

# Treating Atrial Fibrillation

Having a heart condition hasn't stopped Marlo Klorfein from living an active life. She has atrial fibrillation or A-fib, a type of rapid, irregular heartbeat. The diagnosis surprised her.

*"I never felt any symptoms. Occasionally I would get dizzy, but I just thought, oh, I just stood up too fast."*

-Marlo, Patient

A-fib results from chaotic electrical signals in the atria – or upper chambers – that cause the heart to beat out of rhythm.

*"We're going to do an echocardiogram, which is just an ultrasound of your heart."* – Technician

Before beginning treatment for A-fib, your health care provider may want to do tests such as an echocardiogram, which uses sound waves to create an image of the heart as it pumps.

*"This one is showing us all four chambers of your heart."* – Nabeel Hafeez, Doctor

Tests can help your healthcare team decide which treatment is best for you. The team will take into account the severity of your A-fib, how long you've had it, and any underlying health conditions. In some cases, a combination of treatments may be needed.

*"There are many different ways of treating atrial fibrillation. And it's a big spectrum that starts with no treatment and goes all the way to very invasive types of procedures."* – Nabeel Hafeez, Doctor

One option is medications, which include Antiarrhythmic medications to restore the heart's natural rhythm, Rate control medications to slow down the heart rate, and anticoagulants, or blood thinning medications, to help reduce the risk of a stroke, which is elevated in people with A-fib.

Another treatment option is a procedure called electrical cardioversion, which aims to restore the heart's natural rhythm with an electrical shock that very quickly stops and restarts the heartbeat.<sup>2</sup>

Patients are given medication to make them sleepy so they don't feel discomfort.

*"Charging, ready, everybody clear?...shocking...there we go."* – Doctor

*"The shock is instantaneous. It's much less than a second. It may be about 200 milliseconds long."*

- Ramal Weragoda, MD, Cardiac Electrophysiologist

Catheter ablation is another procedure your health care provider may recommend. During an ablation, thin, flexible wires called catheters are inserted into a vein and guided to the heart to make scars in specific areas of the atria to

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block the electrical signals that are triggering the A-fib.

In most cases the ablation is done under general anesthesia, which means the patient is not awake.

*"None of the procedures that we do are risk free, but I think if you go to an electrophysiologist who does ablations frequently, they can do it very safely."* – Josh Lovelock, MD, Cardiac Electrophysiologist

In some cases, a type of ablation, known as AV node ablation, may be recommended to control heart rate, though it doesn't stop A-fib. In this procedure, an area of the heart called the atrioventricular – or AV – node is destroyed. This prevents electrical signals in the atria from reaching the heart's lower chambers, the ventricles. A pacemaker is then implanted to keep the heart beating regularly.

Surgery known as a maze procedure is yet another treatment. Like ablation, it creates scar tissue to block chaotic electrical signals in the heart. The procedure can be performed as open heart surgery or as a so-called mini-maze, which is less invasive.

*"Let us know if you have any symptoms like chest pain or shortness of breath."* – Nabeel Hafeez, Doctor

Whatever the treatment, the goal is to reduce your risk for stroke and heart muscle damage as well as to control your symptoms. As Marlo has found, that may require several treatments... and lots of patience.

*"At first we were just wait and see. Then I went on some medications, and then I had an ablation."*  
– Marlo, Patient

*"Don't be frustrated. This is a process, and it's gonna take time, but we can get you there."*  
– Josh Lovelock, MD, Cardiac Electrophysiologist