

Hybrid AF™ Therapy: Pre-Op Patient Instruction

Before Your Procedure

Preadmission Visit and Testing

You may need to have some tests at the hospital where you are having your procedure. Your health care provider will give you instructions about this testing. Testing might involve a blood draw, a chest X-ray, or further tests defined by your health care provider. The hospital health care providers will talk with you and review your history. They will discuss any special needs you may have and answer any questions about your hospitalization.

Medications

Continue taking your regular medications unless your health care providers tell you otherwise. They may ask you to stop taking certain medications before your procedure, and when to do so. Examples of such medications include antiarrhythmics (heart rhythm drugs), anticoagulants (blood thinners), and/or supplements.

Meals

Eat a normal meal the evening before your procedure. DO NOT EAT or DRINK anything after 12:00 midnight the night before your procedure.

What to Wear

Take a full body shower the morning of your procedure. Wear comfortable clothes. You will change into a hospital gown before the procedure. Please leave all jewelry and valuables at home. Remove all makeup and nail polish before coming to the hospital.

At the Hospital

When You Arrive

On the day of the procedure, you will be asked to arrive at the hospital several hours before your procedure time. A family member or friend might be able to come with you; though it will depend on the hospital visitor policy. A health care provider will ask you more questions, help you get ready, and start an IV (intravenous) line in your arm. The IV delivers medications and fluids during the procedure. The incision sites (in the chest and groin) will be shaved as needed.

When you are taken for your procedure, your family will be shown to the waiting area. The procedure usually lasts 4-6 hours.

A health care provider will give you general anesthesia, so you are fully asleep. A transesophageal echocardiogram "TEE" will be done. This test takes some measurements to check for blood clots in your heart. (If the TEE reveals that you have a clot in your heart, the Hybrid AF Therapy procedure will be cancelled. Your doctor will admit you to the hospital for close observation and will start medication to treat the clot.)

Epicardial Ablation — Outside of the Heart

A small incision will be made in your chest to gain access to the outside of your heart. After the epicardial ablation, this small incision will be closed with sutures. These sutures will dissolve in 7-14 days; no suture removal will be needed. A drain will be placed in your chest to remove any fluid around the heart.

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Endocardial Ablation — Inside of the Heart

A groin incision will be made to gain access to the inside of your heart. Catheters (long, thin, flexible tubes) are moved through a blood vessel and into your heart. Once the endocardial ablation is complete, pressure will be applied to the site to prevent bleeding. A pressure dressing (bandage) will cover the incision sites. You will need to stay in bed for 6-8 hours after the procedure. It's important to keep your legs still during this time to prevent bleeding.

Your Hospital Stay

For the first 24 hours after the procedure you will be in the Intensive Care Unit (ICU) for close observation. On the second day you will be moved to a regular room on the cardiac floor. You will stay in the hospital for about 2-3 days or until your heart medicines and blood thinner are regulated. The health care providers will monitor your recovery and prepare you for discharge home. (The drain in your chest will be removed prior to discharge.)

Post-Procedure Medications

You will receive all medication instructions before you leave the hospital.

Leaving the Hospital

For your safety, someone must drive you home from the hospital. If you live more than 2 hours away or if you have flown to the hospital, you should stay in a hotel the first night after discharge. This is just for your comfort. During your ride home, either by car or plane, please stand up or stretch your legs a few minutes every hour. Plan to rest when you arrive home.

Hybrid AF Therapy is for the treatment of long-standing persistent atrial fibrillation.

Risk Information: This procedure is not recommended for patients with Barrett's Esophagitis, presence of left atrial thrombus (clot), a systemic infection, or an active infection local to the surgical site at the time of surgery (i.e. active endocarditis).

Potential procedural complications include, but are not limited to: Pericardial effusion, pericarditis, infection, cardiac tamponade, pulmonary vein stenosis, vessel injury, tissue perforation, excessive bleeding, phrenic nerve injury, left atrial rupture, esophageal fistula, heart attack, new arrhythmias, thromboembolic complication, stroke/TIA/neurologic complication, complete heart block requiring permanent pacemaker implantation, serious skin burn, a buildup of fluid around your lungs, or death.

This information is not comprehensive. Talk to your health care provider to obtain the FDA-approved product labeling or visit www.AtriCure.com.

Rx Only.