INFORMATION FOR PATIENTS
PATIENT GUIDE TO INVASIVE CARDIOLOGY PROCEDURES

WHAT MATTERS IS YOU
MISSION STATEMENT

The mission of the Cardiology Department is to provide exceptional care with a world class facility and state-of-the-art diagnostic technology in a caring and compassionate atmosphere.

We strive for this blend of compassion, efficiency and high quality care to provide our patients with the best possible experience at the Galway Clinic.

WHAT MATTERS IS YOU
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INTRODUCTION

Welcome to the Cardiology Department at the Galway Clinic. We in Cardiology would like our patients to feel welcome and secure during their time with us. This booklet, which is part of our ongoing commitment to health education and heart disease prevention, is designed to give you a quick overview of Tests and Procedures in the department, informing you of what to expect whilst visiting us.

This booklet aims to help you understand more about your investigations and or procedures. It is important that you read all the information, as it relates to your pre-admission preparation, as well as the care and treatment you will receive in hospital. We have also included some of the things you will need to do or wear to help you prepare for your test.

This booklet has been designed to help you understand the Procedures/Tests available at the Galway Clinic and is not intended to replace the medical advice of your doctor. If you have any questions about the procedures outlined in this booklet, please ask your Cardiologist or nurse, who will be happy to discuss any concerns that you may have.

If you have any queries about anything in this booklet or if you need to change times or dates for your appointment, please do not hesitate to contact us.
CORONARY ANGIOGRAPHY  
(CARDIAC CATHETERISATION)
A coronary angiogram is an X-ray film taken to outline the anatomy of the coronary arteries. Special long thin tubes (catheters) are inserted via the wrist or leg to the heart and contrast is injected directly into the coronary arteries. The detailed information obtained allows accurate determination of the presence (or absence) of narrowings of the coronary arteries. The procedure may be performed on out-patients as a day-case. (See Section 4 for more information). On occasion, further information can be obtained concerning pressures within the heart and lungs at the same time.

ANGIoplasty and stenting procedures
If significant narrowing of the coronary arteries is demonstrated by an angiogram, this can often be addressed by passing balloons into the narrowed areas and inflating them (angioplasty). Usually, a small metal scaffolding, a stent, is left in the artery to keep it open. Multiple stents may be needed to treat extensive disease. (See Section 5 for more information).

CORONARY ARTERY BYPASS GRAFTING AND VALVE REPLACEMENT SURGERY
In patients who have been found to have severe coronary artery disease and/or severe valvular heart disease an operation may be required. This surgery is available at the Galway Clinic. For more information, please contact the Cardio-thoracic Department.

ELECTROPHYSIOLOGY STUDIES AND ARRHYTHMIA ABLATIONS
An electrophysiology (EP) study is an invasive procedure allowing detailed testing of the electrical system of the heart. Catheters are placed via veins in the leg into the heart. The test helps to determine the causes of dizziness, fainting or loss of
consciousness, palpitations and rapid or slow heart beats. It can also evaluate the risk of sudden cardiac death in high risk patients with heart disease. If an abnormal heart rhythm or source of palpitations is identified, it may be permanently cured by ablation (electrical cautery or freezing) during the procedure. (See Section 6 for more information).

RIGHT HEART CATHETERISATION
This procedure consists of passing a thin tube (catheter) into the right side of the heart to measure blood pressure in the heart and lungs and also blood flow.

PERMANENT PACEMAKER INSERTION
If the heart is beating too slowly, that is causing problems of low blood pressure or even loss of consciousness, there may be a problem with the electrical conduction system of the heart. This may be treatable by insertion of a pacemaker. A small incision is made in the chest and the device is placed under the skin. This is then attached to lead(s) that are passed through a vein and positioned in the heart. This procedure will require an overnight stay. An information booklet is available on request.

AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILLATORS (AICDS)
AICDS are devices used to prevent sudden cardiac death in high risk patients. They are implanted by an Interventional Cardiologist. The AICD is similar to a pacemaker except larger in size and can deliver electrical shocks to the heart, if needed to stabilize the heart rhythm. For more information, please contact the Cardiology Department of the Galway Clinic. This procedure will require an overnight stay. An information booklet is available on request.

CLOSURE OF CARDIAC DEFECTS
Instead of closing at birth, abnormal holes between the walls of the chambers in the heart may occasionally persist into adulthood (e.g. patent foramen ovale, atrial septal defect). These abnormal connections may be associated with conditions causing symptoms including disturbance of heart rhythm, heart failure, strokes and possibly even migraine headaches. These holes can be identified by an echocardiogram or transoesophageal echocardiogram (TOE). Technology has been developed to close such defects without the need for major surgery and these procedures can be performed at the Galway Clinic. Devices are passed to the heart via veins in the leg, placed over the defect in the heart to block it off and patients may go home the next day. Alternatively, if the heart anatomy is not suitable for this approach, an open-heart procedure can be performed instead, also available here at the Galway Clinic. Your cardiologist will advise you of the best procedure.

ACUTE CHEST PAIN UNIT
This unit accepts urgent referrals from general practitioners for assessment of cardiac-sounding chest pain in a rapid-track fashion. The Chest pain assessment nurse and a cardiologist review all patients and organize suitable investigations (troponin, exercise test etc). High-risk patients are admitted for further assessment as required.
WHY AM I HAVING THIS INVESTIGATION?

Your doctor may consider doing a cardiac catheterisation if you have had any of the following:

- A heart attack
- Chest pain, chest tightness or discomfort
- Pains in the arms, jaw, throat or shoulders
- Increased shortness of breath
- Irregular heart beats
- Heart murmur (heart valve problems)
- Abnormal preliminary investigations (such as an exercise test)

WHAT IS CARDIAC CATHETERISATION?

Cardiac catheterisation or an 'angiogram' is an investigation performed on people with suspected or symptomatic heart disease. If there are indications that your coronary arteries may have become narrowed or blocked, the exact position and severity of the narrowing or blockage needs to be known, in order that the most appropriate treatment can be decided for you. This investigation is also performed to find any heart muscle abnormalities and to examine heart valves.
Cardiac catheterisation is performed under local anaesthetic. A long, thin (cardiac catheter) is inserted (usually into the radial artery in the wrist or sometimes through the femoral artery in the groin). A special, radio-opaque contrast (‘dye’) is then injected through the catheter into the three main coronary arteries; and the pictures recorded. As well as views of the coronary arteries, heart muscle function and heart valves can be assessed.

**PRE-ADMISSION PREPARATION**

The evening prior to your procedure, a team member will call you to give you specific instructions and answer any questions you may have. You will receive a letter from the cardiologist with further details.

**MEDICATION**

**Should I take my tablets as prescribed?**

If you are on any medication, you should take all your morning medication with a little water at the usual time. This includes aspirin, diuretics and tablets for high blood pressure. A phonecall or letter from your cardiologist will give you further instructions.

**WARFARIN**

If you are taking Warfarin, you will need to check with your Cardiologist as to when (or if) you should stop taking it prior to admission. If you have a mechanical heart valve, you may need to be admitted earlier and put on I.V. Heparin to provide satisfactory anticoagulation while your Warfarin level is below its target range.

The team member who admits you on your arrival to the ward will take a blood sample to check your blood clotting time: this is done prior to the cardiac catheterisation. Your Warfarin should be restarted on the night of the procedure, unless the doctor advises you otherwise. If not, it should be started on the following day at the latest.

**DIABETICS**

If you are a diabetic, it is important that you inform your doctor prior to your admission so that your procedure will be made a priority. If you are instructed to fast from the night before, your procedure will be done early in the morning, following which you may take your insulin or tablets. However, if you are taking metformin, (Glucophage) it should not be taken for 48 hours after the procedure. If you are informed that your procedure will be in the afternoon, you will be advised to have a light breakfast early that morning.
RENAL PATIENTS
If you are a patient with renal failure who uses continuous ambulatory peritoneal dialysis (CAPD), it is very important that you bring all the equipment needed for your exchanges with you, including connections. If this is not possible, please ring the ward a few days prior to your admission to inform the staff. If you are on dialysis, please inform your dialysis unit of your impending admission.

EATING AND DRINKING
The nurse will contact you the day before in relation to fasting times. This is to prevent any nausea or vomiting during the test. Refreshments will be provided after the procedure.

CASH AND VALUABLES
Please do not bring large amounts of cash/jewellery with you. You will be allowed to keep spectacles and hearing aids with you during the procedure.

CLOTHING
For your own comfort, wear a front buttoning shirt, sweater or blouse with short sleeves that will fit over the cuff. Please bring a dressing gown/robe and slippers with you.

PLEASE NOTE: Do not shave groin area, the nurse will do this prior to procedure.

Ladies: You will be asked for the date of your last menstrual period. If there is any possibility that you may be pregnant, a pregnancy test will be done on admission and only if this is negative will the catheter test be carried out.

TRANSPORT
Please make your own arrangements for admission and discharge. You will not be able to drive yourself home or use public transport on the day of the procedure. If you live alone, arrange for a family member or a friend to stay with you overnight; this is for your own safety.

WHAT HAPPENS IN HOSPITAL?
Some people have a cardiac catheterisation during a hospital stay, others will come in overnight or alternatively come in as a day case patient for the procedure to the Angio Day Unit (ADU).

You will be welcomed to the ward/ADU, where your nurse will check your details, ask questions concerning your medical history; and check your blood pressure, pulse and weight. If you are allergic to iodine or have any other allergies, please inform both your nurse and doctor: After changing into a gown an ECG will be performed, blood work drawn and an IV cannula will be inserted into a vein in your arm. You will be then escorted to the Holding Area where a team member will greet you and again check details.

Your Cardiologist will explain the procedure to you, answer any questions you may have, and have you sign your consent form for the procedure. You will be offered medication to help you relax if you wish. In the catheterization laboratory (cath lab) the team who will be present for the procedure will introduce themselves to you and explain what is happening during the procedure.
THE PROCEDURE

• The team member will start the procedure by cleaning the area of your groin/arm with an antiseptic iodine solution and covering it with sterile sheets.

• Throughout the procedure you will be attached to a heart monitor. A local anaesthetic will be injected into the area where the catheter will be introduced. You may experience a tingling sensation for a few seconds.

• When the area of the skin becomes numb, the doctor will insert a catheter into the artery and guide it up to your heart. The doctor uses X-ray to see the catheter and moves it to the opening of the coronary artery. You may experience pressure when the catheter is initially put in, but nothing beyond that.

• If you wish, you will be able to view the catheter being guided through the artery into your heart on the monitors.

• You may feel your heart flutter, speed up or miss a beat; this is quite normal and will only last for a short while.

• When the catheter is in the correct position, a contrast will be slowly injected. You may be asked by the doctor to cough, breathe deeply or hold your breath from time to time. It is important that you carry out these instructions to help in producing good quality images and information.

• You may feel a warm, glowing, flushing sensation when the dye is injected, lasting a few seconds. Some people experience a metallic taste in the mouth or a feeling of wanting to go to the toilet. These sensations are not unusual. During the procedure the lights in the lab may dim from time to time; this is nothing to worry about.

• If you feel sick or itchy, have any chest pain or discomfort, you must tell the staff immediately. A series of X-rays will be taken once the dye has been injected. When the test is completed, the introductory tube is removed from your wrist, a pressure device is applied to stop any bleeding and help with the healing. This will be cared for by nurses on the day ward or in the patient ward.

• The catheter test takes approximately 20 to 30 minutes.
ADVICE ON DISCHARGE

• If the catheter was inserted into your wrist, a plastic bracelet pressure device is applied and remains on for 2 hours in the day unit. You will be advised on how to care for your wrist immediately post procedure and at home for the few days after by the nurses in the cath lab and day unit. Please be advised that you must rest your wrist from heavy lifting or excessive rotation for a minimum of 3 days after the procedure.

• If the catheter was inserted into your groin, the doctor/nurse will remove the tube once the procedure is over. Pressure will then be applied to your groin for at least 15 to 20 minutes to ensure there is no bleeding from the artery.

• You will remain on bed rest for 2-4 hours (depending on size of tube) following the removal of the tube in your groin. This is to prevent any bleeding occurring when you start walking and allow the puncture site to seal fully. You must lie flat for at least one to two hours after removal of the tube; and it is important that you keep your leg straight at all times during the period of bed rest. A closure device may be used and following same the rest period is shorter.

• Bedpans and urinals will be provided as required.

• It is very important that you drink plenty of fluids to ‘flush’ the dye out of your body.

• Light refreshments will be offered following the procedure.

• If you are a renal failure patient you will not be expected to drink more than your fluid allowance.

• Your doctors will inform you of the results of your cardiac catheterisation prior to your discharge. The length of your stay in hospital may be affected by your results. You may wish to bring reading material, newspapers, etc with you for your time of bed rest.
YOUR CARDIAC CATHETERISATION RESULTS

The doctor will discuss with you the results of your cardiac catheterisation. If your cardiac catheterisation (angiogram) shows that there is disease in your arteries your doctor will then discuss treatment options with you. Treatment for heart disease involves using one or a combination of the following:

- Lifestyle changes
- Medication
- Angioplasty or bypass surgery

AFTERCARE OF YOUR CATHETER SITE

- Should the site begin to bleed profusely or you notice a painful large swelling in the wrist/ groin, apply pressure to the site for 10 to 15 minutes. If the bleeding or swelling persists, inform the doctors or nurses (if you are in hospital) or go to your local Accident and Emergency Department (if you are at home).

- It is advisable to rest the leg as much as possible for the first 24 hours and on the evening following your catheterisation, you should avoid climbing stairs as much as possible.

- If the procedure was done through the groin, when you laugh, cough or sneeze over the next 48 hours, you should support your groin (your nurse will demonstrate this).

- You may not drive for 24 hours and will not be permitted to take public transport home on the evening of your catheterisation.

- If you notice a change in sensation or colour of your leg/arm, contact your GP, Cardiologist or Accident and Emergency Department. Your leg may be sore for a few days/weeks and Paracetamol can be taken to alleviate this. It is common to have some bruising, but if the bruising travels up towards your abdomen or round towards your buttock, get your GP to review this.

- It is advisable to take plenty of fluid on the day of your catheterisation, as well as the next day, to flush the dye out of your body. If you notice any signs of allergy (e.g. rash, sore throat or swelling) continue to drink water and contact your GP, Cardiologist or Accident and Emergency Department.

- You may shower on the next evening. Advice will be given regarding dressings pre-discharge.

- If you are worried about any aspect of your recovery, please contact your GP or the Cardiology team at The Galway Clinic on 091 785 000.
WHAT IS ANGIOPLASTY?

Angioplasty is a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries), allowing the blood to flow more easily to the heart. Over 2000 angioplasty procedures are done in Ireland every year.

The preparation and equipment used for an angioplasty procedure is similar to a cardiac catheterisation (angiogram). While the coronary angioplasty is usually planned in advance, in some cases, it may be carried out as an emergency treatment. It may also be carried out at the same time as the cardiac catheterisation test if the person has consented to the procedure beforehand and at the discretion of the cardiologist.

PREPARING FOR YOUR ANGIOPLASTY

Although angioplasty is not surgery, your pre-admission preparation is important. The preparation for angioplasty is similar to the preparation for cardiac catheterisation. The doctor will explain the procedure to you and discuss any risks associated with the procedure.

Your angioplasty will take place in the Cardiac Catheterisation Laboratory and you will be awake throughout the procedure. Medication to help you relax will be offered to you.

The angioplasty may take one to three hours and will require you to stay in hospital for one to two nights. Please ensure that you have made the appropriate travel arrangements for your discharge home prior to your admission.
THE PROCEDURE

Similar to the cardiac catheterisation, the doctor will numb the skin around the artery in your groin or wrist with local anaesthetic.

Next, a sheath (a thin plastic tube) is inserted into the artery. A long, fine, hollow tube called a catheter is passed through the sheath and guided up the blood vessel to the arteries in your heart.

Once the doctor positions the catheter into the narrowed artery, a wire is passed into the artery across the narrowing. Over this wire is passed the balloon (and stent) which is then inflated to open the artery. This widens the artery by compressing the fatty matter into the artery wall, thus increasing blood flow to the heart. You may feel some chest discomfort while the balloon is inflated, but once the balloon is deflated and removed this pain should disappear. Please inform your doctor or nurse about this pain so that the balloon can be deflated and pain medication administered.

For most people, coronary balloon angioplasty increases blood flow to the heart, diminishes chest pain and reduces the risk of heart attack. However, for some people it may not be possible to open the artery or it may become blocked again. This can be treated with balloon angioplasty and stents again or perhaps bypass surgery. However, the risk of this artery becoming blocked again is reduced if a stent is also implanted during the angioplasty.

HOW AN ANGIOPLASTY BALLOON WORKS

- Plaque located on coronary artery
- Catheter inserted into artery
- Angioplasty balloon expanded
- Compressed plaque and widened artery
WHAT IS A CORONARY STENT?
A coronary stent is a small stainless steel mesh tube that acts as a scaffold keeping your artery open.

- It is introduced into your artery by a balloon catheter and positioned at the site of the narrowing in the artery.
- Once in place, the balloon tip is inflated and the stent expands to the size of the artery and holds it open.
- The balloon is then deflated and removed and the stent stays in place permanently.
- One or more stents may be used in the vessel to span the length of the narrowing.
- The stent will help hold the artery open and will improve blood flow to the heart, relieving symptoms of coronary heart disease.

CARE AFTER ANGIOPLASTY/STENT INSERTION
After angioplasty and/or stent insertion you will return to the Cardiology Unit. The nurse will monitor your heart rhythm and blood pressure; and will check your puncture site for bleeding. As the numbing sensation wears off from the wrist/groin site you may feel some pain or discomfort. This is normal and can be resolved if you ask your nurse for pain relief medication.

If access was via the groin, a closure device may be used to seal the hole in the artery. A period of bedrest will have to be maintained following same. Your Cardiologist may use the radial artery and a pressure device will be applied following the removal of the tube to seal the hole in the artery.

REMEMBER
If you feel sudden pain at the groin site/wrist, or suspect that it is bleeding, it is very important that you inform the nursing staff immediately!

WHEN CAN I EAT AND DRINK?
When you return to the ward you may eat and drink. It is important to drink fluids to clear the contrast through your kidneys and out of your body. You may feel the need to urinate more frequently; this is normal.
ADVICE ON DISCHARGE

MEDICATIONS
If a stent was inserted during the angioplasty procedure, you will need to take anti-platelet drugs. These drugs thin the blood, reducing the risk of clots forming around the new stent and allowing the stent to be incorporated into the artery wall. Examples of these drugs include aspirin and clopidogrel (e.g. Plavix).

Your doctor will give you a prescription for your tablets before you are discharged and will explain to you any new medications that you may be required to take.

It is important that you follow your medication regimen exactly. Do not stop taking any of the prescribed medications unless you are instructed to do so by your doctor. If you experience any side effects from the medications, such as headaches, nausea, vomiting or rash, NOTIFY YOUR DOCTOR IMMEDIATELY.

CHEST PAIN
If you experience chest symptoms similar to what you experienced prior to your angioplasty stop what you are doing and sit down. If the symptoms are still there after two minutes and you have the nitrolingual spray, place one to two puffs under your tongue. Continue to rest and relax. If the symptoms become more severe or do not ease after 15 minutes, then you or a family member should call 999 or 112.

FOLLOW-UP
Your doctor will see you before you go home and discuss the results of your angioplasty/stent with you. You will receive a follow-up appointment with the cardiologist about six weeks after you go home.

RETURNING TO NORMAL
The advice you receive on discharge depends on how successful the procedure was and whether or not you have blockages in any other coronary arteries.

Your cardiologist may also advise you as to what extent you can resume normal activity and return to work. Most activities can be resumed gradually within two weeks.

It is advisable to avoid any heavy lifting or vigorous activity for several days to allow for the wound to heal properly. If you have had a heart attack just prior to your angioplasty, the advice will be a little different and your nurse will discuss this with you before your discharge.

Your cardiologist may also advise you about attending a cardiac rehabilitation programme to improve the health of your heart.

For the first few days after you get home, it is important to check your puncture site. If pain, redness or tenderness develops, contact your GP immediately as this may indicate infection or bleeding. It is also important, if you feel that you’re about to cough or sneeze, to put gentle pressure on the wound site, to keep the wound from reopening.

DRIVING
You should not drive for the first week after having angioplasty. However, if you hold a truck or bus driving licence, this period may be longer and you will need to ask your Cardiologist prior to resuming driving.

LOOKING TO THE FUTURE
While the procedures performed during your coronary angioplasty will open a blocked/narrowed artery, they will not cure coronary artery disease. Lifestyle modifications will need to be made to reduce the risk of further cardiac problems occurring.
THE PURPOSE OF AN ELECTROPHYSIOLOGY STUDY

Your doctor has recommended that you have an electrophysiology (EP) study because you may have a cardiac arrhythmia. The purpose of the test is to cause your heart to produce the arrhythmia in the controlled environment of the Electrophysiology Lab so that your cardiologist can locate and diagnose the cause of your arrhythmia.

Once the test has been completed and a diagnosis has been made, your doctor may recommend specific treatment options: medication, surgery, an implantable cardioverter defibrillator (ICD), a pacemaker or catheter ablation.

PRE-TESTING INSTRUCTIONS:

Do not eat or drink after midnight the day of the procedure and until the procedure is completed.

Take all medications as prescribed with a small sip of water unless directed otherwise by your doctor. Be sure to tell your doctor if:

- You have an allergy to seafood, x-ray dye or iodine
- You know or suspect that you are pregnant
- You are taking blood thinners
- You have a history of bleeding problems
- You are diabetic

Prior to your procedure, your doctor will order blood tests, x-rays and an electrocardiogram (ECG).
THE ELECTROPHYSIOLOGY PROCEDURE

You will be awake during the entire EP study. You will wear a hospital gown, and you may wear your glasses, hearing aid and dentures. This is a sterile procedure. To limit the chance of infection and to maintain a sterile field, you will be covered with sterile cloths from neck to feet, to limit movement and to ensure your hands do not enter the sterile field.

Sedative to help you relax will be given during the procedure via a small tube in your arm, this intravenous tube (IV), will be started prior to your procedure. Your blood pressure and electrocardiogram (ECG) will be monitored throughout the procedure.

The procedure begins by administration of an anaesthetic in the groin area, perhaps both groins. You may feel a slight ‘stinging’ sensation during the injection. During the procedure, the doctor will insert plastic tubes, called sheaths, into a vein and sometimes the artery in the groin. Then, thin flexible tubes (catheters) are carefully guided into your heart. The doctor will follow the progress of the catheter through the veins while watching the procedure on an x-ray. Since blood vessels do not have nerves, you should experience no pain while the catheter is threaded into your heart.

Once the catheters are in place, the doctor will use them to artificially stimulate or start your arrhythmia. You may be kept in this state for a length of time. The doctor may also start and stop the arrhythmia by using drugs to control it. Because the doctor will start your arrhythmia, you will experience the same feelings you do when the arrhythmia occurs naturally. Your doctor can stop the arrhythmia immediately by pacing the heart. If it is necessary to stop the arrhythmia by applying a shock to the heart, you will receive medication to make you comfortable. You will be unable to feel the shock that is administered.

HOW LONG DOES THE EP STUDY TAKE?

The procedure usually takes 1-2 hours. It is unusual to experience any pain during the procedure. Report any pain or discomfort to your doctor immediately.

If catheter ablation is recommended, the procedure will probably be performed if possible while you are in the EP Lab. Catheter ablation uses radiofrequency energy or cryoenergy to cauterize or freeze the tissue that is responsible for causing the abnormal heart rhythm. Following the ablation, these cells will cease to function, thus eliminating the cause for the abnormal heart rhythm. Catheter ablation takes 2-4 hours. If you are having an ablation for Atrial Fibrillation or Atrial Flutter this will require patients to have a full general anaesthetic and at least 2-3 nights stay as part of their admission, this cannot be done on the same day as a diagnostic EP study.
COMPLICATIONS

Complications following catheter ablations are rare, but complications do occur and may include: injury to or bleeding in a blood vessel, blood clots developing inside the heart or blood vessels that hold the catheters, stroke, bleeding in the sack surrounding the heart or implanting of a permanent pacemaker. To reduce the risk of blood clots or stroke, blood-thinning medication may be given during the procedure. The doctors and nursing staff are highly skilled and are prepared to act immediately in the event of any complication.

WHAT TO EXPECT FOLLOWING THE EP STUDY

After the EP study, the catheters will be removed from your groin and you will be transferred to the ward, CCU or ICU (depending on the procedure performed), where you will be closely monitored by the nursing staff. There will be no stitches. A sterile dressing will be placed on the wound. This can be removed the next day. It is important to keep your leg as still as possible to help the catheter insertion site heal. Your doctor will decide when you will be able to eat and drink after the test. You will remain in bed for 4-6 hours, with the head of the bed either flat or slightly raised to allow the insertion site to heal.

Your blood pressure, heart rate, breathing and catheter insertion site will be closely monitored by your nurse. The IV will remain in place for 2-3 hours. It is not uncommon to have swelling, bruising and a small lump at the catheter insertion site. The nurse will help you use the bedpan or urinal if you need it. Please tell your nurse if you experience any pain or discomfort including warmth, wetness, and numbness or tingling.

If you have had a catheter ablation, you will spend the night in the hospital so that your heart rhythm can be monitored. Your doctor will determine what medications you will receive and when you will be able to drink liquids and eat solid food.
HOMEGOING INSTRUCTIONS

- Avoid heavy activity for 7 days, including pushing or pulling heavy objects or lifting more than 10 pounds.
- Stop exercising before you become tired or short of breath. If you experience chest pain during exercise, stop immediately.
- Call your doctor and follow all instructions given. If you cannot reach your doctor and are still in pain, call 999/112.
- Keep all follow-up appointments with your doctor.
- You may return to your normal sexual activity after your groin heals.
- Don’t smoke.
- Plan a diet that is healthy, tastes good and is low in fat and cholesterol. Too much weight is hard on your heart and blood vessels. If you need to lose weight, ask your doctor for help.
- Avoid rubbing the lump where the catheter was inserted.
- When you can return to work depends on the kind of work you do. Your doctor will discuss with you when you can return to work and when you can start driving again.

CALL YOUR DOCTOR IF:

- If you have severe difficulty in breathing.
- If you have any signs of a stroke, loss of power, loss of speech, blurred vision.
- If you have any signs of a DVT; for example, redness/swelling in your leg which is tender behind the knee or along the inner thigh.
- Your arm or leg becomes numb or painful, or if there is redness or a yellow discharge.
- You have pain or numbness below the catheter insertion site (leg, toes, arm, and fingers).
- The catheter insertion site swells or bleeds. If this happens, lie down immediately on a firm surface and have someone apply pressure to the catheter insertion site for 10 minutes by pressing the heels of both hands over the lump and pushing down. If the swelling and/or bleeding does not stop, call your doctor or go to the emergency room while continuing to hold pressure on the site.

MEDICATIONS

You may be placed on medications following your EP study to prevent blood clots from forming. Report all side effects from medications to your doctor. Do not stop taking any medicine unless directed by your doctor.
DIRECTIONS

FROM DUBLIN
From Dublin, take the N4 and then the M6 motorway west to Galway.

FROM SLIGO
From Sligo/Donegal, take the N17 south to Galway.

FROM LIMERICK
From Limerick, take the N18 and M18 north to Galway.

FROM CORK
From Cork, take the N20 north and follow the signs for Galway. This route passes through Blarney, Mallow, Buttevant, Charleville and Limerick. At Limerick, take the N18 and M18 north which will bring you into County Galway and then follow signs for Galway.

GPS COORDINATES: 53.281981, -8.973454
WHAT MATTERS IS YOU