



“My AF symptoms come and go, so I don’t think I need surgery.”

The American Heart Association recommends treatment for atrial fibrillation whether you can feel symptoms or not. If AF is diagnosed and not treated – regardless of whether you experience symptoms or not – it may lead to a stroke, heart failure or fatigue. If your AF does not improve after the use of one antiarrhythmic medication, CryoAblation may be an option to help treat your AF.



CryoAblation



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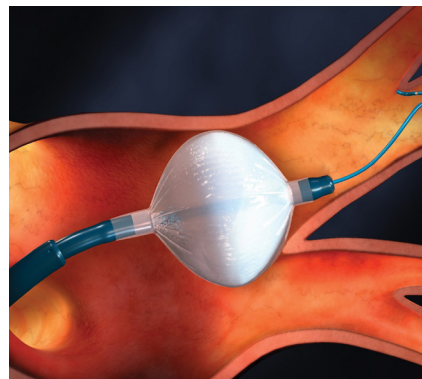
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CryoAblation is a minimally-invasive procedure that can be used when medication fails to control atrial fibrillation (AF). Ablation therapy is shown to effectively treat AF and help improve patients' symptoms and quality of life.

Patients are eligible for a CryoAblation if they meet the following indications:

- Recurrent, symptomatic AF
AND
- Refractory or intolerant to at least one antiarrhythmic medication

CryoAblation prevents unwanted electrical currents that contribute to paroxysmal atrial fibrillation (PAF). The procedure uses a balloon to deliver a refrigerant to the tissue, disabling these currents.



“I don’t really understand the procedure.”

CryoAblation is a minimally invasive procedure in which an electrophysiologist – a heart doctor who specializes in heart rhythms – threads a flexible thin tube – a catheter – through the blood vessels to your heart. In most cases, the major blood vessel in your groin is used.

During the procedure, you will receive either general anesthesia or conscious sedation. When the targeted area in the heart is located, the catheter delivers cold (Cryo) energy to ablate, or scar, the tissue. When the procedure is complete, the catheters are removed.

“I don’t understand how the procedure will help my condition.”

CryoAblation is a treatment option for when medications fail to help your atrial fibrillation. CryoAblation terminates – or ablates – abnormal electrical pathways in the heart tissue. CryoAblation may improve your quality of life and eliminate or reduce the unpleasant symptoms of your AF like shortness of breath, fatigue or weakness.

In some cases, patients may not require further drug treatment after receiving a CryoAblation procedure. One study showed that more than 83% of paroxysmal patients who had a Cryoablation were able to go off of medication for AF altogether within 12 months.

“What are the risks of CryoAblation?”

Some of the risks include stroke, pericardial tamponade, narrowing of the pulmonary veins, damage to the phrenic nerve, damage to the blood vessels in your groin area, and a serious but rare risk of atrio-esophageal fistula, or bleeding between the atrium and esophagus. Other risks include irritation, infection or bleeding occurring where the catheter was inserted.

“I’m scared to have surgery.”

As with any medical procedure, there are benefits and risks with CryoAblation. CryoAblation is a minimally invasive procedure, meaning there is no need to open the chest or do any major incisions.

There can be local irritation or bleeding at the site of the incision (typically your groin area), and there is some risk of more serious complications. Patients typically return to regular activities quickly.

“I heard this procedure doesn’t always produce great results.”

Ablation therapy is shown to effectively treat AF and help improve many patients’ symptoms and quality of life. Published success rates in recent clinical trials for the latest Arctic Front CryoAblation system are up to 83% for paroxysmal atrial fibrillation at one year. 20 to 30% of patients may require a second procedure. Notably, traditional ablation techniques (radio-frequency (RF) ablation) for more persistent atrial fibrillation are less successful due to the severe underlying damage from long-term effects of the arrhythmia. Success rates range from 50 to 60% after one procedure at one year with RF ablation. However, trials with Arctic Front CryoAblation for persistent AF are still underway.

Generally the earlier AF is treated with CryoAblation, the more successful the procedure will be. One study shows that Cryoablation is ten times better than medication at reducing AF for paroxysmal – early AF – patients. Of course, every patient’s experience is different. Sometimes after an ablation, heart tissue will continue to cause abnormal heart rhythms, and you could need a second procedure. But overall, CryoAblation is an effective treatment for AF.