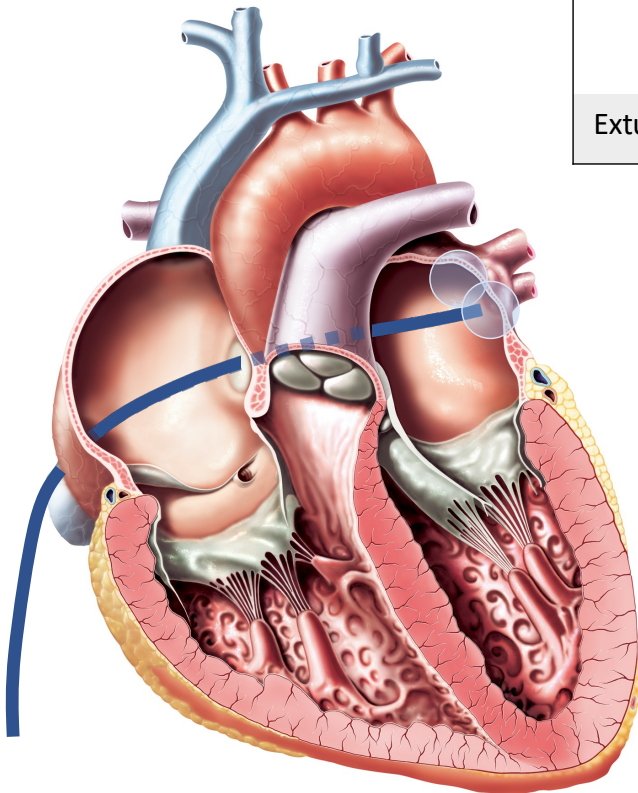


# Atrial Fibrillation Ablation Cheat Sheet

## Setup Checklist

- ☐ 2<sup>nd</sup> IV setup
- ☐ Carrier fluid
- ☐ Esophageal temp probe
- ☐ IV heparin
- ☐ +/- remifentanyl gtt
- ☐ Phenylephrine or levophed gtt
- ☐ Protective lead

## AF Ablation Anatomy



## Case Progression

Anesthesia Type	Typically general anesthesia <ul style="list-style-type: none"> <li>• More controlled ablating environment</li> <li>• Avoids discomfort from prolonged flat time and heating from RF ablation</li> <li>• Possibly less long-term AF recurrence</li> </ul>
Preop	<i>EP team often instructs patients to hold anti-arrhythmic medications pre-operatively</i> Query last AC meds (for thrombotic stroke risk with potential ablation cardioversion)
Access & Monitors	PIV x2 (2 <sup>nd</sup> for EP heparin infusion) <i>*arterial line only for cardiac/respiratory morbidity</i> Esophageal temperature probe
Induction	Standard
Intraprocedural Considerations	<ul style="list-style-type: none"> <li>• Esophageal temperature probe required to monitor for esophageal thermal injury during ablation</li> <li>• Avoid neuromuscular blockade during ablation period – ensures phrenic nerve/diaphragm can be paced (and avoided) by EP team. Consider remifentanyl.</li> <li>• Small tidal volumes (less motion artifact on procedural field)</li> <li>• Judicious fluid administration – RF ablation requires constant infusion of saline to cool the myocardium</li> </ul>
Extubation	Avoid cough to minimize disruption to groin sites

## Hypotension Differential Diagnosis

- Excess anesthesia relative to low stimulation
- Sudden rhythm change
- EP-mediated pacing
- Decompensated heart failure
- Blood loss from groin access sites
- Pericardial effusion +/- tamponade

## ! Pericardial Effusion Management !

- EP team preps for pericardiocentesis
- Avoid positive pressure ventilation
- Volume administration
- Ready ionotropes
- Discuss protamine