Surgery Options for Atrial Fibrillation

by ANGELA FINLAY

Good Preparation Lowers Risks of Atrial Fibrillation Surgery

Arterial Fibrillation (AFib) can be a serious condition, and though it's often possible to control the symptoms with medication and lifestyle, it can be difficult to eradicate without more invasive techniques. The good news is that the leading surgical procedures for AFib are less risky and more efficient than ever, but how you prepare for your surgery can make a difference in the degree of success and your rate of recovery.

Catheter Ablation vs Maze Procedure

Catheter ablation is usually the first surgical procedure that's considered for patients with paroxysmal AFib (symptoms that come and go) who do not respond to antiarrhythmic drugs. Often, a local anaesthetic will be given to numb the site of the incision and medication will be given to relax the patient while the catheter is threaded to the heart; in some cases, general anaesthesia will be used.

The maze procedure is typically recommended for patients with more persistent or symptomatic AFib, and those who have a history of blood clots. While this can be an open-chest surgery, many patients meet the criteria for a minimally invasive "keyhole" maze surgery.

The extent of your preparations will likely depend on which type of surgery you will undergo, taking into consideration things like:

- Whether or not general anaesthesia will be used
- Whether or not your heart will be temporarily stopped during the procedure
- Whether or not your surgery is an emergency

Your surgeon will note the types of medications you use, your general fitness level, and any past complications with surgery when formulating guidelines to help you prepare for your AFib procedure.

Specific Preparations for Atrial Fibrillation Surgery

Every case is different, but most AFib patients will undergo similar tests and receive the same general instructions in the weeks and days leading up to their surgery. The idea is to eliminate anything that may sabotage the procedure and your body's ability to heal afterwards, so you will be asked to:

- **Stop taking anti-coagulant medications**. If you take anti-coagulants (blood thinners), you'll probably need to stop taking them at least a week before your surgery. And while blood thinning medication can reduce chances of stroke during recovery, it can also lead to hemorrhage, so you may have to stay off these medications after your procedure, too.
- **Have blood work.** You may need some routine bloodwork in order to make sure you don't have any infections, which could complicate the surgery.

- **Have chest x-rays and electrocardiogram.** Your doctor will need to measure your heart function with an EKG before undertaking the procedure, and may order a chest x-ray to get a better picture of your general heart health.
- **Fast the night before your surgery.** Anesthesia can make some people nauseous, so it’s important that your stomach is empty before you are medicated. Liquids count, too – avoid coffee, water and juice along with any snacks after your last meal of the day.

It’s important to follow all instructions carefully in order to reduce the risk of complications, and report any new or strange symptoms to your doctor in the days leading up to your operation. It’s a good idea to discuss what to expect during recovery, too: ask questions about how much you should rest, what medications you should be taking, and what to do if you experience any worrying symptoms. Review helpful breathing exercises, as well as proper ways to perform daily activities, so you can recover faster, and more completely, after your atrial fibrillation surgery.