

Patient information – Discharge after an Ablation

You may consider going home the day of your procedure - “Same day discharge”

Same Day Discharge is a process where the healthcare team work with you to ensure your timely discharge from hospital when you are medically ready to go and agreed goals for your healthcare are met – typically the same day as your procedure.

The Criteria for Discharge – Same day (or not)

After your procedure you will be assessed by an experience nurse. You will be asked questions about your recovery and have your pulse, blood pressure, temperature and ECG checked. The nurse will follow the plan for discharge, agreed with your consultant. You may not need to see a doctor before you leave. If there are any concerns the nurse will contact the Doctor for review before your discharge.

What to expect when you leave hospital

It is common to experience some chest soreness and discomfort for a week after the procedure. It is common to experience A-Fib, heart palpitations, and an increased heart rate after any heart procedure. This does not mean the ablation has failed. If you continue to experience atrial fibrillation and feel unwell, your cardiologist may suggest you have a cardioversion to regulate your heart rhythm. Symptoms generally subsides once the heart heals, usually within 6 weeks. You may be placed on medications for a few months to manage any palpitations.

Caring for your wound

- You may have a small dressing on your puncture site, it can be removed the next day
- Keep the area clean and dry until healed – you can shower but pat to dry
- Normal healing generally takes 1 week. It is normal for the site to become bruised, but this will resolve in time. Bruising may extend downward due to gravity
- If bleeding occurs apply firm direct pressure for 15 minutes or lay flat and have someone else apply pressure if possible. If bleeding does not stop call ‘000’ for an ambulance to take you to hospital. If bleeding stops, make an appointment to your GP as soon as possible.
- It is normal to have a small lump or swelling in the groin, around the size of a pea and this can be tender. If you have any swelling larger than this or increasing in size, worsening redness, oozing, decreased or abnormal sensations, numbness, shooting pain or other abnormal feelings to the affected limb please contact your GP, Lingard Hospital or your Cardiologist
- Signs of Complications: Be vigilant for any unusual symptoms, such as severe chest pain, shortness of breath, heavy bleeding, fever, or persistent nausea. If you experience any of these, seek medical attention immediately.

When can I resume normal activities and return to work

- Resume normal daily activities (walking, showering) on discharge. Do not swim/bath for 1 week
- Minimise heavy lifting (more than 5kg), vigorous exercise and sexual activity for 1-2 days.
- You can resume work about 1-2 days after your procedure, but you may want a bit more time

Medications

Typically, all your medications, including your blood thinners – commonly Apixaban (Eliquis), Rivaroxaban (Xarelto), or Dabigatran (Pradaxa) - will be continued uninterrupted (no changes before, during or after the procedure). It is especially important not to miss your blood thinners in the first 6 weeks after your procedure, unless you are experiencing uncontrolled bleeding

3 months after your procedure – around the time of your follow up appointment – your cardiologist may discuss stopping or reducing some of your medications.

Driving

The National Transport Commission (2022) states you should not drive for 24 hours after general anaesthetic (which is used for many ablations). For commercial driving you should consult your cardiologist.

Follow up

Upon discharge you will receive specific follow-up instructions. The cardiologist who did the procedure will write a letter to your GP (or referring doctor) detailing your hospital stay and treatment. You will have a scheduled follow-up appointment with your healthcare provider.

Message for Doctor reviewing this patient

This patient had an ablation at Lingard Private Hospital. Any neurological, septicaemic, or unexplained constitutional symptoms (e.g. unexplained fever) could reflect a rare complication known as atrio-oesophageal fistula. If present, please contact the On-Call Cardiology Registrar at the John Hunter Hospital immediately via switchboard: 02 49213000. The Registrar should be asked to contact the on-call electrophysiologist for advice.

If the patient presents to your department with an arrhythmia, please give a copy of the ECG to the patient and ask them to contact their cardiologist for follow-up.

Contact

If you have questions or concerns after discharge, please contact us:

1) Lingard Private Hospital Coronary Care Unit (CCU): Ph: 0456155674

2) Lingard Private Hospital In-Charge (HIC): Ph: 0411239709

3) Cardiologist Private Rooms:

Dr Gwilym Morris: Ph 49621811 E: meg@naphc.com

Dr Bradley Wilsmore: Ph 49180100 M: 0409751785

4) If worried, and nobody is contactable call an Ambulance '000'

This information is also available on a video: www.drbradleywilsmore.com.au/patient-information then select "Same Day Discharge Video"