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Post Ablation Care

By Hans R. Larsen MSc ChE

Recently I have noticed several postings from afibbers who are having a rough time post ablation. I believe there are two important aspects that could be contributing to this.

1. **Low potassium** levels may occur after surgery. My own level after my recent ablation was 3.2 mmol/L; well below my normal level and also outside the normal range of 3.5 – 5.0 mmol/L. A low potassium level is likely to increase the number of PVCs (premature ventricular complexes) and PACs (premature atrial complexes). The PACs can set off afib episodes and the PVCs, if frequent enough, can result in very uncomfortable palpitations. The way to overcome this problem is to increase your potassium intake. This can be done through the diet (www.afibbers.org/conference/session32.pdf), through supplementation with potassium chloride or potassium gluconate, or through consumption of low sodium V8 juice or a potassium-rich drink such as the PAC-Tamer (www.afibbers.org/conference/session38.pdf). It is a good idea to have your serum potassium level measured just after the ablation. If it is below about 4.1 mmol/L (mEq/L) then an increase in potassium intake is definitely needed.

2. **Ongoing inflammation** – It is almost certain that the serious trauma experienced by the heart during the ablation will result in an inflammation of the heart tissue (myocardium). My own C-reactive protein (CRP) level went from 0.3 mg/L to 7.0 mg/L after my ablation indicating the presence of a serious inflammation. The Cleveland Clinic has recognized this problem and used to prescribe statin drugs to help prevent inflammation. I believe they are now using prednisone to prevent and, if necessary, treat the inflammation. I am not entirely sure of this, but in any case, a course of prednisone post ablation would probably be a good idea. For those of us who are not keen on pharmaceutical drugs, there are lots of alternative means of combating an inflammation. My own anti-inflammatory regimen (for one month after the ablation) consisted of:
    - Fish oil (3 x 2 grams daily)
    - Beta-sitosterol (3 x 113 mg daily)
    - *Zyflamend* (2 capsules with dinner)
    - This in addition to my normal supplementation with vitamins, minerals and antioxidants.

I am sure there are other just as effective natural protocols.

Perhaps the most important anti-inflammatory measure you can take is to avoid strenuous exercise for at least 4-6 weeks after the ablation. Strenuous and prolonged physical activity will markedly "fan the flames" of an inflammation and may also deplete you of important electrolytes, especially potassium and magnesium. Swedish sports medicine experts are adamant that exercise should be totally avoided whenever myocarditis (inflammation of the heart tissue) is suspected[1]. Very recently Greek researchers found that participants in a 36-hour long distance run experienced a 152-fold increase in CRP levels and an 8000-fold increase in the level of interleukin-6 (IL-6), another important marker of systemic inflammation. They conclude that the increases in the inflammation markers noted, "amount to a potent systemic inflammatory response"[2].

While not many afibbers will run a 36-hour marathon following their ablation, the Greek study, nevertheless, clearly supports the contention that prolonged, heavy exercise is very detrimental when it comes to preventing or combating an inflammation. I would suggest that no exercise at all would be the best approach for the first two weeks after the ablation followed by one or two daily walks for the next month or so. Jumping right into a strenuous physical activity program right after an ablation is, in my opinion, a very unwise thing to do.

In conclusion, I strongly believe that ensuring an adequate potassium intake, following a suitable anti-inflammatory protocol, and going very easy on the exercise for the first month, at least, can go a long way to preventing a miserable recovery period and may even help ensure the success of the ablation.

References

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