

# General anaesthesia for Pulse Field Ablation (PFA) for atrial fibrillation

Patient information leaflet for OneWelbeck Heart Health London

By Dr John Cousins, Consultant Anaesthetist

This leaflet explains what to expect from the anaesthetic for your pulse field ablation (PFA) for atrial fibrillation, and how you can help get ready. Please also follow any individual instructions from your cardiology and anaesthetic teams.

## Before your procedure (on the ward)

- **IV cannula (“drip”):** A small plastic tube will be placed into a vein, usually in the back of your hand or at the crease of your elbow, while you are in your room on the ward. This lets us give you fluids and anaesthetic medicines safely.

## Meeting your anaesthetist

Dr Cousins will see you before the procedure. He will talk you through the plan for your anaesthetic, explain what will happen next, and answer any questions you may have.

## Just before you go to the procedure suite

- **Please use the bathroom if you need to:** Before you leave the ward for the cardiac laboratory, it helps to pass urine if you need to. This can make you more comfortable when you wake up after the ablation.

## In the cardiac laboratory

- When you arrive, the team will attach monitoring pads and cables (for example ECG leads, a blood pressure cuff and an oxygen monitor). They will explain what they are doing as they go.
- You will lie on the procedure table on top of a warm air blanket to help keep you comfortable and warm.

## Going off to sleep (general anaesthetic)

- **Throat-numbing spray:** Just before you go off to sleep, Dr Cousins will use a local anaesthetic throat spray to numb your throat. It often tastes like banana or cherry. This helps keep your throat more comfortable after using the echo probe and the laryngeal mask airway used during the procedure when you are asleep.



- **Oxygen:** You will breathe oxygen through a mask. Some people notice it has a strong smell (a bit like paint). This is normal.
- **Anaesthetic medicines:** Dr Cousins will give the general anaesthetic medicines through your cannula (drip). You will go off to sleep quickly and stay asleep throughout. Some people feel cold or a dull ache as these drugs go up the arm which is gone when you wake up if you have this sensation

## After the procedure: waking up

You will usually wake up back in your room on the ward. It is normal to:

- Wake up slowly and you may feel a bit drowsy at first
- Be offered water to sip
- Have the nurses check the right groin area for any bruising
- Have an ECG (heart tracing) done by the nurses
- Notice throat numbness again as the medicines wear off, and possibly mild throat discomfort
- It is important to pass urine normally before you leave the ward to go home, the nursing team will check with you that this has happened

## Caring for the access site (right groin/hip area)

For the ablation, the cardiologist will access a large vein in the hip/groin area of your right leg. Because blood thinners are used, the nurse may need to put firm pressure on this area (press down) afterwards to prevent bruising or a small leak of blood. This is normal—your blood can take a little time to form a strong clot. You may notice this being carried out as you wake up back in your room. This is normal.

## In the week after your PFA

Over the next week or so, some people can notice a central, dull ache up the middle of the chest that can feel like indigestion or reflux. This can happen because the nerves around the swallowing pipe (the oesophagus) can be a little irritated by the pulse field energy used during the ablation procedure. This is usually normal and does not mean anything is wrong.

If you are worried, you can contact the cardiac nurse team or the cardiologist's office for reassurance. You may already be taking, or be prescribed, an anti-acid medicine such as lansoprazole—this is thought to help the discomfort settle (if it occurs).

## Simple pain relief

Simple painkillers are usually enough. Please only take pain medicines that you are allowed to take and follow the instructions on the packet (or your discharge advice). Options may include:



- **Paracetamol**
- **Ibuprofen** (one or two doses) **only if it is permitted for you**
- **Low-dose codeine** in an over-the-counter combination such as **co-codamol 8 mg/500 mg: 1–2 tablets up to 4 times in 24 hours**

**Important:** Many cold/flu remedies also contain paracetamol—do not take more than one paracetamol-containing product at the same time. If you are unsure what is safe for you (for example if you have stomach ulcers, kidney problems, asthma, or are taking blood thinners), please ask your pharmacist, nurse or doctor for reassurance.

## When to seek urgent help

Please seek urgent medical help (call your local emergency number and let the team know) if you develop:

- Bleeding from the groin/hip puncture site that will not stop, or a rapidly growing swelling in the groin area – contact the cardiology CNS and team asap
- Chest pain, new shortness of breath, collapse or fainting (after any operation)
- High fever or shaking chills – signs of an infection
- Severe or worsening pain when swallowing, or difficulty swallowing - & contact the cardiology CNS and team asap

If you have questions that are not urgent, please contact your cardiac nurse team (cardiac Clinical Nurse Specialist CNS) or the cardiologist's office using the contact details you have been given.

For more information about Dr Cousins and his services please visit [www.drjmc.com](http://www.drjmc.com)

**We look forward to caring for you and making your procedure as smooth and comfortable as possible.**