

What to expect on my procedure date

Section 1 of 4: Your procedure day

Prepare for catheter ablation and learn how to care for yourself afterward.

SECTION 1

Your procedure day

This guide is for catheter ablation for AFib, atrial flutter, SVT, or premature beats. Your procedure team's written instructions take priority because preparation and recovery can vary.

Before you arrive

- Confirm your arrival time and procedure location.
- Follow the fasting instructions provided by your procedure team.
- Follow your specific medication plan. Do not stop blood thinners, heart medicines, or diabetes medicines on your own.
- Arrange for an adult to drive you home and stay with you for the first 24 hours after sedation or anesthesia. Do not drive for 48 hours after the procedure.
- Bring identification, your medication list, and information about allergies. Leave valuables at home.

Checking in

Your team reviews your health history, medicines, allergies, and consent. A nurse checks your vital signs and places an IV. You may have blood tests or an EKG.

The groin area is cleaned and, if needed, hair is clipped.

Will I be asleep?

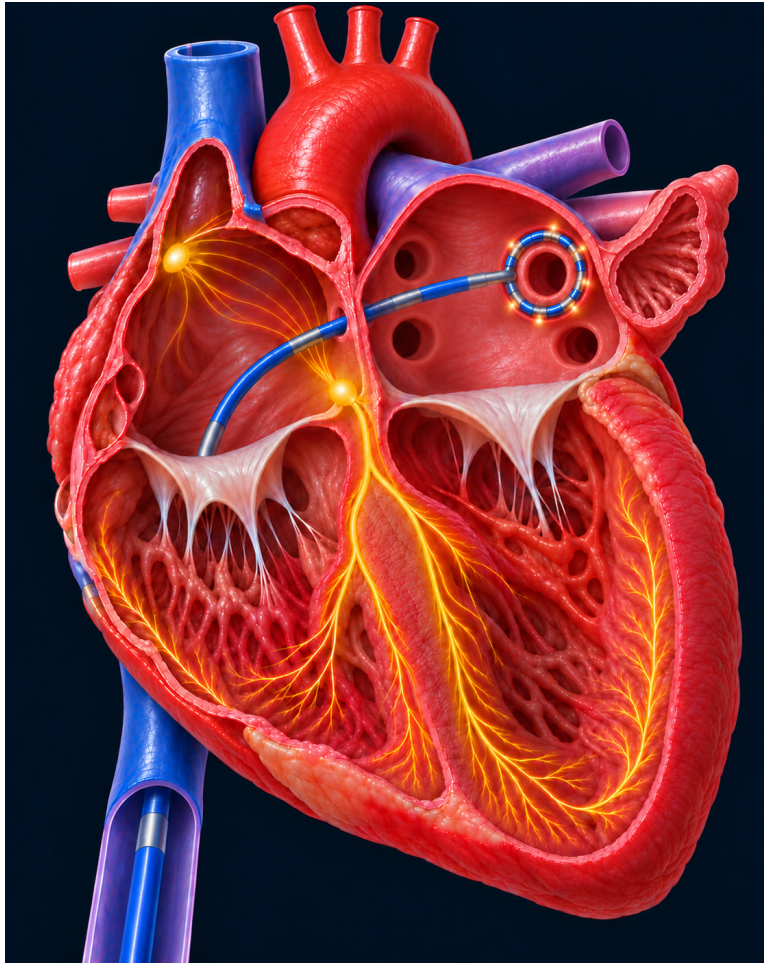
Your doctor will tell you whether your procedure will be performed with general anesthesia or moderate sedation. With general anesthesia, you are asleep. With moderate sedation, you may be relaxed and sleepy but sometimes aware of your surroundings.

During the ablation

Your EP guides thin catheters through blood vessels to your heart, identifies the electrical signals involved in your rhythm, and delivers energy to the treatment area. Some procedures require testing or briefly bringing on the abnormal rhythm to locate its source.

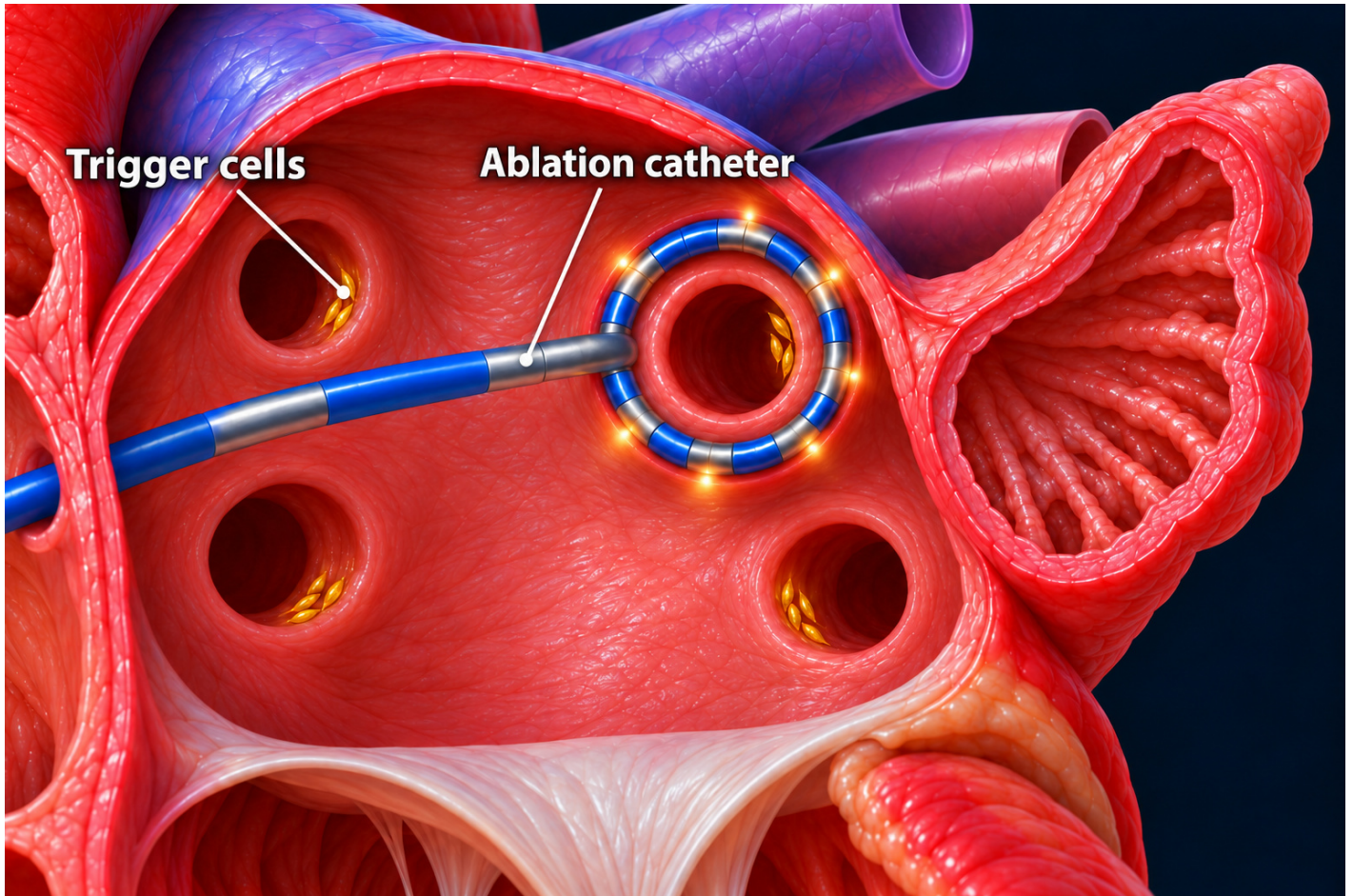
For AFib: reaching the pulmonary veins

1. How the catheter reaches the left atrium



The catheter travels from a vein in the groin through the inferior vena cava (IVC) to the right atrium, then crosses the wall between the upper chambers to reach the left atrium. Its circular tip is shown around one pulmonary vein opening. Pulmonary vein isolation (PVI) creates an electrical barrier that keeps signals from the pulmonary veins from entering the atrium. All pulmonary veins are treated during PVI. This is a simplified illustration of the route and catheter position.

2. How ablation isolates the trigger cells



The circular ablation catheter is shown around a pulmonary vein opening. The gold clusters represent AFib trigger cells. Ablation creates an electrical barrier that keeps signals from the pulmonary veins from entering the left atrium.

Procedure length varies by the rhythm and complexity. Allow time for check-in, preparation, the procedure, and recovery rather than planning around the ablation time alone.

Immediately afterward

After the catheters are removed, your groin access sites will be closed using a vascular closure device. Nurses monitor your heart rhythm, blood pressure, and groin sites while you recover.

You may need to lie flat and keep your leg straight for a period of time. Wait for your nurse's permission before getting up. Tell the nurse immediately about bleeding, swelling, worsening pain, chest discomfort,

or difficulty breathing.

Going home

Many patients leave the same day; some need overnight observation. Before discharge, your team checks that it is safe for you to walk and reviews your medicines, wound care, activity limits, and follow-up.

Before you leave: Know when to take your next medication doses, whom to call with a concern, and when your follow-up is scheduled.

What to expect on my procedure date

Section 2 of 4: Groin care at home

Prepare for catheter ablation and learn how to care for yourself afterward.

SECTION 2

Groin care at home

Your catheters entered through small punctures in blood vessels, usually in the groin. Protecting these sites helps prevent bleeding while they heal.

What is commonly expected?

Mild tenderness and bruising are common after ablation. Bruising can spread down the thigh and change color as it fades. A small, stable lump may also occur.

Increasing pain, a growing lump, rapidly expanding swelling, or active bleeding should not be treated as routine bruising.

Keeping the area clean

- You may shower. Follow the discharge instructions for when to remove the dressing.
- When showering, gently wash the area and pat it dry. Do not scrub.
- Do not apply creams, powders, lotions, or ointments unless your team instructs you to.
- Do not use swimming pools, hot tubs, or bathtubs for the first 7 days. If the puncture sites are not fully healed after a week, continue avoiding soaking and contact your care team.

- Check the sites each day for bleeding, swelling, redness, warmth, or drainage.

What if a puncture site starts bleeding?

Lie flat and apply firm, direct pressure over the puncture site with a clean cloth. Have someone help you if possible.

Call 911 for heavy bleeding, bleeding that does not stop with firm pressure, rapidly expanding swelling, or bleeding accompanied by faintness or weakness. Continue pressure while help is coming. Do not drive yourself.

When should I call the care team?

- New or increasing groin pain or swelling.
- A lump that grows or becomes painful.
- Persistent oozing or drainage.
- Redness, warmth, fever, or other concerns about infection.

Seek urgent medical care for a leg that becomes cold, pale, numb, or weak, or for severe leg or groin pain.

The key idea: Bruising is common; active bleeding and worsening swelling need attention.

What to expect on my procedure date

Section 3 of 4: Activity and recovery

Prepare for catheter ablation and learn how to care for yourself afterward.

SECTION 3

Activity and recovery

The first 24 hours

Rest at home with an adult available to help. After sedation or anesthesia, do not drink alcohol, operate machinery, or make important decisions for at least 24 hours and until your discharge instructions allow it.

Driving after ablation

Do not drive for 48 hours after your procedure. You may resume driving after 48 hours if you feel well and are not taking medicines that impair alertness. Follow any longer driving restriction given by your care team.

Resume food and fluids as permitted by your team. Follow any existing dietary or fluid restrictions.

Take it easy for 7 days

Take it easy for the 7 days following your procedure. Do not exercise or play sports during this time. You may stand, sit, walk gently, and take a shower.

- Do not lift more than 10 pounds for 7 days, unless your team gives different instructions.
- No exercise or sports, including golf and pickleball, for 7 days. Avoid heavy pushing or pulling.

- You may stand, sit, and take gentle, short walks as tolerated.
- You may shower. Do not use swimming pools, hot tubs, or bathtubs for the first 7 days.
- Minimize repeated stair climbing during the first week. If stairs are necessary, use them slowly and avoid carrying heavy items.
- Do not drive for 48 hours after the procedure. Follow your care team's instructions about returning to work; physically demanding work may require more time.

What might I notice while healing?

You may feel tired for several days. Some people notice brief palpitations after an ablation. After AFib ablation, rhythm episodes can occur during the early healing period and do not automatically mean the procedure failed.

Tell your care team about persistent or worsening palpitations. Do not assume every new symptom is part of normal recovery.

When should I seek emergency care?

Call 911 for severe or persistent chest pain, severe shortness of breath, fainting, uncontrolled bleeding, or signs of stroke such as facial drooping, arm weakness, or trouble speaking.

After a left atrial ablation, fever with chest pain, difficulty swallowing, or new neurologic symptoms also needs urgent evaluation. Tell the emergency team that you recently had a heart ablation.

The key idea: Ease back into activity while the groin sites heal, and follow your personal recovery instructions.

What to expect on my procedure date

Section 4 of 4: Medicines and follow-up

Prepare for catheter ablation and learn how to care for yourself afterward.

SECTION 4

Medicines and follow-up

Know your medication schedule

Before leaving, review which medicines to continue, which have changed, and the exact timing of your next doses. Different ablations require different medication plans.

If you are prescribed a blood thinner, take it exactly as directed. Do not stop it because you feel well or believe the ablation was successful. Your team decides how long it is needed based on the procedure and your individual stroke risk.

Some patients continue rhythm-control medicines during healing. Do not adjust or stop these without instructions. Ask which pain medicine is appropriate for you, especially if you take a blood thinner.

Keep your follow-up appointments

Follow-up allows your team to review your recovery, examine a groin concern, check your rhythm, and adjust medicines when appropriate. Confirm the dates before you leave.

Your EP may recommend an EKG or heart monitor. If premature beats affected your heart's pumping function, repeat imaging may also be part of your plan.

What should I track?

- Palpitations: when they occur, how long they last, and associated symptoms.
- Any saved watch EKG recordings.
- Changes at the groin puncture sites.
- Medication questions or side effects.

Who should I call?

Use the office or after-hours number on your discharge paperwork for procedure-related concerns. For an emergency, call 911.

Need an appointment?

Make an appointment

Bring your discharge instructions and medication list to your follow-up visit.

Sources & further reading

Heart Rhythm Society: AFib ablation and pulmonary vein isolation

AHA: Ablation and procedure day

Cleveland Clinic: Care after catheter ablation

Guy's and St Thomas': Recovery and groin warning signs

Heart Rhythm Society: AFib ablation

Updated October 2026. Your procedure team's instructions take priority.

2024 expert consensus: AFib ablation and complication recognition