The Convergent Approach

A minimally invasive cardiac ablation performed in a hybrid catheterization lab

- How the Convergent Approach helps control atrial fibrillation
- Benefits the Convergent Approach may offer
- What to expect during the Convergent Approach experience at Valley View
- What to expect after your treatment

HEART & VASCULAR CENTER

VALLEY VIEW
Our specially trained medical team is eager to help patients with atrial fibrillation learn about the cryoablation procedure. This booklet introduces the procedure and what you might experience. If you have further questions after reading this booklet, please contact your heart physician.

Table of contents

- What Sets Us Apart 3
- The Convergent Approach 3
- Preparing for the Procedure 4
- Getting Ready for Your Hospital Stay 5
- Your Procedure Day 5
- Your Procedure 5
- Going Home 7
- Follow Up Visits 7
- Report To Your Doctor And Warning Signs 9
- Special Instructions From Your Doctor 10
- Important Numbers And Addresses 11
What sets us apart?
The electrophysiology program at Valley View is the only patient-centered program in Western Colorado that facilitates the full spectrum of care for pacing disorders. We offer the convergent approach procedure, specifically for those that have persistent atrial fibrillation. We also support lifestyle management and pharmaceutical intervention, for those rhythm disorders that need a different approach. Valley View’s electrophysiology program is rooted in outcomes research, and our providers are committed to enhancing the patient experience. Our providers recognize the individuality of each human and their heart; so much that we are committed to 3D printing of the heart prior to the convergent procedure. The honoring of patient’s individuality and the desire to provide exceptional, research-based care, is what sets us apart from other centers in Western Colorado.

The Convergent Approach
For patients with longstanding, symptomatic, atrial fibrillation, the goal of the convergent approach is to return the heart into normal sinus rhythm by utilizing the skill sets of a cardiothoracic surgeon and a heart rhythm specialist known as an electrophysiologist. Working together as a team, both physicians strive to precisely identify the place on the heart’s structure that is causing the atrial fibrillation.

The benefit of the combined, or convergent, approach, is the collaborative care between the cardiothoracic surgeon and electrophysiologist that addresses the physical and electrical subtle differences in human anatomy. Patients benefit from reduced reoccurrence of symptoms and the negative outcomes associated with long term or persistent atrial fibrillation.

If you are traveling
If you are traveling from out of town, our Patient Navigator will contact you about the logistics of receiving your care.

Preparing for the procedure
Before your Convergent Approach Procedure, you will need to have some tests completed to ensure that you are healthy enough for the procedure. Our Patient Navigator will help coordinate your pre-procedure testing.

This testing includes:
• A computerized tomography (CT) scan 1 month prior to your heart procedure. A CT scan is a sophisticated x-ray system that allows your physician to view heart anatomy, including the pulmonary vein.
• A blood draw, chest x-ray, and electrocardiogram (EKG), one day prior to your procedure.
• International Normalized Ratio (INR) / Prothrombin Time (PT) test. These are both used to measure how well Coumadin (Warfarin) is working to prevent blood clots, but not cause too much bleeding. Measuring your INR helps your electrophysiologist know how to adjust your medicine if needed.
  • Prior to your procedure, you may also be contacted by your electrophysiology nurse. He/She will review the procedure and answer additional questions that you may have. You will also be instructed on which medicines to take leading up to and on the day of your procedure. Keep taking your medicines unless you are told stop by your electrophysiology nurse.
  • Please know that if you have diabetes, your diabetes medication may need to be adjusted prior to your procedure.

Getting ready for your hospital stay

As you think about the Convergent Approach Procedure, you may wonder what will happen while you are in the hospital and afterwards.

What to bring to the hospital and what to leave at home

Please Bring:
  • A list of all the medicines you take, how much you take of each one, and how often you take them. Include all vitamins, herbal supplements, and over the counter medicines.
  • Your Continuous Positive Airway Pressure (CPAP) machine if you use one at home.
  • Your eyeglasses, hearing aids, or other assistive devices you usually use.
  • Personal items that will make you feel comfortable, including toiletries.

Please do NOT:
  • Please do not bring your own medicines. We will give you the medicines you need while you are at the hospital.
  • Please do not bring jewelry or other valuables.
  • Please do not eat or drink the night and morning before your procedure.
  • Please do not eat or drink anything after midnight. This includes water, mints, or gum. Do not eat breakfast, drink juice, coffee, or tea.

If your doctor or nurse has told you to take medicines, take them with just a sip of water.

Showering and dressing for your procedure
  • Please shower the night before the surgery and again the morning of your surgery, before coming to the hospital. Please do not apply any lotions or creams after showering. Please take off all make up, jewelry, and nail polish before coming to the hospital.

Your procedure day

Hospital admission
  • Your Convergent Procedure will be done in the Advanced Cardiac Catheterization Laboratory at Valley View Hospital. The address is 1906 Blake Avenue, Glenwood Springs, CO 81601.
  • A family member or friend is welcome to come with you.
  • Please park in the Emergency Department Parking lot.
  • Please come to the Emergency Department Admissions where you will register at the time given to you by your Patient Navigator.
  • Your Patient Navigator will meet you in Admissions and guide you to the next step.
Where can my loved ones wait while I am having the procedure?

When you leave for the procedure room, your loved ones can wait in the Advanced Cardiac Catheterization Laboratory waiting room on the 3rd floor. After the first part of the procedure is done, the cardiothoracic surgeon will meet with your loved ones in this waiting room to talk about the procedure. After the final part of the procedure, the electrophysiologist will meet with your loved ones.

Your procedure
Step 1: In the Pre-operation procedure area
- A nurse will draw your blood to check your labs once more.
- A nurse will review your health history and medicines. Please be sure to include vitamins, herbal supplements, and over the counter medicines.
- A nurse from the procedure room will clip your hair with an electric shaver. For males, your hair will be clipped from your lower jaw down to your thighs. For women, the hair on your groin area will be clipped.
- A nurse from the procedure room will clip your hair with an electric shaver and start an intravenous line (IV).

Step 2: The Convergent Approach Procedure
- You will be moved to the Procedure Room where you will receive general anesthesia. This means you will be in a deep sleep and will not hear, see, or feel anything during the procedure.
- In the Procedure room, the cardiothoracic surgeon will create a tiny incision under your sternum.
- The surgeon then uses radiofrequency ablation to create an area of ablated tissue on the back wall of the left atrium, from the outside of the beating heart.
- Using the catheter, they will look for any abnormal electrical pathways. Then, a special tool called a hybrid catheter will be used to create scar tissue that will block the abnormal electrical impulses on the outside of the left atrium.
- The electrophysiologist then threads a catheter through to the inside of the heart and guides it to the pulmonary veins, eliminating abnormal electrical signals there.

Step 3: After your procedure
- Once the procedure is done and you have recovered from anesthesia, you will be brought to a private room on the 4th floor Critical Care Unit (CCU).
- Your heart rate, heart rhythm, blood pressure, and oxygen level will be monitored continuously by the CCU staff.
Step 4: Care after your procedure

1.) Deep Breaths
   • Your nurse will ask you to take deep breaths and do a breathing exercise using an incentive spirometer. You will be asked to take 10 deep breaths at least every hour while you are awake. This will help your lungs stay healthy while you recover.
   • The day following your procedure you will be encouraged to increase your activity by sitting up in a chair for meals and walking in the hallways.

2.) Prevention of blood clots in your legs
   • A machine will be used to massage your legs while you are in bed or sitting up in a chair after surgery.
   • You will be asked to do foot pumps which involves moving your feet up and down, for at least 10 sets, every hour that you are awake.

3.) Help Us Manage Your Pain
   • Your doctor will order pain medicine for you. This will help you feel better and get better faster.
   • The nurses will ask you to rate your pain on a scale of 1 to 10, with 1 being very little pain and 10 being major pain. They want to make sure your pain medicine works well.

4.) Drink and Eat as Your Body is Ready
   • Initially, your nurses will keep you hydrated with IV Fluids.
   • He/She will advance you to sips of water.
   • When you can tolerate the water and feel ready to try eating, notify your nurse so that he/she can help you safely advance your diet.

5.) Rest for 4 Hours and then Gentle Movement
   • You will have 4 hours of bed rest after the procedure where you will be in bed with your legs still. You will also be asked not to raise your head or activate your stomach muscles during this time. This will help prevent bleeding from your upper leg where the doctor inserted the catheter used to access your heart.
   • After your bedrest is complete, the nurse will help you out of bed and into a chair. When you feel ready, often on the day after your procedure, your nurse will help you walk in your room or in the hall.

Please note that you will have a drain placed by your surgeon, that will come from the small incision by your breast bone. This drain will be removed by your cardiothoracic surgeon on the first day after your procedure.

“When will I know the results of the procedure?”
   • The electrophysiologist will discuss the results with you and your loved ones after the procedure is finished.
   • You will not know if the procedure alone is enough to control your heart rhythm for several months. It is important to continue your medications until your electrophysiologist discontinues them.
   • Your electrophysiologist will review your heart rhythm at each of your follow-up visits and will adjust your medications if needed.
Going home / traveling
Leaving the hospital

- Your driver. For your safety, it is required that someone drives you home.
- Stretch. If you have a long ride, get out of the car, stand up, and stretch your legs for a minute every hour. Or, if traveling by air, take the opportunity to walk the airport and aisle of the plane when the fasten seatbelt sign is off.
- Rest at home. You may find yourself tired when you get home. This is a normal occurrence. Plan to rest for the first few days. For the first two to seven days after the procedure you may:
  - Have a soreness in your throat.
  - Have mild shortness of breath with activity.
  - Have soreness or bruising in your groin area.
  - Have some mild fluid retention. Your electrophysiologist may give you medicine to help.

Make sure you take it exactly as he tells you to.
- For the first three months after your procedure, it is possible you will have heart rate or rhythm changes. These may feel like skipped heart beats or fast (racing) heart rate. This is normal.

Taking medicines after the procedure

- You will continue taking an anticoagulant to prevent blood clots. Your electrophysiologist will discontinue it when it is safe to do so.
- If you are taking an anticoagulant called warfarin (Coumadin) you will need to have your blood checked often to make sure it is thinning correctly. Your electrophysiologist’s office will help you schedule these blood tests at a convenient location.
- You may need to take an anti-arrhythmic medicine to prevent abnormal heartbeats.
- You may need to take a medicine to decrease symptoms of heart burn.
- Please do not stop taking these medicines without talking with your electrophysiologist.

Follow up with your physician

You will have follow-up visits with your doctor to monitor how you are healing and to check your heart rate and rhythm. These visits are critical to the success of your procedure.

- You will be asked to have a 7-10 day follow up after your procedure. A 3 month, 6 month, and 1 year follow up will also occur. After this time, follow up will be scheduled as needed per your electrophysiologist’s discretion.

- If you are traveling from a long distance away, please schedule a 7-10 day follow up with your primary cardiologist.
“When may I shower or bathe?”

You may shower as soon as you get home. Keep water temperature mild, not extremely hot or extremely cold.

Wash your incisions gently with water and mild soap. Gently pat your incision sites to dry them after your shower. Do NOT take baths, go swimming, or sit in a hot tub for 14 days after your procedure.

“How do I take care of my wounds?”

- Your small wounds will be closed with sutures. These will dissolve on their own in 7 to 14 days.
- Please leave the strips of tape (steri-strips) in place and allow these to fall off on their own, usually 7-10 days. These are located on your small incision by your sternum.
- Please do not put ointments, creams, or bandages on your wounds or incisions.

“When may I return to normal activities?”

Please do not lift anything weighing more than 10 pounds until after your follow up visit, or as directed by your physician. You can return to your normal activities, including exercising, two weeks after your procedure.

“How will I feel after the procedure?”

For the first 2 to 7 days after the procedure you may:
- Have a soreness in your throat.
- Have mild shortness of breath with activity.
- Have soreness or bruising in your groin area.
- Have some mild fluid retention. Your electrophysiologist may give you medicine to help this. Make sure you take it exactly as directed.
- For the first 3 months after your procedure, it is possible you will have heart rate or rhythm changes. These may feel like skipped heart beats or fast (racing) heart beats. This is normal.
Report to your doctor

These are symptoms and warning signs that require a call to your Electrophysiologist right away.

Please call 970.384.7290.

- Sudden increase in chest pain.
- Trouble breathing when at rest or lying down.
- Excessive bleeding in the groin where the catheter was placed or from your small incision by your sternum.
- Pain or swelling in the groin that gets bad quickly.
- Vomiting of blood.
- A fever over 101 degrees Fahrenheit. Up to one week post procedure.
- A cough that will not go away.
- Signs of fluid retention such as swelling in your feet or ankles.
- Weight gain of more than 2 pounds in 1 day.
- If you feel irregular heart beats and feel them for more than a few hours.
- Trouble swallowing.
- Trouble taking your medicines the way your doctor or nurse told you to.
- Difficulty or pain with urination.
Special instructions from your doctor
Important numbers and addresses

ADVANCED CARDIAC CATHETERIZATION LAB
Valley View Hospital
Cardiac Catheterization Lab, third floor
1906 Blake Avenue
Glenwood Springs, CO 81601
970.384.7430

PATIENT CARE NAVIGATOR
Valley View Hospital
Cardiac Catheterization Lab, third floor
1906 Blake Avenue
Glenwood Springs, CO 81601
970.384.7439

HEART & VASCULAR CENTER AT VALLEY VIEW
Valley View Hospital
1906 Blake Avenue
Glenwood Springs, CO 81601
Main number: 970.384.7290
Nurse line: 970.384.7281

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607 25 Rd. Suite 101
Grand Junction, CO 81501
Main number: 970.384.7737
PeopleCare. That’s Valley View.
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