**Potential Questions & Answers**

*This Q&A document is for use when communicating with media. The document is intended to help deliver a consistent message and tone when answering questions about atrial fibrillation and the catheter ablation procedure.*

1. What is atrial fibrillation (AFib)?

AFib is short for atrial fibrillation, which is the most common type of cardiac arrhythmia. It refers to an abnormal heart rhythm, when your heart beats erratically.[[1]](#endnote-1)

1. What are the symptoms of AFib?

A fluttering or quivering heartbeat is the most common symptom of AFib, but the symptoms can also be more subtle – fatigue, dizziness, shortness of breath. Often, AFib is only detectable during a doctor’s physical examination.1

1. Why should patients seek treatment for AFib? What are the risks of untreated AFib?

AFib is a progressive disease that becomes harder to treat as symptoms become more severe. AFib also increases your risk of stroke five times.[[2]](#endnote-2) It’s important you talk to your doctor about all your treatment options to reduce your symptoms and improve your quality of life.

1. What is an electrophysiologist? How are they different than a cardiologist?

An electrophysiologist (EP) is a cardiologist with extensive training in heart arrhythmias and the electrical activities of the heart. They specialize in the diagnosis, management and treatment of heart arrhythmias, including atrial fibrillation. EPs work in partnership with patients’ general practitioners and cardiologists to help address AFib, generally when treatment with medications fail or when AFib persists after initial treatment.

*If pressed on the difference between cardiologists and EPs:*

*An EP is a cardiologist who has completed two additional years of training beyond what is required for board certification in cardiology.* *They are first certified by the American Board of Internal Medicine in the specialty of cardiovascular disease, then are certified in the sub-specialty of clinical cardiac electrophysiology. This sub-specialty focuses on testing and treating the heart for rhythm problems. An EP also has specialized education and experience to perform advanced cardiac-related procedures, such as catheter ablation.*

1. What treatments are available if medication fails?

The American College of Cardiology (ACC), the American Heart Association (AHA) and the Heart Rhythm Society (HRS) all recommend catheter ablation for AFib patients when medication proves to be unsuccessful.[[3]](#endnote-3)

1. What is an ablation?

Catheter ablation targets the areas of your heart that generate faulty electrical pulses that cause rapid heartbeat or AFib. By neutralizing and blocking these areas, the pulses are controlled and a normal heartbeat returns.[[4]](#endnote-4)

1. Is ablation a common procedure?

Yes, the number of ablation procedures performed in the United States continues to increase.[[5]](#endnote-5) Catheter ablation can be a safe and successful treatment option for AFib, and the complication rates are very low.[[6]](#endnote-6) A catheter ablation is minimally invasive and, in most cases, an outpatient procedure.

1. Why is ablation recommended to patients?

Research shows nearly half of patients still experience symptoms when using drug therapy.[[7]](#endnote-7) Most patients who receive catheter ablation treatment experience a long-term reduction in the number of episodes of arrhythmia and the severity of symptoms. Many achieve a return to normal heart rhythm.[[8]](#endnote-8)

1. Are there any risks associated with ablation?

Cardiac ablation is considered safe, so the chance of experiencing complications is very low.6 An EP will discuss any risks with you before your ablation therapy. Some risks include bleeding, swelling or bruising at the catheter insertion site, and infection. More serious complications are rare, which can include damage to the heart or blood vessels; blood clots (which may lead to stroke); heart attack, or death.[[9]](#endnote-9) The catheter ablation procedure always begins with an electrophysiology study.

1. What advances in ablation are available at [CLINIC NAME]? How are these advances improving outcomes for patients?

(CLINIC NAME) uses state-of-the-art technology from Biosense Webster, Inc. including the (PRODUCTS) and performs over (X#) ablations per year, making (CLINIC) a great option for catheter ablation treatment. Most patients who receive catheter ablation treatment experience a long-term reduction in the number of episodes of arrhythmia and the severity of symptoms. Many achieve a return to normal heart rhythm and an improvement in quality of life.[[10]](#endnote-10) It is important that patients who do not experience positive results continue to seek additional treatment options to stop their AFib.

1. Where can patients get more information?

If you’ve been diagnosed with AFib, it’s important to be well-informed about your treatment options. Patients should seek out information from credible resources like GetSmartAboutAFib.com or speak to fellow patients to learn from their experiences. Get Smart About AFib also has a Facebook group – which is the largest online community for AFib patients.

1. National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. Atrial Fibrillation Fact Sheet. Last Accessed July 2019. [↑](#endnote-ref-1)
2. Win NT, Shyh PT. Atrial Fibrillation in Older Patients-Reducing Stroke Risk Is Not Only About Anticoagulation. Journal of Geriatric Cardiology (2016) 13: 880-882. [↑](#endnote-ref-2)
3. January, CT, Wann LS, Alpert JS, et al. “2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation.” Circulation. 2014;130:2017-2104. DOI: 10.1161/CIR. 0000000000000040. [↑](#endnote-ref-3)
4. American Heart Association. Ablation for Arrhythmias Web site. Accessed July 2019. <https://www.heart.org/en/health-topics/arrhythmia/prevention--treatment-of-arrhythmia/ablation-for-arrhythmias>. [↑](#endnote-ref-4)
5. Hosseini SM, Rozen G, Saled A, et al. Ablation for Cardiac Arrhythmias. JACC: Clinical Electrophysiology. 2017;3:1240-1248. <https://doi.org/10.1016/j.jacep.2017.05.005>. [↑](#endnote-ref-5)
6. Packer DL, Mark DB, Robb RA, Monahan KH, Bahnson TD et al. (2019) Effect of Catheter Ablation vs Antiarrhythmic Drug Therapy on Mortality, Stroke, Bleeding, and Cardiac Arrest Among Patients With Atrial Fibrillation: The CABANA Randomized Clinical Trial. JAMA. [↑](#endnote-ref-6)
7. Calkins H, Reynolds MR, Spector P, et al. Treatment of Atrial Fibrillation With Antiarrhythmic Drugs or Radiofrequency Ablation. Circ Arrhythmia Electrophysiol. 2009;2:349-361. [↑](#endnote-ref-7)
8. Wilber DJ, Pappone C, Neuzil P et al. Comparison of Antiarrhythmic Drug Therapy and Radiofrequency Catheter Ablation in Patients with Paroxysmal Atrial Fibrillation: A Randomized Controlled Trial. JAMA, 2010. [↑](#endnote-ref-8)
9. Mayo Clinic. Cardiac ablation. Web site. Accessed September 3, 2019. <https://www.mayoclinic.org/tests-procedures/cardiac-ablation/about/pac-20384993>. [↑](#endnote-ref-9)
10. Wilber DJ, Pappone C, Neuzil P et al. Comparison of Antiarrhythmic Drug Therapy and Radiofrequency Catheter Ablation in Patients with Paroxysmal Atrial Fibrillation: A Randomized Controlled Trial. JAMA, 2010.

Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions. Caution: US law restricts this device to sale by or on the

order of a physician.

THERMOCOOL® Navigation Catheters are indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter).

Biosense Webster, Inc.

31 Technology Drive, Suite 200

Irvine, CA 92618 USA

Tel: +1-909-839-8500

Tel: +1-800-729-9010

www.biosensewebster.com [↑](#endnote-ref-10)