

Making a decision about further treatment for:

Atrial Fibrillation (AF)

For people who still have symptoms despite taking medicines to control their AF

What is this document?

This document is called a **decision aid**. It is for people who have been told they have **atrial fibrillation (also called AF) and are having symptoms**. It will help you decide between the different treatments available. You should go through it and talk to your specialist nurse or heart rhythm team.

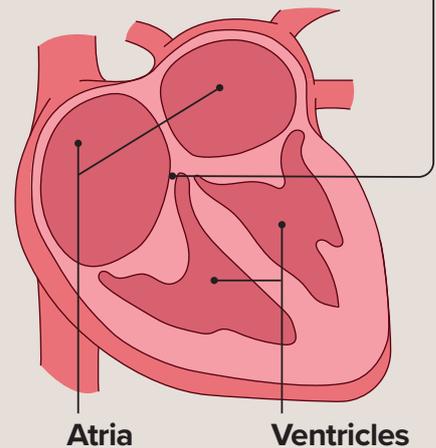
Read pages 1 – 6 to help you make a decision about treatment

Read page 7 if you want more background information

What is atrial fibrillation (AF)?

- AF is the most common heart rhythm disorder. It is caused by faulty electrical signals in the upper chambers of the heart (atria) causing it to beat out of rhythm. These signals travel to the ventricles (bottom chambers of the heart) through the AV node causing symptoms.
- Not everyone experiences symptoms of AF in the same way. It's very individual.
- Many people don't even know they have AF because they don't have any symptoms. For other people the symptoms can be serious. Some people find it stressful to have AF because episodes can be very unpredictable.
- AF can be serious even if you don't have any symptoms but it is treatable. Symptoms can usually be well managed with treatment. You usually have the condition for the rest of your life.

Atrioventricular node or AV node
(passes electrical signals from atria to ventricles)



Which type of AF do you have?

Paroxysmal

Episodes of AF can last from a couple of minutes to a few hours. They stop and start on their own.

Persistent

Each episode of AF is constant, for more than 7 days. They start on their own but need something to make them stop (like a medicine).

Permanent

The AF is there all the time.

These are the most common symptoms of AF. Think about which are affecting you and tick the relevant boxes below.

Palpitations

Tiredness

Breathlessness

Other:

Dizziness or
Feeling faint

Anxious
or stressed

Fatigue

2 Atrial fibrillation and treatment options

Treatment options

Do nothing



Medication



Left atrial ablation



AV node ablation & pacemaker



Which treatment might be right for me?

There are different treatments for AF and no single option is best. The right decision for you depends on your situation and preferences. Ablation options are not suitable for everyone, for example if you have other health conditions. Think about how your symptoms are affecting your every day life, and with your heart rhythm team decide which choice is right for you.

Why you might want to think about treatment

- **Symptoms** of AF can affect your quality of life. The treatment options in this document can help improve your symptoms. Think about how AF is affecting you, are you able to exercise, climb stairs, go to work?
- AF can put you at risk of an **AF-related stroke**. If the heart is not beating in rhythm, a clot can form and travel to the brain. Anticoagulant medicines are therapies that can help prevent most AF-related strokes. Your specialist will explain more if this applies to you.

What do treatment options involve?

Do nothing – Make no changes to your current treatment



AF symptoms might get worse over time if you do nothing. Or symptoms might not get worse at all. The condition is very individual.

If you choose to do nothing and have persistent AF, you may not be able to choose left atrial ablation in the future.

If your AF is currently **paroxymal** and later becomes **persistent**, then the ablation options might not work as well for you (see 'risks' section of this document).

Tick the relevant box

Is this an option for you?



Yes



No

Taking no treatment is **always** an option for all patients.

Medication



There are some medicines you can **take daily** to help stop AF, and some that can be **taken when the AF happens** (called 'pill-in-the-pocket').

These may not work for everyone and some people have side effects.

Rhythm controlling medicines are usually tried before ablation options.

You might also be offered medicines that **slow down heart rate**.

Which medicines you will be offered will depend on your own personal situation, taking into account other medicines you're taking and other health conditions you may have.

Is this an option for you?



Yes



No

3 Atrial fibrillation and treatment options

What do treatment options involve?

Left atrial ablation



- This procedure aims to stop the faulty electrical signals in the atria (top chambers of the heart) that cause AF.
- Wires are fed through catheters (thin tubes) from your groin up to your heart. The wires measure electrical signals and can find and destroy the part that is causing the problem. The result should be normal regular heart rhythm.
- It is not suitable for everyone who has persistent AF or permanent AF. Ask your doctor if this applies to you.
- It is not unusual to need more than one left atrial ablation procedure.

It should reduce severity and symptoms but you may need more than one ablation procedure and some medicines.

Is this an option for you?

Yes

No

AV node ablation & pacemaker



This is two procedures – one to insert a permanent pacemaker and then an ablation.

- AV node ablation is irreversible. It aims to stop the faulty signal traveling from the atria (top chambers of the heart) to the ventricles (bottom chambers of the heart) via a specific area called the AV node.
- You will be reliant on a pacemaker to control your heart rhythm for the rest of your life.
- Usually pacemaker insertion and ablation will be done on different days.
- It is suitable for anyone, but the procedure is irreversible and you will be reliant on a pacemaker for the rest of your life.
- There are risks involved in having a pacemaker. For example you will need a procedure to change the battery every few years, usually about 10 but this varies from person to person.

It should reduce severity and symptoms but you may still need some medicines.

Is this an option for you?

Yes

No

Left atrial ablation and AV node ablations will not make you live longer or prevent AF-related stroke. If you are at risk of stroke you will be prescribed anti-coagulant medicine.

5 Potential benefits of treatments

Talk to your specialist about **benefits**. Yours may be higher or lower for example if you have other medical conditions such as diabetes or high blood pressure.

The numbers shown here are from research studies. See page 7 for the sources of the data.

Do nothing 	Medication 	Left atrial ablation 	AV node ablation & pacemaker 
<p>How many can stop taking some or all their heart rhythm medicines (out of every 100 people)</p>			
<p>You continue taking medicines suggested by your heart rhythm specialist.</p>	<p>You continue taking medicines suggested by your heart rhythm specialist.</p>	<p> 46 do 54 don't You may need to start taking them again if your AF comes back.</p>	<p> 84 do 16 don't</p>
<p>How many feel better and have fewer symptoms for example breathlessness or palpitations (out of every 100 people)</p>			
	<p> 42 do 58 don't</p>	<p>Paroxysmal AF after 1 ablation  80 do 20 don't after 2 ablations  85 – 90 do 10 – 15 don't</p> <p>Persistent AF after 1 ablation  50 do 50 don't after 2 ablations  70 – 80 do 20 – 30 don't</p>	<p> 80 do 20 don't</p>

6 Potential risks of treatments

Talk to your specialist about **risks**. Yours may be higher or lower, for example if you have other medical conditions such as diabetes or high blood pressure.

The numbers shown here are from research studies. See page 7 for the sources of the data.

Medication



The risks or side effects of the medicine will depend on which you take.

Some people experience side effects and others don't. Your specialist can explain more.

Left atrial ablation



AV node ablation



Pacemaker



How many need another procedure within 3 years (out of every 100 people)

Paroxysmal AF



33 do 67 don't

Persistent AF



50 do 50 don't

How many need to replace pacemaker battery in around 10 years (out of every 100 people)



100 do 0 don't

How many have complications (out of every 100 people)



4 – 14 do 86 – 96 don't

2 – 3 of these are potentially life threatening

Have a **stroke** they recover from



0.1 – 0.6 do 99.4 – 99.9 don't

Are **nauseous** or bloated after procedure



4 – 14 do 86 – 96 don't



0.01 – 5 do 95 – 99.99 don't

0.01 of these are potentially life threatening

Have **bruising** at the catheter site (in the groin)



5 do 95 don't

Have **damage** to the vein at catheter site **needing a longer hospital stay**



5 do 95 don't



5 – 15 do 85 – 95 don't

Have a **stroke** or **heart attack** they recover from



0.5 – 1 do 99 – 99.5 don't

Have **pain** or discomfort after procedure



0.1 – 0.4 do 99.6 – 99.9 don't

Need a second operation due to loose wires



1 – 5 do 95 – 99 don't

7 More information

What causes Atrial Fibrillation (AF)

The heart pumps blood around the body. It has two chambers at the top called atria and two at the bottom called ventricles. The rhythm of the heart is controlled by electrical signals that come from cells in the top of the heart (atria). These cells are sometimes called the heart's natural pacemaker.

The signals go from the atria to the ventricles through the AV node.

AF happens when the electrical signals fire abnormally causing the atria to fibrillate. The atria and ventricles then don't beat in a regular way. This irregular heart rhythm causes symptoms like breathlessness.

Both ablation procedures

- You might have either general anaesthetic or sedation to make you sleepy. Talk to your doctor about the risks of these.
- You **can't drive for 2 days** (6 weeks for HGV drivers, and 1 week after a pacemaker implant).
- You can sometimes go home the same day but may need to stay in overnight.

Left atrial ablation



- Will take between **1.5 – 3 hours**.
- You can sometimes go home same day but may need to stay in overnight.

AV node ablation & pacemaker



- Will take about **1 hour**.
- Is not suitable for everyone due to the risks involved in pacemaker insertion and upkeep. Ask your doctor if this applies to you.

Where can I go for more information?

Atrial Fibrillation Association

www.afa.org.uk

Arrhythmia Alliance

www.heartrhythmalliance.org/aa/uk

Tel: 01789 867 501

The British Heart Foundation (BHF)

www.bhf.org.uk

Heart Helpline: 0300 330 3311

supportservices@bhf.org.uk

DVLA

www.dft.gov.uk/dvla

Drivers Medical Group

DVLA, Swansea, SA99 1TY

Tel: 0300 790 6806

Email: eftd@dvla.gsi.gov.uk

Know Your Pulse

<https://www.heartrhythmalliance.org/aa/uk/know-your-pulse-resources-uk>

Where did we get our numbers from?

- Alcohol & AF; Clinical trial (RCT) of 170 patients: <https://doi.org/10.1056/NEJMoa1817591>
- AF-related stroke and anticoagulant medicine; NICE Clinical Knowledge Summary: <https://cks.nice.org.uk/topics/atrial-fibrillation/prescribing-information/anticoagulants/>
- Risk of left atrial ablation procedure risks & pacemaker risks; 2020 European Society of Cardiology Guidelines: <https://doi.org/10.1093/eurheartj/ehaa612>
- AV node ablation risks; Retrospective Cohort Study of 114 patients in Birmingham UK: <https://doi.org/10.1161/CIRCEP.111.967810>
- AV node ablation risks & data about feeling better; Data from German Ablation Registry: <https://doi.org/10.1007/s00392-018-1368-2>
- Need more than one AV node ablation; National Audit of Cardiac Rhythm Management (NACRM) 2021 Report: https://www.nicor.org.uk/wp-content/uploads/2021/10/NCAP-Aggregate_-Report_2021_FINAL.pdf

8 More information

Contacts

Name of doctor, nurse or specialist

What are their contact details

Contact details of hospital transport (if applicable)

Next steps

What will happen to me next? (treatments / tests?)

When will these happen?

When will I be reviewed next?

What decision do I need to make today? Or when do I need to make a decision?

Questions for your specialist

These can be about any concerns you may have, for example how you hope your treatment decision might help you.

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