NHS
University Hospitals Sussex
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Ablation for Supra Ventricular Tachycardia (SVT)

Cardiac

Patient information

What is a supraventricular tachycardia?

Supraventricular tachycardia (SVT) is an umbrella term for several types of arrhythmias (also called heart rhythm problem) caused in the atria (upper heart chamber). SVT occurs in the upper chambers of the heart (atria). Supraventricular Tachycardia is a condition name composed of two words:

- Supraventricular that means above the ventricles (heart lower chambers).
- Tachycardia that means a heart rate greater than 100 bpm (beat per minutes). This causes your heart to beat faster than normal, which may:
  - result in palpitations (high heart rates) or fluttering in the chest.

You may also have heard from your doctors and nurses the terms such as: Atrial Tachy, AVNRT, AVRT or accessory pathway (e.g. WPW).

Due to your fast heart rates, it is often not possible to understand which arrhythmia it is until an electrophysiology (EP) study is made. This test checks the electrical activity of your heart. It helps find out why your heart beats too fast or why has an irregular rhythm. So please do not be concerned if you have not had an exact name for your rhythm.

Why does supraventricular tachycardia happen?

It happens because there is an extra electrical connection within the upper heart chambers (atria). This allows normal electrical system to run faster and out of control. Episodes of SVT can last minutes to hours and are often unpredictable.

Is a supraventricular tachycardia rhythm dangerous for me?

In most cases this abnormal heart rhythm is not dangerous. (If your SVT is thought to be dangerous your cardiologist will advise you of this).

You may feel:

- Unwell.
- Breathless.
- Tired.
- Lightheaded.
- Sweaty.
- Chest pain, occasionally.

What will happen during my catheter ablation for supraventricular tachycardia (SVT) procedure?

An ablation for SVT is offered if medicine has failed to control the heart rate OR side effects from medications become unpleasant. Supraventricular tachycardia is very effective treatment with low-risk rate.

The procedure is more likely to be successfully if the palpitations (high heart beats) have been recorded on an ECG before to the procedure. You will be asked by your doctor to stop any heart medications (more precisely anti-arrhythmic medication) 5 five days before the procedure.

The procedure takes around 1 to 3 hours.

This is a day case procedure and takes place in a room similar to an operating theatre, called a cath lab.

It involves:

- Passing a fine tube, called catheter, into the heart via the vein at the top of the leg, through a small puncture in the skin.
- Having a local anaesthetic in the groin to make you feel comfortable.
- Bringing on your arrhythmia during the procedure to understand its origin using catheter with electrodes on the tip.

To bring up the arrhythmia different approach can be used:

- Inserting the catheter with electrodes on the tip, to stimulate the abnormal heart rhythm.
- Stimulating your heart to go faster using a pacing catheter.
- Using a drug which works like the adrenaline in order to get your heart racing.

It is important to tell the team what you feels like during your arrhythmia, as it helps identify the rhythm you have been feeling.

This is performed using x-ray guidance.

The chance of successfully curing the SVT with catheter ablation is around 95%. You will be given a follow up appointment around three months after the procedure. This is usually a telephone call.

What will I do when go home?

You may go home the day of the procedure, or the following morning, depending on the time of your procedure and your recovery. Once you are home you may feel tired after the procedure and should rest if needed.

Please be aware

Avoid lifting heavy objects for 7 days.

Avoid intense exercise for 5 days, gradually returning to your normal level of exercise.

Try not to drive for 5 day (the DVLA recommends 2 days)

You should not fly for 7 days.

Most people can resume normal activities within 2 weeks, but this can vary, for some it will take longer. You may be able to return to work within a week of the procedure or you may need a few weeks to recover, depending on how you are feeling and the type of job you do.

The chance of the palpitations returning is low. If this happens it can be due:

- The initial treatment was not completely effective.
- The area of the heart that was ablated (burned away) is still healing.

The procedure can usually be repeated if the palpitations return.

Common complications (not dangerous)

Pain

- Chest pain can happen during and after the procedure due to inflammation around the heart.
- Groin pain can occur happen from the puncture site.

Bleeding

- Some blood loss from the groin straight after the procedure is common. In rare cases another procedure is needed to stop the bleeding.

Groin bruising/swelling

- Bruising can take several weeks to disappear because of the medications you have taken to thin your blood.

Uncommon complications (can be serious)

Stroke (less than 1 in 1000 people)

- This can happen if a small clot or air bubble blocks blood supply to a part of the brain.

Blood around the heart (1 in 100 people)

- If a puncture is made to the heart causing blood to leak out, a drain may be needed to be inserted to remove the blood leakage.

Permanent pacemaker (1 in 100 people)

- If the normal electrical system is damaged by the ablation.

Seek medical help via the hospital if you have:

- Increased swelling or increase pain from the groin where the catheter was put in.
- Increased breathlessness.
- Severe chest pain.

Useful contacts and websites

Arrhythmia nurses

01273 067041

uhsussex.arrhythmia.nurses@nhs.net

Arrhythmia Alliance

http://www.arrhythmiaalliance.org.uk/

British Heart Foundation

https://www.bhf.org.uk/

British Cardiac Patient Association

https://bcpa.eu/default.htm

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