



My Bordeaux Experience

By Alistair Thomson

The following is an account of my ablation for atrial fibrillation carried out at the Hospital of Haut-Leveque, Bordeaux, France, in the week of March 14th-18th 2005.

I was admitted to the hospital at 8:30 am on March 14th. The cardiology building is a rather ugly concrete edifice of about 7 or 8 floors situated on a sort of campus of other unprepossessing hospital buildings in Pessac, a suburb of Bordeaux. I was shown to a very clean but spartan room with two beds and a bathroom and TV where my wife and I were to spend the next four nights.

After changing into hospital garb, usual affair, I was wheeled to a lower floor to have an echocardiogram and a TEE (trans oesophageal examination). The result was good in that I didn't have a clot. The TEE, which others have described as 'uncomfortable', was for me the worst experience of the week.

At about 12:30 I was again taken downstairs to the operating theatre and placed on a table surrounded by a mass of monitors, etc. I was prepped for surgery (having already been shaved); getting me ready took about half an hour. I was to be sedated but to remain conscious during some of the operation. The drugs were commenced and the sedation was such that I did not really notice the catheters being introduced into the main vein in my right groin. They start by inducing fibrillation. The procedure after that took about four hours. I must have dozed quite a bit, occasionally felt a little pain (which was quite bearable) at which point they would ask if they could continue a bit more. After a while I became quite interested in the screens, one of which showed a scene rather like a fairground where you look in a box and work levers trying to lift something out. There were three little loops being dangled about. Another screen showed what I assumed was my pulse beating at around 90-130. I then heard an exclamation, 'finally!' and saw my pulse rate drop to 65-66 and hold and realised that fibrillation had stopped.

After that I became quite confused, as my pulse rate alternated quickly between 50, 100, 130 and so on. I was then told that the procedure was over and my main doctor who carried out the procedure, Dr Pierre Jais, told me that it had gone well. Later Dr Jais who possibly does the procedure at least twice daily or maybe 400 to 500 times a year, told me my case was 'very difficult'.

A nurse put a bag of sand on my groin wound and held it in place by wrapping a cloth around my leg several times. I was then wheeled upstairs at about 6:30 pm. I was still on a drip. I had had nothing to eat since 8:00 pm the night before and with the relief that the procedure was over felt quite hungry. However I was not allowed anything until 11:30 pm and then was only allowed a yogurt and a fruit compote. I felt quite beaten up, but it was tempered with pleasure that the worst was over.

At about 8:30 pm Dr Jais came to see me in my room and explained how the procedure had been much more complex than he had anticipated. Having initiated fibrillation, he isolated the pulmonary veins. In many cases at this point fibrillation ends spontaneously but not in my case. He then made two linear lesions in the left atrium. Fibrillation still continued and he then had to tackle other areas of activity. 'Finally' was when the fibrillation stopped. At this point he attempted to induce fibrillation – that was the explanation for me seeing my pulse jump about – but could not do so. He found this inability to induce fibrillation to be very positive. At this stage his optimism about the outcome for me seemed quite guarded. [He did say that the most likely time for fibrillation to restart was in the first 24 hours after the operation].

That night there were many nocturnal visits by pleasant nurses taking blood and re-adjusting my drips. I was on two drips, one of heparin, an anti-coagulant, and the other the usual glucose drip. I was also rigged up with a monitor for my heart-beat which transmitted to the office at the other end of the corridor.

The nurses were most concerned about my lack of desire to pee, as I had absorbed four litres of fluid during the procedure. The following morning they gave me a diuretic and admonished me to pee as much as I could. The quantity of my urine was then monitored for a couple of days.

That same morning I had another echocardiogram and was also taken to have a chest x-ray. Thereafter it was a day in bed, still feeling beat up and having to keep my right leg straight to promote healing of the groin entry which was still under pressure from the bag of sand. I did not have time to be lonely as I had continual visits from well-dressed and cheerful nurses to take blood, etc. Moving around or even sitting in a chair at this stage was not easy with my drips and bag of sand. These were both removed at 8.00 pm that night. Being off the drips meant that I was mobile at last but the heparin drip was replaced by injections of heparin (Calciperin). These took place every eight hours, including one at 2:00 am, followed by extraction of a blood sample at 6:00 am. This routine was to continue until Friday.

On Day 3 I was feeling much better. The main activity of the day was to go on an exercise bike and have what seemed like a full physical workout, pulse up to 135. After 15 minutes on the bike I had worked up a big sweat and was quite tired afterwards, but was able to have a bath and a shave. In the early afternoon Dr Jais came to visit again. He appeared much more confident of my eventual outcome and told me that all the tests had been quite satisfactory. He explained that one risk was that during the healing process one of the scars might heal itself. If that happened, I would have to come back for a 'touch-up'. He was surprised that I was not in more discomfort, as my heart was quite inflamed due to the amount of burning. He prescribed some anti-inflammatory drugs and recommended that I stayed in the hospital until the Friday as scheduled. He was off to Vienna for a conference for a few days.

Day 4, and after a good sleep – one gets used to the nightly visits – I was feeling fully recovered. No activities were planned. I was going to learn how to inject myself with the anti-coagulant so that I could continue the injections on the journey home, [but decided not to. My wife was also not willing to learn how to do the injections].

In general, though the first sight of the hospital was a bit depressing, I was astonished at the level of care I received. The staff, doctors, nurses, and nurses' aides were all immaculately turned out and very nice to me. (Doctors in white coats, nurses in blue and white striped coats, and assistants and orderlies in green and white stripes). The nurses work in a team, and there was no feeling that they were understaffed. The wards have two beds, and one can have one's spouse occupy the second bed at a little extra charge. Everywhere was spotlessly clean; with the linoleum floors washed and polished each day until they glistened.

The food is plentiful except at breakfast. Both lunch and dinner are three or four courses, once you are well enough to eat them all.

The advantages of Bordeaux for AF ablation are:

1. It is certainly in the top one or two institutions in the world for treatment of afib.

2. The unit has the best of equipment; they perform as a large team; and do one to three ablations each weekday.
3. The institution provides wonderful aftercare. The ward has a large nursing team which specialises in ablation aftercare.
4. If necessary, they proceed beyond the initial stage of PV ablation and attempt to eliminate all tissue which is conductive of AF. This is certainly what happened in my case. Had I gone to a hospital in Canada or somewhere else where the doctors are less experienced, the procedure would likely have ended after PV isolation. I would almost certainly have continued with afib in this case. Now, according to the hospital's statistics, I have an 80 per cent chance of being afib free.

The disadvantages are:

1. The cost is not covered by private insurance. It costs 7,500 euros for those covered by EU medical cover or 10,600 if paying personally. There are no extra charges and all medications and tests are included in the hospital fee of about 650 euros a day.
2. We found ourselves speaking French to everyone except Dr Jais. Some of the nurses may speak some English, but they were not letting on to us. This was not a problem for us, but might be of others.

Postscript – March 2006

I am still afib-free after a year and am off all meds and hoping for the best. It took me a month to get my strength back, but I am now back to all my usual golf and hiking, etc.

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