

SPECIAL POINTS OF INTEREST:

- **Atrial Fibrillation Ablation**
- **Lower Your Sugar**
- **Pizza Sauce**
- **Cholesterol**

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What is an Atrial Fibrillation Ablation?

What is an Atrial Fibrillation Ablation? An atrial fibrillation ablation is a catheter based procedure that is done on the heart to help treat atrial fibrillation. This may also be called a pulmonary vein isolation because that is the area of the heart that is being worked on. The procedure is done in the electrophysiology lab which is part of the cath lab. The procedure is performed by an electrophysiologist, which is a cardiologist that specializes in the heart's electrical system. Prior to the procedure, a transesophageal echocardiogram or TEE will be performed to make sure there are no blood clots present in the top chambers of the heart.



During this procedure a small probe with a light on it is passed down the throat into the food pipe or esophagus. Once the heart is visualized and no blood clot is seen, the probe is pulled out and the procedure is started. An IV will be started and the areas that the catheters will go into (usually the groins and the neck) will be prepped and draped. Sedation is used during the procedure to varying degrees depending on the electrophysiologist. Sometimes an anesthesiologist will be

present to help with anesthesia. Once it is time to start, small catheters are placed into the veins in the groin and the neck. These catheters are advanced into the right upper chamber of the heart. A puncture is then made in the wall that divides the left and right upper chambers of the heart and the catheters are placed into the left atrium. The cornerstone of ablation for atrial fibrillation revolves around isolating the pulmonary veins. A map is made of the pulmonary veins then the catheters are used to burn around the pulmonary veins to isolate them. Other areas of the left atrium may also need ablation. The more areas that need ablation, generally the longer the procedure will take. On average the procedure lasts for 4-6 hours but can take more than 6 hours if it is complex. (1,2,3). To be Cont....page 3

Tip of the Month

Tips to Lower Sugar:

1. Instead of ice cream, try no added sugar pudding or popsicles.
2. Instead of cookies, try fruit with cool whip.
3. Instead of a soda, try a diet soda, water, or crystal light.
4. Instead of potato chips, try baked chips or low fat popcorn.
5. Instead of traditional mashed potatoes, try replacing some of the potatoes with cauliflower and use fat free milk.
6. Instead of a hamburger, try 1 slice of a thin crusted vegetable pizza.
7. Instead of chocolate, try a sugar free hot chocolate. (4).



Pizza Sauce



Recipe from
"Breaking the Salt
Habit" by Erik
Williams.

Ingredients:

- 1 tsp. Sugar
- 1\2 tsp. Garlic Powder
- 1\4 tsp. Thyme
- 1\4 tsp. Oregano
- 1\4 tsp. Basil
- 1\4 tsp. Onion Powder
- 1\8 tsp. Black Pepper
- 1 Whole Bay Leaf
- 1 tsp. Lemon Juice
- 2-8 oz. cans of NSA
Tomato Sauce

Directions:

-Combine all ingredients in a small saucepan and simmer for 25 minutes.

-Sauce is ready to use for pizza and other recipes.

Nutrition Info

Yields 32 servings
1 Serving = 1 Tb.

Calories: 5
Total Fat: 0 g
Sat Fat: 0g
Cholesterol: 0
Potassium: 39 mg
Carbohydrates: 1 g
Protein: 0 g
Fiber: <1 g
Sugar: <1g
Sodium: 4 mg

Quote of the Month: “Nothing will work unless You Do” Maya Angelou.

Did you Know?

Did you know that September is National Cholesterol Awareness month?

High cholesterol can lead to heart disease and stroke, which are two major causes of death in the United States. High cholesterol does not have any symptoms associated with it so having a cholesterol screening done is the only way to know if it is high or not. This can usually be done at any lab with an order from your healthcare provider. Many employers may also have cholesterol screenings offered for free in the workplace. Once the cholesterol levels are reported, sit down with your healthcare provider to go over them. On the lab report the cholesterol will be broken down into the total cholesterol, triglycerides, LDL (bad cholesterol), and HDL (good cholesterol).

The LDL or bad cholesterol is the main focus on preventing heart disease and strokes. To reduce the LDL, diet and exercise are key. Limit the amounts of saturated fats and try to avoid trans fats. Limit red meats and eat more fish and chicken. Increase the amounts of fruits and vegetables in the diet. Choose low fat or no fat dairy products as well. A low HDL or good cholesterol is also a risk factor for heart disease. Becoming more active and not smoking can help raise the HDL. High levels of triglycerides can be harmful to the body as well. If the triglycerides are high, decrease the amount of sweets and carbohydrates that are being consumed. Excessive amounts of alcohol can also raise the triglycerides, so keep alcohol intake at a minimum. After diet an exercise, medications can be initiated if needed. (5,6).

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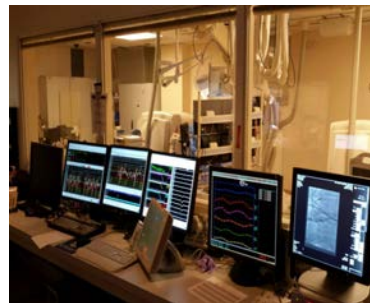
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After the procedure, the catheters will be removed and pressure will be held to prevent bleeding. A bandage will be placed over the sites in case oozing occurs. These bandages usually can be removed the next day. An overnight hospital stay is required for monitoring. Many people may be discharged the next day if there are no complications and the blood thinner may safely be resumed. Sometimes, in the case of Coumadin (Warfarin), the blood is not thin enough to go home and another blood thinner has to be given temporarily until the Coumadin level becomes therapeutic. This occasionally prolongs hospitalization.

Complications can occur with this ablation which include damage to the veins or bleeding of the puncture sites, fluid accumulation around the heart, heart attack, stroke, narrowing of the pulmonary vein, and a fistula formation between the esophagus (food pipe) and the heart. Symptoms to monitor for are pain or swelling in the groin and/or neck, fever, shortness of breath, chest pain, stroke like symptoms, and passing out or near passing out.

After the procedure, blood thinner is generally recommended for at least 3 months unless there is a major bleeding event that occurs. This is because there is still a risk of blood clot formation during this time. At that point, the electrophysiologist will decide on whether or not the blood thinner can be safely stopped. During the first 2-3 months, the heart is still inflamed and may still have episodes of atrial fibrillation. This does not mean the procedure failed. Because of this though, the medications for atrial fibrillation such as amiodarone, sotalol, tikosyn, multaq, flecainide, or rhythmol may still be needed during this time period. After the heart has healed, your doctor will decide if you can safely come off of the medication. Do not stop any medication without first consulting with your heart doctor. (1,2,3).