sterile preparation. Please avoid shaving the area yourself as this may cause minor abrasions to the skin, increasing the risk of infection.

Several adhesive patches, small and large will be placed on your back and chest for monitoring and 3D mapping if required. Other devices for monitoring blood pressure, heart rate and oxygen levels will be fitted to ensure your safety during the procedure. We will carefully position and tuck your arms at your sides to ensure that sterility and safety are maintained.

### The procedure

AVJ ablation are usually performed under local anaesthetic. The femoral veins in the groin area provide the easiest venous access into the heart. The groin area will be prepared with an antiseptic solution.

You will be covered with a large sterile drape and the area at the top of the leg will be completely numbed with local anaesthetic. This will sting for about thirty seconds.

You may feel pressure but you should not feel any pain for the duration of the procedure. If at any time you feel pain or are uncomfortable, please let your doctor know and more local anaesthetic or medication to help you relax can be given.

A small hollow tube (sheath) will be inserted into the vein at the top of the leg (groin). Using X-ray guidance, the ablation catheter is then advanced into the heart via the sheath in the vein. The AV Node (target site) is located using a combination of X-ray and signals recorded from the catheter tip. The ablation is then performed.

A wait phase is then observed to make sure conduction does not recover. Once the procedure is complete, the catheters and sheaths are removed from the vein.

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## After your procedure

You will be transferred from IntraCare to CIU, where the Allevia Hospital team will look after you in your recovery. The nurses will monitor your progress, and if appropriate, you will be discharged home after 4–6 hours. Prior to your discharge, the nurses will provide instructions on medication, procedure site care, and resuming your usual daily activities.

### Recovery and discharge

- Following your procedure, it is important that you **do not drive for 48 hours**. Please ensure you have a family member or friend to drive you home from the hospital, as you may still be under the effects of anaesthesia or sedation.
- You will need to arrange someone to be at home with you on the day of your discharge and overnight to support you in your recovery.
- Due to the sedation, you may feel lethargic afterwards with reduced concentration. For this reason, for 24 hours after your procedure:
  - Do not do any activity requiring strength, concentration, or full alertness.
  - Do not make any legal decisions or sign legal documents.
- Due to the nature of ablation, it is common to experience some chest discomfort for a few days.
- For a few weeks after your ablation, you may experience, occasional skipped heart beats or brief palpitations. These symptoms are common and will decrease with time.

### Resuming activities

- You will be able to return to work within a week of having the procedure unless your job involves heavy lifting (>5kg).
- You can begin light exercise after 1 week.

## Medication

Your cardiologist will discuss any medication changes with you, if necessary. If you have any questions regarding your medications after your procedure, please contact your cardiologist.

## Follow up appointment

You will be seen in clinic at The Heart Group approximately 1–3 months following your AVJ ablation. If you have minor concerns prior to your follow up appointment, please arrange to see your general practitioner (GP) or contact IntraCare.

## Femoral (groin) site care

It is normal to experience some bruising at the puncture site. During the first few days after your procedure:

- Do not do any heavy lifting (>5kg) or strenuous exercise.
- Try not to excessively cough, sneeze, or strain as this puts pressure on the puncture site which may cause it to bleed.
- Do not sit in a bath, hot tub or spa. This reduces the possibility of bleeding and infection.
- Do not cross your legs while sitting.
- You may resume walking if your puncture site is not painful.
- If applicable, remove the dressing on your groin once the skin has healed (approximately 3 days).

## Haematoma

A haematoma is a collection of blood under the skin that is sometimes painful. A small hard lump (similar in size to a pea) may also be felt under the skin and remain for several weeks:

- If a large lump (haematoma) occurs, lie down, and get another person to press down firmly on the centre of the haematoma for approximately 10 minutes.
- If after releasing pressure, the haematoma reoccurs, keep applying the pressure and go to your local accident and emergency department.



## Bleeding

- It is common for there to be a small amount of ooze. If this occurs, re-apply a sticking plaster and lightly press for a few minutes.
- If there is significant bleeding, you should lie flat, and another person will need to apply firm pressure for 10 minutes. If this does not stop the bleeding, call an ambulance.

**Seek immediate medical attention (dial 111 for an ambulance) if there is excessive bleeding from the puncture site or if you are experiencing severe chest pain.**

Please take this booklet and your discharge summary with you if visiting the GP, afterhours or hospital.

**If you have any concerns after your procedure, please contact IntraCare:  
Monday to Friday: 09 630 1961 (between 6:30am and 6:00pm).  
For after-hours, weekends, and public holidays, contact 027 482 0763.**

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# How to find us

## IntraCare Epsom

Both IntraCare and Allevia Hospital will be involved with your care for this procedure.

**When you arrive, please report to the Allevia Hospital reception desk (number 1 on the map).**

First Floor, Allevia Hospital Reception  
98 Mountain Rd, Epsom, Auckland 1023

P: +64 9 630 1961 (Monday to Friday 6:30am–6:00pm)

P: +64 27 482 0763 (after hours, weekends and public holidays)

E: [admin@intracare.co.nz](mailto:admin@intracare.co.nz)

W: [intracare.co.nz](http://intracare.co.nz)

## Where to park

A 10 minute patient 'drop off zone' is available on the level 1 carpark. Head up the ramp as you enter into the carpark from the Main Entrance on Mountain Road.

The first 30 minutes are free and apply only once the vehicle licence plate number has been entered into a payment terminal. Patient parking is available on all levels of the car park. Parking limits apply, and parking spaces are marked (P90, P180, and All Day Parking).

The Allevia Hospital parking is managed by a separate company, and a fine may be issued if your vehicle breaches any of the parking terms and conditions.

There is free 120 minute parking available nearby on Mountain Road, Gilgit Road and Almorah Road after 9am.



**Main entrance to patient and visitor car park**  
~ 250 spaces

**Walkway to main reception**  
Pedestrian access to main reception from car park

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|--|--|
| 1 Allevia Hospital reception and Allevia Radiology 1 reception | 8 Allevia Radiology 2 (CT, ultrasound)         |
| 2 Canopy Cancer Care   | 9 The Heart Group                              |
| 3 ARO (Auckland Radiation Oncology)                            | 10 Allevia Radiology PET-CT Canopy Cancer Care |
| 4 Allevia Café and outdoor dining courtyard                    | 11 Allevia Specialist Centre                   |
| 5 Allevia Pharmacy   | 12 Allevia Radiology 1 (MRI/X-ray)             |
| 6 IntraCare  | A B C D E Allevia Specialist Centre entrances  |
| 7 Awanui Labs (blood tests)                                    |  |



# IntraCare

Intra Limited

E: [admin@intracare.co.nz](mailto:admin@intracare.co.nz)

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