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Recovering from Ablation for Atrial Fibrillation

This fact sheet has been written and prepared by patients, for patients, in the hope of allaying many of the fears and anxieties which often occur following ablation for atrial fibrillation. It is the result of peer discussion and hopefully includes many of the “things nobody told me” which had caused worry in the weeks and months following an ablation.

Ablation works by creating scar tissue on the inside surface of the heart which blocks the rogue electrical impulses which cause AF. The scars can be made by heat or intense cold but do not form instantly. They can take up to three months or more and that period is often referred to as the blanking period. You may therefore still get symptoms during this time that can still settle down subsequently.

Rest

Although you may not have a great scar to show it, your heart has suffered some trauma and will take time to recover. The general recommendation is to take things very easy for the first week (short walks and only a single flight of stairs, generally within the house, or not very far outside), and a slow gentle progression following that. Some very fit or younger patients may find that they can return to work quite quickly but many others take much longer. Above all listen to your body and don't push yourself too hard. If you are still working then discuss your condition with your employer and explain that the situation may be fluid. Do not lift anything heavy for at least a week. Above all, you are not a failure and everyone's recovery is very individual, so do not be rushed.

Palpitations

Because the heart does not heal immediately you may experience some palpitations, ectopic beats (missed beats) or even runs of AF in the

time after your ablation. THIS DOES NOT MEAN IT HAS FAILED. If you experience pain, difficulty breathing or are passing out, then please contact the arrhythmia nurse and/or team where your ablation was carried out. Palpitations and other symptoms should gradually fade over time. In fact many patients found that even six to nine months later their quality of life was still improving.

Sore Throat

You may find that you have a sore throat after your procedure. This is probably due to having had a transoesophageal echocardiogram (TOE) during the procedure to check for any clots which may be present in your heart. It may also be caused by breathing equipment if you had a general anaesthetic. Treat as any other sore throat and it will soon pass.

Migraine Aura

A migraine may shock and worry you but is perfectly normal. Not everybody suffers from this but it is quite common usually about two to three days after the ablation. It results from the trans-septal puncture needed to gain access from the right to left atria. You may find vision disturbance with either flashing lights or blind spots in your sight often with a following headache. Don't worry, you are not having a stroke or going blind and the symptoms will pass after a week or so. However, if you are concerned then contact the team who did your ablation/arrhythmia nurse, your GP, or if you feel very unwell then go to A&E.

Ectopic Beats

Ectopic beats, which feel like missed beats, can be common following ablation. They are considered harmless but can be distressing when frequent. This does not mean that your ablation has failed. Try slow deep breathing. Use your diaphragm rather than shoulders and breath slowly and deeply for at least five minutes, slowing your breathing down to less than six breaths a minute.



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Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional. If you would like further information or would like to provide feedback please contact AF Association.



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Groin/Leg Bruises

You may find that you get a colourful bruise where the entry wound for the catheter is. You may even find a hard lump there. Don't worry as this is quite normal. When it finally fades away you know that your heart is beginning to heal so it can be a useful guide to when you can start pushing your recovery a little more. However, if you are concerned at all about infection (pus, increasing redness of the area, temperature, poor wound healing), or the wound site in general, contact your arrhythmia nurse/ablation team or GP.

Fast Heart Rate

It is not uncommon to find that your heart rate is a faster than before your AF started and you had your ablation. Typically, this may be around 85-90 bpm which is a common side effect of the ablation. It may take six to eight months (or even longer) to return fully to earlier levels but don't worry, it will normalise. Again it does not mean that the ablation has failed.

Bloating and Digestive Problems

Some people find that they suffer from abdominal discomfort post-ablation. This is probably caused by irritation to the oesophagus during the procedure, or sometimes to a nerve near the heart known as the vagus nerve. It will usually disappear within a few days but can be alleviated with normal indigestion remedies. Alternatively, see your GP for other remedies if needed.

Depression, Anxiety, Worry

Many patients suffer with anxiety post-ablation worrying that it has not worked due to some of the above mentioned symptoms. This can be a highly emotional time and these feelings are not uncommon, so please do not worry if you fall into this category. Try to remain positive but if you find that you have such difficulties, then do talk to your doctor and look into things like mindfulness and cognitive behavioural therapy which can be most helpful.

When to seek medical help

There are a few rare but potentially serious complications that can occur after an AF ablation. These will have been discussed with you before the ablation is done. If you feel very unwell or experience any new or unusual symptoms such as sudden weakness in an arm/leg and/or unexplained fevers it is worth seeking medical attention urgently. If you are just not sure about some symptoms that do not bother you too much then you can always seek help less urgently from the arrhythmia nurse/ablation team or your GP.



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