

Convergent Procedure Education

What is it? The Convergent procedure is a two part procedure that combines electrophysiology and a cardiac surgery treatment through a minimally invasive approach to help restore normal heart rhythm for patients that suffer from atrial fibrillation. If the normal heart rhythm can be restored and maintained the goal is to stop your antiarrhythmic and blood thinner medications. A cardiac surgeon performs the first part of the ablation, by using radiofrequency (heat) to ablate (burn) the outside of the heart. The electrophysiologist (EP) performs the second part of the procedure using radiofrequency to ablate the inside of the heart. These procedures are typically performed about 6 weeks apart to allow for a more complete ablation. The ablation takes place in the left atrium of the heart and does not damage your heart's normal electrical system.

Surgical Ablation (first part of procedure): Following this procedure, you will stay in the hospital 3-5 days and have a drain from your incision site. You will be discharged after the draining has stopped and your pain is controlled. You will remain on your normal medications including antiarrhythmics and blood thinners afterward, unless you are unable to tolerate them. You will have lifting restrictions for up to 6 weeks post procedure. It is common for your atrial fibrillation to get worse between the first and second procedures as the process is not complete until the catheter based ablation is performed.

Follow-up: You will follow-up with the surgeon 2 weeks after the procedure and will follow-up with your EP doctor -4 weeks after surgery to discuss and schedule the catheter based ablation (second part).

Catheter Based Ablation (second part of procedure): Six weeks after the surgical ablation (first part), you will have the catheter based ablation (second part). You will remain on a blood thinner and antiarrhythmic medication before and after the procedure until your EP doctor feels it is appropriate to stop them. During the ablation, your EP doctor will use catheters to access your heart through a vein in your groin. Unless you already have a pacemaker or defibrillator, you will also get an implantable heart monitor (Reveal device) during the procedure. This will allow us to monitor your heart rhythm after your procedure. You will stay overnight in the hospital and, in most cases, be discharged home the next morning. A CTA (computed tomography angiogram) is required prior to your procedure and we will schedule this for you.

Follow-up: You will follow-up with your EP doctor -4 weeks after the catheter based ablation. Your monitor report will be reviewed and if you have not experienced atrial fibrillation, you will be taken off of antiarrhythmic medication. Common antiarrhythmics medications include: Flecainide, Amiodarone, Sotalol, Tikosyn, Propafenone or Multaq.

You will follow-up with your EP doctor again in 2 months and your monitor's data will be reviewed. If you have not experienced atrial fibrillation, you will be taken off of blood thinner medication. However, if you take blood thinners for other reasons besides atrial fibrillation, you may need to continue taking these. Common blood thinners are: Eliquis, Xarelto, Coumadin (Warfarin), or Pradaxa.

You will continue to follow up with your EP doctor every 3 months for 1 year.

Continued Monitoring: You will have scheduled monthly downloads of your implantable device so we can review the data for any arrhythmias and make sure you are still in a normal rhythm. However, if you experience a problem or feel like you are having recurrent atrial fibrillation, you are able to complete an unscheduled download that we will review. This monitoring allows us to safely keep you off of your blood thinner.

Please feel free to contact our office with any questions or concerns at (405) 608-3800.

Date & Version #	Change Summary
8/24/2017	Changed Dr to EP
12/23/2019	Multiple Changes