

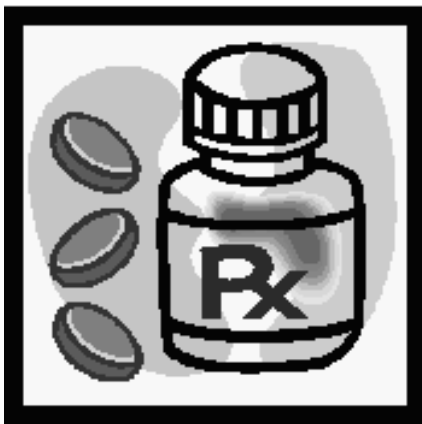


RATE CONTROL ATRIAL FIBRILLATION AND AVJ ABLATION / PACEMAKER

ATRIAL FIBRILLATION: RATE CONTROL --CONTROLLING YOUR HEART RATE:

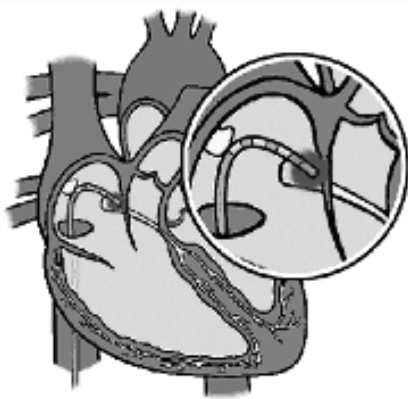
In some patients, atrial fibrillation itself is not bothersome except when the heart rate is fast. Your doctor may treat your atrial fibrillation by controlling the heart rate while you remain in AF. This can be done with either medical therapy or AVJ ablation/device implantation.

MEDICAL THERAPY



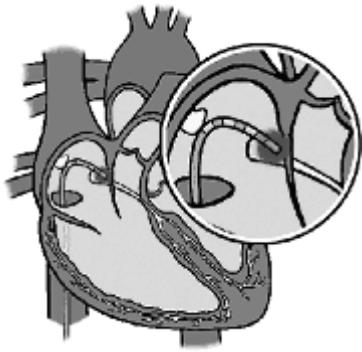
Medicines such as beta-blockers (e.g., metoprolol, atenolol, propranolol), calcium channel blockers (diltiazem or verapamil) or digoxin slow down the time it takes for the electrical impulses to travel through the heart (slowing down the AV node). This makes the heart rate stay at a slower rate. The choice of medication may be affected by your other medical conditions.

AVJ ABLATION/ DEVICE IMPLANTATION



When your heart rate cannot be controlled with medications the doctor may recommend that you have an AVJ ablation/device implantation. In this procedure, a catheter is placed over the AV node (the electrical connection between the top and bottom chambers of the heart) and the tissue is ablated or burned (ablation). This will prevent the irregular impulses from traveling down to the ventricles. However, you will need a pacemaker so that your heart rate can be maintained at a normal rate (AVJ ablation/Pacemaker).

RATE CONTROL — AVJ ABLATION

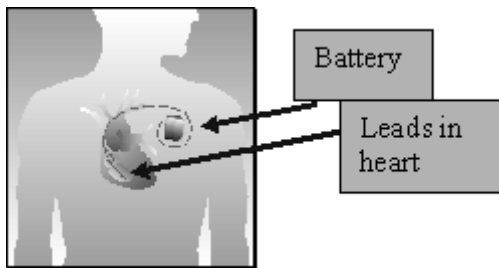


Your groin (upper thigh) is prepped and numbed. This may sting at first, but will quickly pass. Special soft, flexible catheters will be inserted through this numbed area. You may feel pressure but you should not feel any pain. Using special x-ray (fluoroscopy) to monitor the catheter's progress, the doctor places the catheter over the AV node (electrical connection between the top and bottom chambers of the heart).

Radio-frequency energy (electrical current) is passed through the catheter to heat the tissue at the tip of the catheter (ablation). You may feel stinging or discomfort during some of these "burns", usually less than a minute, but you should tell the doctor or nurse if you feel pain.

This ablation creates a break in the electrical circuit of the heart and a barrier to stop the irregular impulses from getting to the ventricle.

PACEMAKER IMPLANT



Now that the upper and lower chambers of the heart can no longer communicate, your bottom chamber will need help to beat at a regular heart rate. A pacemaker is a small silver dollar sized device that sends out an electrical impulse down through a special wire resting against the heart tissues. This causes the heart muscle to contract and beat in much the same way your own body's electrical system worked.

The doctor will make a small incision (about 2-3 inches long) in the skin just beneath the collarbone to make a pocket for the pacemaker. A thin flexible coated wire or "lead" will be passed down through a large vein that leads into the heart until it reaches the chamber of the heart that is to be paced.

Depending on your needs, you may receive one, two or three leads: right atrium (upper chamber), right ventricle (bottom chamber) and sometimes the left ventricle. Next, the leads will be tested to be sure they pace your heart (make it contract or squeeze). Once the leads are connected to the pacemaker, the doctor will slide the pacemaker into the pocket under the skin. The skin incision will heal in a few weeks.

Available from the Atrial Fibrillation Center, www.afibcenter.org. For questions call 434-924-0393.