

## Tim Cross' story

### Tim's experience of paroxysmal AF and receiving the right treatment.

I am 55 years old and suffered with symptomatic paroxysmal atrial fibrillation (probably vagally mediated) for around nine years prior to my successful video-assisted thoracic surgical (VATS) ablation procedure three years ago.

The episodes always occurred around two or three in the morning and typically lasted around nine hours. There were no specific triggers. The AF left me feeling exhausted, worried and unable to work properly, and as a self-employed designer this impacted on my business. The episodes were also increasing in regularity. As they say, AF begets AF.



I had previously seen my GP and been referred to cardiology but a full diagnosis was a little hit and miss, and could only be confirmed when I presented myself at casualty and was able to see a cardiologist.

After follow-up appointments, a prognosis was made and treatment was discussed. Drug therapy was one option but beta-blockers were not advised due to my asthma. I was already taking aspirin and simvastatin; and flecainide, the pill in the pocket approach, was tried but had little or no effect.

Catheter ablation was then proposed as a possibility. I met with my local electrophysiologist and discussed the treatment and success rate, which was suggested at around 75% after up to three treatments.

Having lost my father to a stroke and knowing that suffering from AF greatly increases the risk of stroke, I knew I needed some kind of treatment. I was seriously considering catheter ablation when I happened to be watching TV one night, and during an episode of Holby City (a hospital drama), the mini maze procedure was mentioned in relation to AF. I immediately (well, after the programme had finished) rushed to the laptop and Googled mini maze, which led me to a number of sites explaining the procedure, one of which introduced me to the doctor who pioneered the operation in Cincinnati.

After reading of and becoming very interested in the procedure – thoracoscopic pulmonary vein surgical ablation - I took the liberty of emailing the doctor in Cincinnati, explaining my interest and my medical history. To my surprise he phoned me a couple of days later and talked me through the advantages of the surgery: high percentage rate of cure, low risk, and the additional benefits of removal of the left atrial appendage (dramatically reducing any further risk of stroke) and dissection of the ligament of Marshall (LOM). He said the procedure would be minimally invasive, with just a couple of nights in hospital thereafter. This sounded like the solution I had been looking for. The problem was the doctor was in America and I was in England. What to do?

Fortunately, and serendipitously, he had helped to train a surgeon in Brighton, just along the coast from my home. I talked to my GP who was happy to refer me and shortly after, I spoke face to face with the consultant cardiothoracic surgeon at the hospital. He filled in the gaps in my understanding of the procedure, quoted around a 93% success rate for someone of my age, physique and fitness, and offered me the opportunity of surgery within a couple of weeks.

I discussed the option with my local cardiologist, who told me that this procedure was usually reserved for patients who had tried and failed in all other options. He was however, happy for me to go ahead if I wished. In no time at all I was on the cardiac ward in Brighton signing paperwork, talking to and being tested by nurses, anaesthetists, doctors, surgeons - the whole kit and caboodle.

Next morning at six, I was showered, shaved, given pre-meds and readied for theatre. The surgery took around three hours – I think. I woke some time later on in the High Dependency Unit (HDU) with a tube down my throat (a bit of a shock), chest drains still in place, aching lungs, and nausea from the morphine (I seem to have a slight intolerance). Not the most pleasant experience, but one that passed and is now a distant memory. Chest drains and catheter were removed and I was closely monitored till the following morning when I went back to the cardiology ward.

After all the necessary checks: blood pressure test, ECG, a blood test, more paperwork signed, and a chat with my doctor; I was allowed home to rest for a day or two and then back to the normal routine. I was back in the office about a week or two later and fully fit soon after. I had to take amiodarone and warfarin for three months, which was a bit tedious, but after a follow-up with my surgeon I was passed fit enough to come off the drugs.

Three years later, I am still AF free (not a single episode since surgery) and drug free. Life is back to normal and full of promise. I was and still am delighted to have found the solution to my medical problem. I am in debt to my understanding, patient and helpful GP and cardiologist for their flexibility, understanding and farsightedness and to the AFA for their invaluable help and guidance. I am also in debt to the internet and the chance it gave me to properly research my condition and choose my treatment.