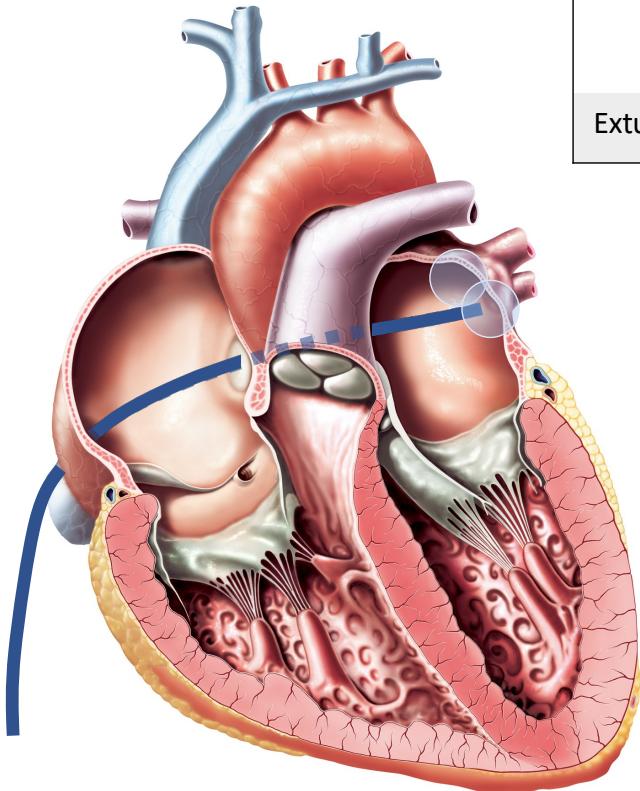


Atrial Fibrillation Ablation Cheat Sheet

Setup Checklist

- 2nd IV setup
- Carrier fluid
- Esophageal temp probe
- IV heparin
- +/- remifentanil gtt
- Phenylephrine or levophed gtt
- Protective lead

AF Ablation Anatomy



Case Progression

Anesthesia Type	Typically general anesthesia <ul style="list-style-type: none"> • More controlled ablating environment • Avoids discomfort from prolonged flat time and heating from RF ablation • Possibly less long-term AF recurrence
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 nd 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"> • Esophageal temperature probe required to monitor for esophageal thermal injury during ablation • Avoid neuromuscular blockade during ablation period – ensures phrenic nerve/diaphragm can be paced (and avoided) by EP team. Consider remifentanil. • Small tidal volumes (less motion artifact on procedural field) • Judicious fluid administration – RF ablation requires constant infusion of saline to cool the myocardium
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