ALCOHOL SEPTAL ABLATION

WHY IS AN ALCOHOL SEPTAL ABLATION DONE?

Alcohol septal ablation is a treatment for one type of hypertrophic obstructive cardiomyopathy (HCM). HCM causes an abnormal muscle growth that obstructs the blood flowing out of the heart. This condition is often genetic.

COMMON SYMPTOMS OF HCM ARE:

- Difficulty breathing
- Feeling tired
- Chest pain and/or pressure
- Light-headedness and/or fainting

The treatment for HCM includes medications, pacemakers and surgery. Recently, a new treatment called alcohol septal ablation has been used. This procedure has had similar results to surgery.

WHAT IS AN ALCOHOL SEPTAL ABLATION?

- Pure alcohol is injected into the artery that supplies blood to the thickened area of the heart.
- This immediately causes a controlled heart attack in the area of thickness.
- A scar replaces the thick muscle with thin tissue. The decrease in muscle size allows more blood to flow out of the heart.

Your doctor will explain the risks of the procedure to you. The overall risks are similar to surgery. Risk of death is 1-4%. **The major risk involves the potential need for a permanent pacemaker (10%).** The long term effects of the procedure are not well-known since the procedure has been available only since 1997.

YOUR HOSPITAL STAY

- You will be admitted to the hospital on the day of your procedure.
- Do not eat solid food after midnight on the day before the procedure.
- You may have clear liquids until 2 hours before your arrival time.
- You will have an intravenous (IV) inserted to give you fluids and/or medications.
- A small area on both groins will be shaved.
- You will be given medications to help you relax.

DURING THE PROCEDURE

- Your procedure will be done in the Cardiac Catheterization Lab.
- You will be given a sedative to make you comfortable but you will be awake. Your doctors are then able to monitor your heart with an echocardiogram (sound wave study) during parts of the procedure.
- Wires will be attached to your chest by sticky patches to monitor your heart rhythm during the procedure.
- Tubes will then be inserted into the artery in your groin and vein in your neck.
- A dye test of the heart will be done to look at the blood flow of the heart if you have not had a cardiac catheterization recently.

- The doctor will advance the catheter with the balloon along the artery until the area where the alcohol is going to be injected is reached. The balloon is inflated and the alcohol is injected. It is left in place for 5 minutes. The balloon is then deflated. This may cause chest pain.
- Another dye test is done to check the artery where the alcohol was injected.
- The heart's electrical system controls your heart beat. The heart beat travels through the area of the heart that is going to be injected with alcohol. When alcohol injures the heart muscle, it may cause your heart to beat slowly. To prevent this, a temporary pacemaker wire is inserted into your heart through the vein in your neck or leg. If you do not require the pacemaker, it will be removed in about 24 hours. If you do have problems the pacemaker may be left in longer. In about 10% of cases, a permanent pacemaker is needed. This is usually determined prior to your discharge from the hospital and may delay your discharge by several days.

AFTER YOUR PROCEDURE

- You will be taken by stretcher to the Coronary Care Unit (CCU).
- You may continue to have some chest pain from the controlled heart attack for several hours after the procedure. Pain medications will be administered as needed to control this pain.
- The tubes will still be in your groin and possibly your neck. The arterial tube will be removed when the doctor says it is okay. The venous tube will be removed when the temporary pacemaker is removed.
- You will be asked to keep your leg straight. You will be on bedrest for several hours after the arterial tube is removed. If you only have a venous tube, you may have the head of the bed elevated.
- Your nurse will tell you when you are able to be out of bed.
- Most patients are in the hospital for 3-5 days. Most patients start to feel better shortly after the procedure and continue to improve over the next weeks and months.

WILL MY MEDICATIONS CHANGE?

This will be assessed and adjusted depending on your body's response to the procedure. You may not get completely better immediately. IT can take 2-3 months to see the maximum benefit.

WHEN CAN I DRIVE MY CAR?

1 week

WHEN CAN I RETURN TO WORK?

As early as 1 week but your doctor may have you wait 4-6 weeks before resuming strenuous activity.

CALL YOUR FAMILY DOCTOR IF YOU HAVE:

- Any bleeding
- Dizziness
- Pounding heart
- Chest pain

GO TO THE NEAREST EMERGENCY ROOM IF YOU HAVE:

Any bleeding

Severe dizziness, pounding heart or chest pain