

# Patient information

## Diagnostic electro physiological investigation (EPI) and/or percutaneous ablation

Dear sir,  
Dear Madam,

At the request of your treating physician an appointment was made for you for a diagnostic electrophysiological investigation (EPI) and percutaneous ablation.

In annex you will find:  
(1) an information document (white)  
(2) a consent form colored)

**We kindly request to read the added information document attentively and to sign the consent form and hand it over to the nurse who will come for it.** You can still ask additional questions at that time.

For organizational and legal reasons it is important that this happens before the planned procedure.

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9300 Aalst  
T. 053 72 41 11  
F. 053 72 45 86

With the highest esteem,

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1730 Asse  
T. 02 300 61 11  
F. 02 300 63 00

Cardiologic Team  
OLV-Hospital  
Aalst

**Campus Ninove**  
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# Diagnostical electrophysiological investigation (EPI) and/or percutaneous ablation

## Introduction

Using this document the cardiologic team of the OLV Hospital wants to provide more information to you about diagnostic electrophysiological investigation (EPI) and percutaneous ablation. It is our intent to describe the investigation as briefly and clearly as possible. Presumably you will still have additional questions after reading this document. Do not hesitate to discuss these with one of your treating physicians or nurses.

**In case of pregnancy or possible pregnancy this investigation or treatment cannot go in in no case !!**

## General

A diagnostic electrophysiological investigation (EPI is an investigation where the electronic functioning of the heart is studied, to thus be able to map out eventual deviation. The investigation is used to study existing rhythm disruptions, and/or to be able to estimate future rhythm disruptions.

A percutaneous ablation is the treatment of rhythm disruptions by means of locally induced energy at the height of the tip of the catheter, after this has been placed precisely at the height of deviating heart muscle tissue. This energy (ex. RF energy, cryo energy) is intended to influence the impulse conduction in the heart and thus treat the rhythm disruptions. An ablation can eventually happen right after an EPI.

## Preparation for the investigation

A diagnostic electrophysiological investigation (EPI) and/or a percutaneous ablation usually requires a short admission but can also happen via the day clinic. Before the actual investigation or the treatment takes place, in most cases some preparatory investigations have to happen: blood investigation, radiography of the lungs and an electrocardiogram. The investigations are performed the day before the heart catheterization.

A nurse will shave off the body hair on the place through which the investigation will take place (groin crease or wrist).

Before you leave for the catheterization room you will receive 2 pills. The one is a light tranquilizer and the other a substance to suppress eventual allergy to the contrast substance. Both drugs can be taken with water.

There will be an infuse placed in the arm. This serves to administer medication during treatment.

Also one will ask to put on a hospital gown. Before you leave for the investigation room, it is advisable to urinate again. You can keep your glasses on.

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**OLV Hospital****HEART CENTER****The diagnostic electrophysiological investigation**

At arrival in the catheterization room you can lie down on the investigation table. Afterwards multiple electrodes will be stuck to your body. You will see a variety of devices. Do not be alarmed by this, it all seems more imposing than it is.

Now the nurse will prepare you for the investigation. The groin area will be disinfected extensively. Afterwards you will be covered completely in sterile cloths, only the face will be kept uncovered.

The spot where the catheters will be entered, will be sedated locally. This can be compared with a sting with the dentist. Now the physician will allow the sedation to start working. Afterwards you are not allowed to feel pain anymore. Is this the case, then you need to tell this certainly so eventual extra sedation can be added.

Afterwards the actual investigation starts. First one or multiple tubes (conductors) will be entered via the groin. Through these tubes different wires (catheters) will be shoved towards the heart. The shoving of the catheters can't be felt. Via these catheters the electrical functioning of your heart will next be studied. As a part of this study electrical impulses are also induced from the catheters themselves. This is painless but you can experience your heart beating irregularly or speeding up. Such an experience is completely normal.. At all times the electrical functioning of your heart can be steered and kept under control. The nurse will notify you of this in advance so you don't have to be startled.

The whole investigation (from beginning to end) usually lasts less than an hour. Do not hesitate, if you experience some discomfort, to report this to the physician or nurse.

We like to inform you about the use of cameras in the different rooms of the cathlab. This in the context of patient observation and safety.

**After the investigation**

After the investigation the nurse of the investigating room will remove the tubes from your groin. A pressure bandage will be applied and you need to lay flat in bed for a couple of hours. This is of great importance to prevent afterbleeding, especially when the investigation happened via the groin crease. The nurse will tell you starting from what time you can get back up.

You can drink and eat again one hour after the removal of the tube.

The nurse will regularly check your blood pressure, heart rate, groin, elbow crease or wrist.

Because of the lying flat you can experience back complaints or you can be cold. This is relatively normal. Do not hesitate to report this to the nurse anyway. A painkiller or an extra blanket can offer some extra comfort.

**Can complications occur after an EPI?**

The stringent nursing checks after the electrophysiological investigation are aimed at preventing complications or to recognize them quickly. Still it can happen that problems occur. Most common are nausea (feeling unwell) and bleeding at the spot where the catheter was removed (mainly at the height of the groin). To avoid afterbleeding at the height of the puncture place, it is important to follow the guidelines and not to get up before given permission. A limited afterbleeding is always possible and can go together with a local swelling and blue discoloration (hematoma) at the height of the groin.

This should not disturb you. It can take a number of days before the hematoma is completely gone. You can trust that the nurses and physicians have been especially trained to get everything under control quickly. That's why for your safety it is important to follow their instructions, even if these seem superfluous at first sight.

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**OLV Hospital****HEART CENTER****Discharge**

The cardiologist will first study the results of the investigation thoroughly (mostly together with other colleagues). Afterwards you will receive an explanation about the result and the cardiologist will come to your room to discuss the result together with you. The nurse will tell you when you can expect the physician.

Depending of the result of your investigation, it can be that an additional treatment (an ablation) is proposed. Sometimes this can happen right after (during the same session in the catheterization room) or be planned at a later date, depending of the nature of the findings (for treatment of some rhythm disruptions special preparation is needed).

**The percutaneous ablation**

An ablation has as a goal to destroy nerve tissue that functions abnormally (and is responsible for your rhythm disruption) by causing scar formation locally and aimed. This happens because of energy induced at the tip of the catheter in your heart (ex. Radio-frequent energy (RF energy) or cold energy (cryoablation)). The procedure goes more or less like an electrophysiological investigation, with as an important difference that some ablations take place under general sedation. The decisions regarding this depend of the expected duration of the procedure and will always be taken together with you. The preparations go identically. After the catheters have been put in place, a study happens of your rhythm disruption. After this the nerve or multiple nerve connections that are responsible for your rhythm disruption is localized. In the end these nerves are selectively destroyed by scar formation. If your procedure happens under local sedation, it can happen that u experience pain on the chest during the energy release (at the time the scar is made). This is normal and can be controlled excellently through painkilling, so your procedure goes comfortably. If you feel explicit pain anyway it is important that you report this to the cardiologist or to the nurse immediately.

**After the ablation**

After the procedure the catheters are removed. The nurse will return you to your room in your bed. You need to remain lying flat in your bed. This is of great importance to prevent afterbleeding. The nurse will tell you starting from what time you can get up. You can start drinking again.

The nurse will regularly check your blood pressure, heart rate and groin crease. Because of the lying flat you can experience back complaints or you can be cold. This is quite normal. Do not hesitate to report this to the nurse anyway. A painkiller or an extra blanket can offer some extra comfort.

**Can complications occur after an ablation?**

The stringent nursing checks after the dilatation are aimed at preventing complications or to recognize them quickly. Still it can happen that problems occur. Most common are: nausea (feeling unwell), chest pain and afterbleeding in the groin area which can lead to a more or less important hematoma. To avoid this you need to follow the guidelines of the nurses even if they seem superfluous at first sight.

If you experience chest pains again in the period after the ablation or if you should experience palpitations you need to notify a nurse or a physician immediately. Exceptionally the dilated segment can become cluttered and a second dilatation is necessary.

**Discharge**

Before discharge the cardiologist who executed the procedure will come by your room. The nurse will tell you when you can more or less expect the physician. The day of your discharge from the hospital the head nurse will join you in your room. At that time you can still ask for additional information or discuss practical formalities. A nurse or medical secretary will, after about thirty days, call the patients. The intent is to handle eventual late complications.

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## OLV Hospital

### HEART CENTER

## *Some common questions*

### **Can I book a room in advance?**

If you have a preference for a certain room, you can call the admission service cardiology of the hospital campus Aalst tel. 053/72 44 37 or campus Asse tel. 02/300 63 37 for this.

We will certainly take your choice in account. However, it is the case that hospital rooms can't be kept available in case of urgent or unforeseen admissions.

A full guarantee for the fulfilling of your choice we can thus impossibly give.

We ask for your understanding for this.

### **What can't I forget when I come to the hospital to undergo a catheterization/ablation?**

- Identity card
- Blood group card
- Home medication
- Eventual letter from general practitioner or specialist
- Toiletries

**NO** money or other things of value. The rooms dispose of a vault.

Leave them eventually in the vault. In your interest: **NEVER** leave things of value unguarded.

### **When can I get back to work?**

In principle you can do everything again 24 hrs after a heart catheterization. There are however some points of attention:

- Lifting of heavy objects and cycling: Wait 3 days.
- Taking a bath: Wait 3 days, showering is possible.

A heart catheterization is no treatment. When you were already unfit for work before the investigation, you need to discuss with the doctor whether you can return to work or not. It can happen that the catheterization brings certain problems to light that make it irresponsible to start working again.

Resuming work after a balloon dilatation or ablation will be discussed with your treating cardiologist. In principle 48 hrs after treatment with procedures under local sedation you can do everything. If general sedation was used, you being unfit for work will be discussed individually. Mostly in that case 1 week of unfitness for work is prescribed. The same points of attention are also valid here as mentioned above.

### **Do I have to remain sober for this?**

Until six hours before the procedure you can eat, afterwards you have to remain sober (no eating/no drinking).

### **Can I take my home medication?**

At admission in the hospital a nurse will note your home medication. At that time you will receive clear instructions which medication you can take and which you need to stop. It is absolutely important that you bring your home medication to the hospital.

If you take anticoagulant medication like **Marcoumar®**, **Marevan®** or **Sintrom®** you need to follow the instructions given along precisely.

For some procedures (coronarography, PCI, EPI) you have to stop this four days before admission and notify your general practitioner of this.

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**OLV Hospital**  
**HEART CENTER**

For an ablation it is however possible that you are asked to continue taking medication. It is also possible that this medication temporarily has to be replaced by injection. With treatment of Pradaxa or Xarelto this medication has to be stopped at least 24 hrs before the investigation. For all clarity: Aspirine® and Plavix® is no anticoagulant and DOES NOT need to be stopped.

**Can I drive a car after an EPI?**

Yes, you can drive a car until the physician says otherwise. This is dependent of procedure to procedure, patient to patient.

**Where can I put certificates for the insurance, mutuality or employer?**

Keep these certificates always with you on the room. If these need to be filled out by the physician, he will do this during the discharge conversation. Certificates that need to be filled in by the hospital institution, you can always have these filled out at the reception counter while leaving the hospital. If there are still unclarities about this, you can always ask the head nurse of the ward on duty.

**Which formalities do I need to fulfill before leaving the hospital?**

Before you leave the hospital, you need to check in at the nursing station on the ward. No financial settlement needs to happen, the hospital bill will be sent later on.

**Some useful telephone numbers**

	Campus Aalst	Campus Asse
General reception of the OLV Hospital	053 72 42 11	02 300 61 11
Reception secretariat cardiology	053 72 44 33	02 300 63 37
Secretariat coronarography	053 72 44 37	
Nursing ward coronarography X4N	053 72 42 43	02 300 62 84
X2Z	053 72 43 50	
X2N	053 72 48 20	
Nursing ward VE05		02 300 6090

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With this information we hope to have been of service. If you should wish for more information, we are gladly available.

***May we ask you to sign the added form and bring it along at your admission in the hospital.***



## OLV Hospital

### HEART CENTER

## Informed Consent

By signing this document, I declare myself in agreement with the point below. This agreement is valid for all investigations and interventional treatments that could take place in the service cardiology of the OLV Hospital, Aalst.

1. Signer has received sufficient information regarding the advantages and disadvantages of the procedures that are planned with me.

***Me, signer, hereby give my consent for the performing of the investigation, as requested by my treating physician.***

***0 Yes***

***0 No***

2. To obtain a refund with balloon dilatation and/or stent implantation, or use of material for ablation, the patient has to give consent to have his medical data processed by the Belgian work group for Invasive Cardiology and the Technical Council for Implants or the Belgian work group for heart rhythm disruptions.

***Me, signer, give hereby my consent for the treating of the data of my record by the RIZIV so the executed treatment can apply for refunding.***

***0 Yes***

***0 No***

3. It is possible that we want to collect some extra milliliters blood or heart muscle tissue for DNA investigation into the genetic cause of heart diseases, namely heart failure, the originating of narrowings on the coronary arteries, during your next blood collection. The DNA is the hereditary material that is transferred from parent to child.

***Me, signer, hereby give my consent for participation with a DNA investigation and agree that my data will be processed anonymized. Also I give my consent to the investigators to give the controlling instances insight into my medical record.***

***0 Yes***

***0 No***

4. Before, during and after a heart catheterization, a percutaneous coronary intervention or ablation often additional information has to be gained regarding the electrical and mechanical functioning of your heart, the blood flow of it and/or the condition of the wall of your coronary arteries. This information is important to choose the different treatment options as optimally as possible and is also used to evaluate the quality of the respective procedures. You can be asked to fill out questionnaires (before and after the treatment) with which we can evaluate your general health condition. Your cardiologist requests you to participate with a registration of these data. These, together with clinical elements, will be stored in a database and possibly be analyzed in the context of scientific research and guarantee of quality.

***Me, signer, give hereby my consent for the storing of my clinical and physiological data (including imaging) and the anonymized use of these data in the context of scientific research.***

***0 Yes***

***0 No***

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Name of the Patient: .....Date of birth:.....

Signature: .....Date :.....