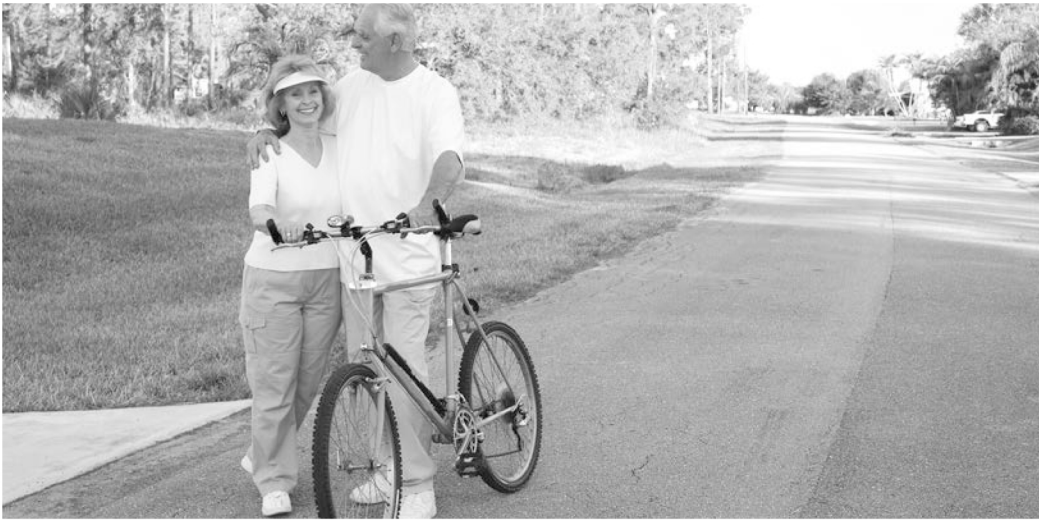


Cox Maze Surgical Treatment for Atrial Fibrillation



Who is a candidate for surgery?

Surgical treatment for atrial fibrillation (AFIB) is considered when:

- Medical therapy does not effectively control or correct atrial fibrillation
- Medications are not tolerated
- Anticoagulants cannot be taken
- Symptoms of AFIB continue, despite medical therapy
- Blood clots, including strokes, occur
- Catheter ablation fails
- Surgical treatment for AFIB also may be considered when surgery is needed to treat a coexisting heart condition, such as valve or coronary artery disease.

Are there any risks?

Surgical treatments for AFIB involve anesthesia and are generally very safe. However, as with any surgical procedure, there are risks. Special precautions are taken to decrease these risks. Your doctor will discuss the risks of the procedure with you.

What happens during the surgery?

Surgical treatment for AFIB may require two to four hours.

For more information: (813) 877-AFIB (2342)

 **St. Joseph's Hospital**
BayCare Health System
HEART INSTITUTE

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Maze Procedure

The Maze procedure requires an incision along the sternum (breast bone). The incision may be traditional (approximately 6 to 8 inches long). The heart-lung machine oxygenates the blood and circulates it throughout the body during surgery. During the Maze procedure, the surgeon makes lines or conduction blocks in both atria to isolate and stop the abnormal electrical impulses from forming. The impulses are directed down a normal pathway. When the heart heals, scar tissue forms and the electrical impulses that caused the atrial fibrillation are blocked from traveling through the heart.

After Surgery

The patient is transferred to an intensive care unit (ICU) for close monitoring for approximately one day after the surgery. When the patient's condition is stable, he or she is transferred to a regular nursing unit (called a telemetry unit). The monitoring during recovery includes heart, blood pressure and blood oxygen monitoring and frequent checks of vital signs and other parameters, such as heart sounds.

Most patients stay in the hospital approximately five to seven days after the procedure, depending on their rate of recovery. Your health care team will follow your progress and help you recover as quickly as possible.

Recovery

Full recovery from surgery takes approximately six to eight weeks. Most patients are able to drive approximately three to eight weeks after surgery. Your health care team will provide specific guidelines for your recovery and return to work, including specific instructions on activity, incision care and general health after the surgery.

Thirty to 50 percent of patients experience skipped heartbeats or short episodes of atrial fibrillation during the first three to six months after the procedure. This is common due to inflammation (swelling) of the atrial tissue and is treated with medications. After the heart has healed, these abnormal heartbeats should subside.

A small number of patients (about 6 to 10 percent) require a pacemaker after surgery due to an underlying rhythm, such as sick sinus syndrome or heart block, which previously was undetected.

Medications after surgery may include:

- Anticoagulant (blood thinner), such as Coumadin®, to prevent blood clots
- Antiarrhythmic medication to control abnormal heartbeats
- Diuretic to reduce fluid retention
- Other medications as needed

Your doctor will monitor your recovery and determine when or if these medications can be discontinued.

Advanced Center For Atrial Fibrillation

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