

Newly diagnosed with atrial fibrillation? Here are your options

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If you've been told you have the heart rhythm disorder known as [atrial](#)

[fibrillation](#) (a-fib), you need to take it seriously, an expert emphasizes.

"While a-fib itself isn't life-threatening, it can lead to a blood clot forming in the heart," said Dr. Christopher Rogers. He is a cardiac electrophysiologist with Penn State Health Medical Group–Berks Cardiology.

"If a blood clot leaves the heart and goes to the brain, it can cause a [stroke](#)," he explained in a Penn State news release.

Rogers also noted that a-fib "is a progressive disease, and as it advances, it's harder to treat. That's why we recommend people get diagnosed and treated sooner than later."

Medications are often the first line of treatment and typically involve [blood thinners](#) to help prevent [blood clots](#) from forming, as well as medications to control heart rhythm.

But medications alone may not be enough to manage a-fib in some people, so minimally invasive electrophysiology procedures may be needed. Rogers outlined three of the most common ones:

- [Cardioversion](#). It uses [electric current](#) delivered through paddles on the chest and sometimes the back to "shock" the heart into a normal rhythm.
- [Ablation](#). It's a procedure where the heart tissue that causes a-fib is disabled. A catheter is inserted through the groin and threaded up to the [left atrium](#), the chamber of the heart where a-fib typically originates. It typically takes three months to determine if ablation has been effective. "Initial procedures carry a success rate of about 80%," Rogers said, but some patients may need more than one ablation for successful treatment.
- [Watchman](#). Another option is a small quarter-sized implant that's

inserted into the left atrial appendage of the heart, where blood clots most often form. "People with Watchman can eventually discontinue blood thinners and still have the same level of protection from clotting," Rogers said.

Procedures to treat a-fib are elective, so patients considering them should talk with their health care provider and weigh the benefits and risks, he advised.

People with weaker hearts, chronic and persistent a-fib or enlarged hearts may have less chance of a successful outcome, Rogers noted.

More information: For more on a-fib, go to the [American Heart Association](#).

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