

After losing his active lifestyle to Atrial Fibrillation, John Livey is regaining his strength and once again enjoying his challenging job, time with family and healthy recreation.

The ice was cold. His legs went weak. His heart was racing. Something was very wrong. Just moments before, John Livey had been playing recreational hockey with friends at a local ice rink. Then his legs stopped working and completely winded, he went down.

technology overview

Catheter Ablation is a minimally-invasive procedure that delivers energy via a thin flexible wire (catheter) to destroy abnormal heart tissues responsible for the arrhythmia. The ablation catheter, a mapping catheter and a pacing catheter are inserted into the femoral vein and threaded to access the heart. Energy delivered to the catheter tip heats up and destroys the cardiac tissues capable of triggering or sustaining arrhythmia. Radiofrequency energy is the most common type of energy used in Catheter Ablation.² Medicines for controlling heart rate or rhythm may be stopped or reduced following successful Catheter Ablation.

“Unable to stand up and feeling my heart bouncing around, I didn’t know what was happening,” said John. “Everything had been fine one moment and then I was barely able to make it to the bench.”

It was 2004, and John had always been an active man who loved sports and kept busy, balancing a vibrant family life, recreational activities and a challenging job as Chief Administrative Officer for the Town of Markham. After resting on the bench

for awhile, his heart settled down and John was able to go home. However, later that night, his heart again began to beat erratically.

John was suffering from Atrial Fibrillation (AFib), a common and serious heart rhythm disorder. AFib occurs when electrical signals arise from different areas within the atria causing the heart’s upper chambers to pump too fast and unevenly. The heart beats very fast and the rhythm becomes uncoordinated, impairing the flow of blood from the heart. While AFib on its own is not life-threatening, left untreated, it can lead to other heart rhythm problems, chronic fatigue, congestive heart failure and even stroke.

Despite being prescribed several antiarrhythmic medications, John had to give up recreational hockey altogether and significantly curtail his active lifestyle. He never knew when the irregular heartbeat and sudden, overwhelming weakness was going to “hit”. Over time, the episodes of AFib grew frequent, often taking him to hospital for urgent care.

“My AFib was forcing me to completely change my way of life... I had to remove anything that could stimulate my heart rate such as chocolate, caffeine, climbing stairs and just normal, daily stress or I risked raising my heart rate and having an episode and that was pretty scary,” said John.

In 2007, John was referred to the Peter Munk Cardiac Centre, part of the University Health Network, in Toronto, and scheduled for a procedure called Cardiac Ablation which would neutralize the troublesome tissues causing his AFib.

Cardiac Mapping and Ablation is frequently described as a “cure” for AFib.¹ The areas of the heart that are the source of the arrhythmia are identified by the mapping procedure. Cardiac ablation catheters are threaded inside the heart to the source tissue and using energy, such as radiofrequency heat, isolate or destroy the aberrant tissue.

John was mildly sedated for the procedure which took six hours, and says he felt only a slight “burning” sensation. John was out of hospital two days later.

Like many patients with AFib, John’s treatment began with medication but did not respond to the drug therapy. Doctors are increasingly referring patients like John for cardiac mapping and catheter ablation to ‘cure’ their AFib.

Today, John has cut back significantly on his medication dosage. He is back in the gym and back at work. His quality of life is much better, he has more stamina and feels like a new man, although he is not back playing hockey... just yet.



fast facts

- Left untreated, Atrial Fibrillation may lead to other heart rhythm problems, chronic fatigue, congestive heart failure and stroke.
- Patients with Atrial Fibrillation are 5 times more likely to suffer a stroke.³
- Catheter ablation is considered safe and is not associated with a significant risk so the chance of experiencing complications is very low at 1.2% with atrial flutter.² That is comparable to the risk of tubal ligation 1-2%⁴ and much lower than the risk of appendectomy 18%.⁵

1 Medical Advisory Secretariat, Ministry of Health and Long Term Care “Ablation for Atrial Fibrillation: Health Technology Policy Assessment.” p. 7 (March 2006)

2 Scheinman M, et al. “NASPE Policy Statement on Catheter Ablation.” PACE. 2003; 26:789-99.

3 Packer DL, Asirvatham S, Munger TM. “Progress in Nonpharmacologic Therapy of Atrial Fibrillation.” J. Cardiovasc Electrophysiol 2003; 14(12 SUPPL): S296-S309.

4 Kulier R, et al. Minilaparotomy and Endoscopic Techniques for Tubal Sterilization.” Cochrane Database Syst Rev. 2000; CD01328.

5 Katkhouda N, et al. “Laparoscopic Versus Open Appendectomy: A Prospective Randomized Double-Blind Study.” Ann Surg. 2005; 242:439-50.

