



A Guide to Your Electrophysiology Study (EPS) With or Without Catheter Ablation

Please bring this book with you on the day of your procedure.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

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For a digital copy of this book, please visit go.osu.edu/pted4365.

This resource is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.

For more education, contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome

Your doctor is recommending that you have an Electrophysiology Study (EPS), a test that observes and measures the electrical impulses of the heart. You may also need to have a catheter ablation done. An ablation treats the irregular rhythms of the heart.

Please review this book to learn about how to prepare for your procedure and your care after.

Call our office if you have questions or if there is anything that you want to learn more about.



Call with questions

Before procedure:

614-293-7677

After procedure:

- 614-293-5122
- 614-293-4299
option 6, option 3



Scheduling changes

If you need to change your surgery date, please call Scheduling at 614-293-3201.



Driving and parking

wexnermedical.osu.edu/locations



Patient and visitor guide

To help prepare for your visit, go to wexnermedical.osu.edu/patient-and-visitor-guide.

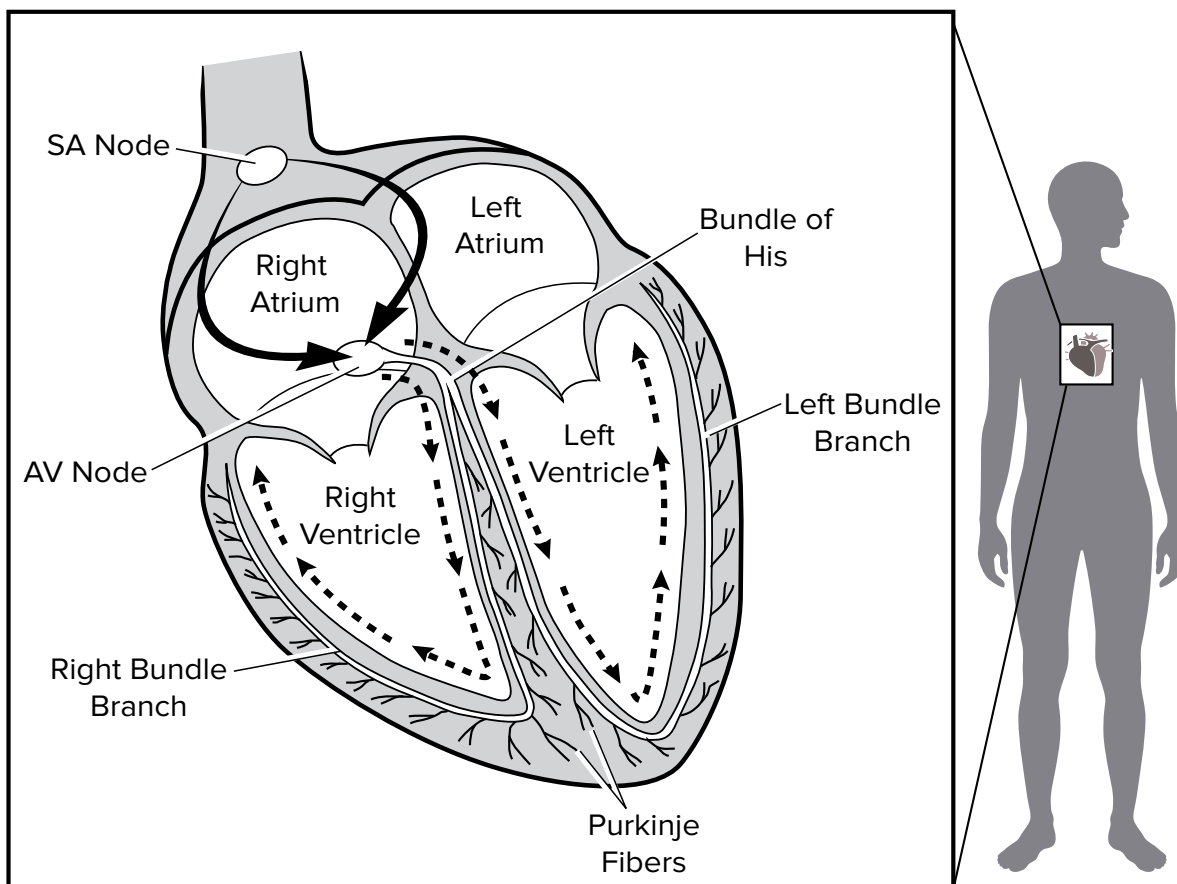
Learning About Electrophysiology Study and Catheter Ablation

Normal heartbeat pattern

For most people, the heart pumps or contracts and relaxes to a regular beat.

What allows your heart to beat normally is an electric pulse that starts at the SA (sinoatrial) node.

The SA node is above the upper chambers of the heart, called the right atrium and left atrium or atria. It is your heart's natural pacemaker. It sends electric signals to the AV (atrioventricular) node, which carries the signal through its right and left branch to the rest of your heart to contract and pump blood.



Problems with your heartbeat pattern

When your heart beats, the beating comes from an internal electric signal. It is like a start button that gets pushed over and over again, at regular intervals. Sometimes, the electric signal does not work as it should. The heart may get more or not enough “starts” than it needs, or the signal may not flow through the correct path.

You may hear these terms used to describe your condition:

- **Tachycardia** is when the heart beats too fast.
- **Bradycardia** is when the heart beats too slow.
- **Arrhythmia** is when the heart does not beat at a normal rhythm.

Electrophysiology study (EPS or EP study)

An electrophysiology study is a test that observes and measures the electrical impulses of the heart. An EPS uses small amounts of energy delivered to the heart to cause the abnormal heart rhythms to happen. This allows the doctor to find the place in your heart where the abnormal signals start and where treatment needs to be done to stop them.

Catheter ablation

Ablation treats the irregular rhythms of the heart. It stops the abnormal electrical path so that the normal electric path can be used for a normal heart rhythm.

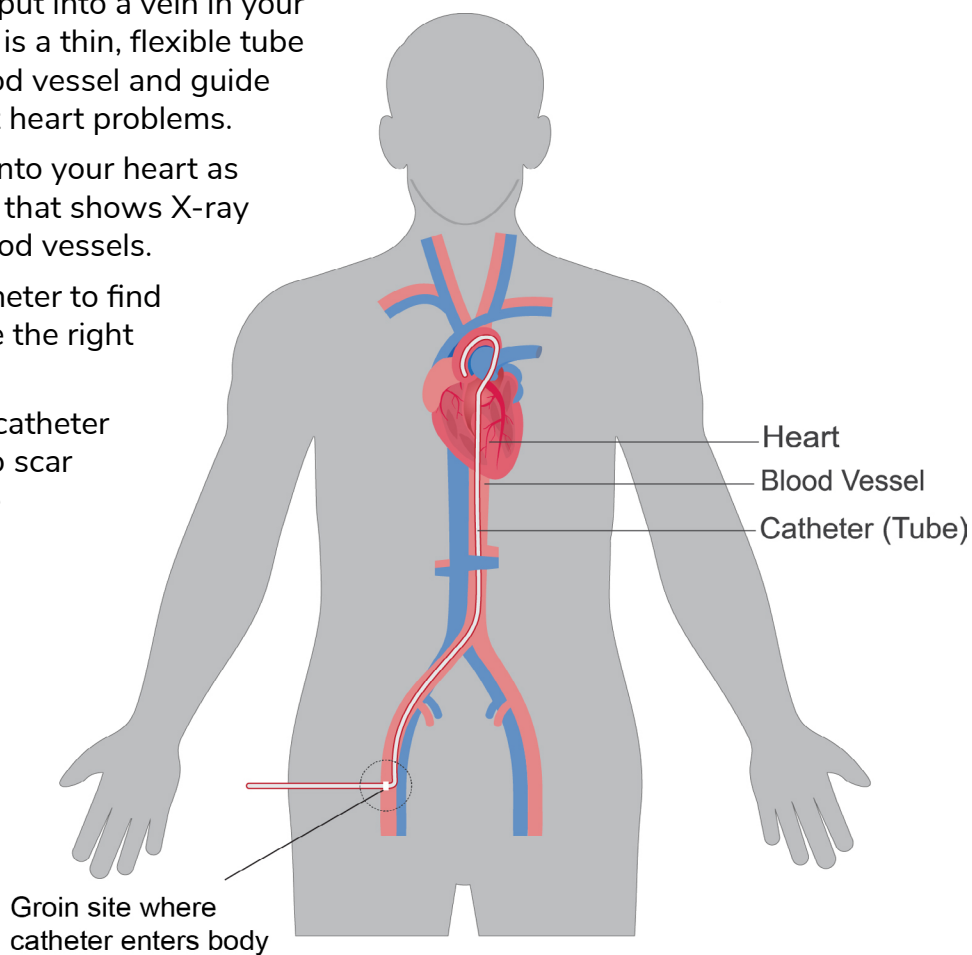
The doctor will use catheters put into a vein in your upper leg or groin. A catheter is a thin, flexible tube that doctors insert into a blood vessel and guide to your heart to check or treat heart problems.

The catheters will be guided into your heart as the doctor watches a monitor that shows X-ray pictures of your heart and blood vessels.

The doctor will first use a catheter to find the abnormal signals to locate the right spots to treat.

Using the same site, another catheter will be used to send energy to scar spots inside your heart where the abnormal signals start.

The scarring will break the signal path to stop the abnormal signals.



Preparing for EPS or Catheter Ablation

Medicine changes

Before having the procedure, you may need to make changes to your medicines. Please review this list and ask questions about anything you do not understand.

If you take valsartan/sacubitril (Entresto):

- If your procedure is WITH anesthesia, stop taking 24 hours before procedure.
- If your procedure is WITHOUT anesthesia, do not take morning of procedure.

If you take an ACE inhibitor (ACE) or Angiotensin II receptor blocker (ARB): Do not take morning of procedure. These medicines include:

- **ACE Inhibitors:** benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), and trandolapril (Mavik).
- **ARBs:** azilsartan (Edarbi), candesartan (Atacand), eprosartan (Teveten), irbesartan (Avapro), losartan (Cozaar), olmesartan (Benicar), telmisartan (Micardis), and valsartan (Diovan).

If you take these medicines for diabetes:

Medicine	Change
Oral medicine (pills)	Do not take morning of procedure
Short-acting insulin	Do not take morning of procedure
Long-acting insulin - Type 1	Decrease dose by 20% the night before, then do not take morning of procedure
Long-acting insulin - Type 2	Decrease dose by half the night before, then do not take morning of procedure

If you take any of these oral medicines listed below, stop taking it for the following number of days before the procedure:

Medicine	Having Anesthesia: Number of days to stop taking before procedure	No Anesthesia: Number of days to stop taking before procedure
▸ ertugliflozin (Steglatro)	4 days	1 day
▸ bexagliflozin (Brenzavvy)	3 days	1 day
▸ canagliflozin (Invokana)		
▸ dapagliflozin (Farxiga)		
▸ empagliflozin (Jardiance)		
▸ sotagliflozin (Inpefa)		
▸ semaglutide (Rybelsus)	1 day	1 day

If you use one of these injection medicines, stop taking before your procedure as listed below:

Medicine	When to stop taking before procedure
<ul style="list-style-type: none"> ▸ dulaglutide (Trulicity) ▸ exenatide (Bydureon BCise, Byetta) ▸ liraglutide (Saxenda, Victoza) ▸ semaglutide (Ozempic, Wegovy) ▸ tirzepatide (Mounjaro, Zepbound) 	<ul style="list-style-type: none"> ▸ If you use injection daily: do not use on day of procedure ▸ If you use injection weekly for diabetes: stop taking 1 week (7 days) before the procedure ▸ If you use the injection weekly for a reason other than diabetes: stop taking for 2 weeks (14 days) before the procedure

Changes to blood thinners (anticoagulant or antiplatelet medicines):

- warfarin (Coumadin, Jantoven): Ask your doctor if you should stop taking your medicine.
- apixaban (Eliquis): Do not take morning of procedure.
- dabigatran (Pradaxa): Do not take morning of procedure.
- rivaroxaban (Xarelto): Do not take dose before procedure.
- clopidogrel (Plavix), ticagrelor (Brilinta), or prasugrel (Effient): DO NOT skip any doses.

Please review your clinic instructions for more on medicine changes.

Take all your other medicines with small sips of water the morning of your procedure unless you are instructed to make changes to them.

Day before surgery

- **Do not eat or drink anything after midnight on the evening before your surgery.** You may take your scheduled medicines with small sips of water the morning of your surgery.
- Wash with CHG soap from your neck down **the night before your surgery** and then again the **morning of your surgery**. See “Getting your skin ready for surgery” below for instructions.
- **Pregnancy:** If you are pregnant, think you may be pregnant, or if you are breastfeeding, please tell your healthcare provider right away.
- **Tobacco use:** Do not smoke or use tobacco products for 24 hours before your surgery.
- **CPAP:** If you use a sleep apnea machine, please bring the device with you. It will likely be used during your surgery and during your stay in the hospital.
- **Overnight stay:** Some patients are discharged home the day of their surgery, but please come prepared to spend at least one night in the hospital.
- **Adult driver:** If you are discharged home the day of surgery, you will need to have an adult take you home for your safety.

Arriving for your surgery

- Arrive at your check-in time, so we can prepare you for your surgery. This time is often 2 hours before the start of your surgery.
- Register in the main lobby.
- Please allow for a full day for the procedure.

What to Expect With Catheter Ablation

During the procedure

- You will be brought to the procedure room and greeted by your electrical heart team.
- Your blood pressure will be taken every five minutes.
- Fluids will be started through your IV.
- Your wrists will be lightly restrained, so you do not touch any sterile areas.
- Your groin will be shaved, if needed, and cleaned with a sterile soap called chlorhexadine. After the soap has dried, a sterile drape will be placed from your neck to your feet.
- You may have conscious sedation or general anesthesia for your procedure.

If you have conscious sedation:

- A nurse will be right beside you throughout your procedure to give you a pain medicine and sedation medicine. You will be awake, but sleepy and relaxed.
- If you are uncomfortable at any time, tell the nurse and they will give you more medicine.
- You will feel the doctor touch your leg and inject a numbing medicine, called lidocaine. You may feel pressure in your groin after this, but should not feel any pain. If you are uncomfortable at any time, please tell the nurse at your shoulder and we will give you with more medicine, as long as it is safe to do so.
- During your procedure, you may feel your heart speeding up and slowing down. This is a normal response.
- During an ablation, you may feel warmth or mild discomfort in your chest and shoulder. Please tell the nurse at your shoulder if you are having pain and we will give you more pain medicine, as long as it is safe to do so.
- During the procedure, you may hear the doctors and staff talking about your procedure.

If you have general anesthesia:

- Your doctor will have talked with you about this at your office visit.
- You will be asked to sign a consent form before this is done.
- Some people have nausea after having general anesthesia.

After the procedure

- You will return to the post-operative area on your bed with IVs in your leg. In some cases, these will be removed as soon as you arrive. If you have received a blood thinner during your procedure, your blood will be checked often to make sure it is not too thin and then the IVs will be removed.
- You will need to lie flat for 2 to 3 hours after the IVs have been removed. You will need to keep your legs straight and your head down during this time.

- After the IVs are removed, the staff will apply a gauze dressing and a bandage.
- If you need to cough, sneeze, or laugh, hold gentle pressure to the dressing. If you feel something warm or wet running down your leg, hold pressure to the dressing site and call your nurse right away.
- If you bleed after the IVs have been removed, your bed rest may be longer, so it is very important that you listen to all instructions and lie flat in the bed.
- You will be able to eat and drink after your procedure.
- The doctor will speak with you and your family after the procedure and answer any questions you may have.
- Ask your doctor what you should expect about your heartbeat after the procedure. Sometimes the irregular rhythm goes away right after the procedure. Other times, it may take longer to go away.

Your Care After Returning Home

You will need someone to stay with you for at least the first 24 hours after your procedure for your safety.

Care of your site

- The dressing covering your leg site can be removed the morning after your procedure.
- Keep the area clean, dry and open to air. Do not put a bandage, lotion, or powder on the site until it is fully healed.
- You may shower the day after your procedure. Gently wash around the site. Do not let the stream of water directly hit the site. Clean the site gently and pat it dry with a clean towel.
- Do not take a tub bath, swim, use a hot tub, or immerse the site in water for 1 week or until the leg site is fully healed.
- Your upper leg or groin site may be tender and have some bruising. This is normal. **If your leg site feels hard, if there is any bleeding at the site, or the swelling is getting worse, call right away (number marked):**
 - ☐ 614-293-7677
 - ☐ 614-293-4299

Activity limits

- **DO NOT drive for the first 24 hours after your procedure.**
- You may walk around, but limit stair climbing and bending at the waist as much as possible for 48 hours.
- **DO NOT lift, push, or pull more than 10 pounds for the first week** after your procedure. A gallon of milk weighs about 8 pounds.
- Limit climbing stairs, bending over, squatting, stooping, and walking a lot for the first week after your procedure.
- Ask your doctor when you can expect to return to work.

Managing nausea

- If you have nausea or vomiting, drink clear liquids and follow the BRAT diet for 8 to 12 hours.
 - Clear liquids include water, lemon lime soda and fruit juices that have no pulp like apple, grape and cranberry.
 - The BRAT diet includes bananas, rice, applesauce and dry toast. These bland foods can help you ease back into your normal diet. Do not add dairy products, sugary or fatty foods right away until you are sure the nausea or vomiting has stopped.

Medicines

- You may take acetaminophen (brand name Tylenol or store brand) to help with pain around the leg site. Follow the package directions for the amount and time between doses.
- Your health care team will review with you all of the medicines listed on your discharge instructions before you leave the hospital.
- Patients are usually not prescribed pain medicine after this procedure. If your pain has not improved after 72 hours, call the Cardiac Device Clinic 614-293-8916.

Talking about your pain

Tell your healthcare team as much as you can about your pain. Share with them:

- Location: Where does it hurt?
- Intensity: How strong does the pain feel?
- Duration: How long do you feel the pain? How often does the pain occur?
- Causes: What makes the pain worse?
- Relief: What helps the pain?
- What the pain is like: Is it burning? Sharp? Dull? Stabbing? Spasms? Aching?

Talk to your doctor if you are having more pain that you can tolerate.

Managing pain without medicine

- Many people find they are able to manage pain without using medicine. Options include:
 - Activity: Start moving as soon as possible after surgery if your doctor says it is okay. Moving helps your breathing and digestion, helps you heal faster and can help lessen pain over time.
 - Cold and Heat: Both cold and heat can help lessen some types of pain. Some types improve best using cold, others with moist heat. Talk to your nurse about which is best for you.
 - Deep Breathing: Taking slow deep breaths can help you relax and lessen pain.
 - Distraction: Focus on something other than pain. Playing games, talking and visiting may relax you and keep you from thinking about the pain. Watching TV or reading may help.
- Music: Playing or listening to music can help you relax and help you breathe more deeply and slowly. It can also increase your energy and help change your mood.
- Relaxation Techniques: Stress and anxiety can make pain worse and slow healing. It is hard to avoid stress, but you can learn to control stress. Below are different ways to help you relax:
 - Use extra pillows and blankets to stay in a comfortable position.
 - A massage of your back, hands or feet may help lessen your pain.
 - Try placing a cool cloth on your hands or face.
 - Close your eyes and imagine yourself in a place you find relaxing.

Follow-up visit

- You will be scheduled for a follow-up visit with your electrophysiology (EP) doctor. Please bring a list of all our medicines to this visit.
- If you have not been contacted within 6 weeks to set up your 3-month visit, please call us at 614-293-7677, option 1.

Call your doctor right away if you have

- Redness, swelling, bleeding, or drainage from the leg site
- Temperature of 100.4° F (38° C) or higher, or as directed
- Nausea or vomiting

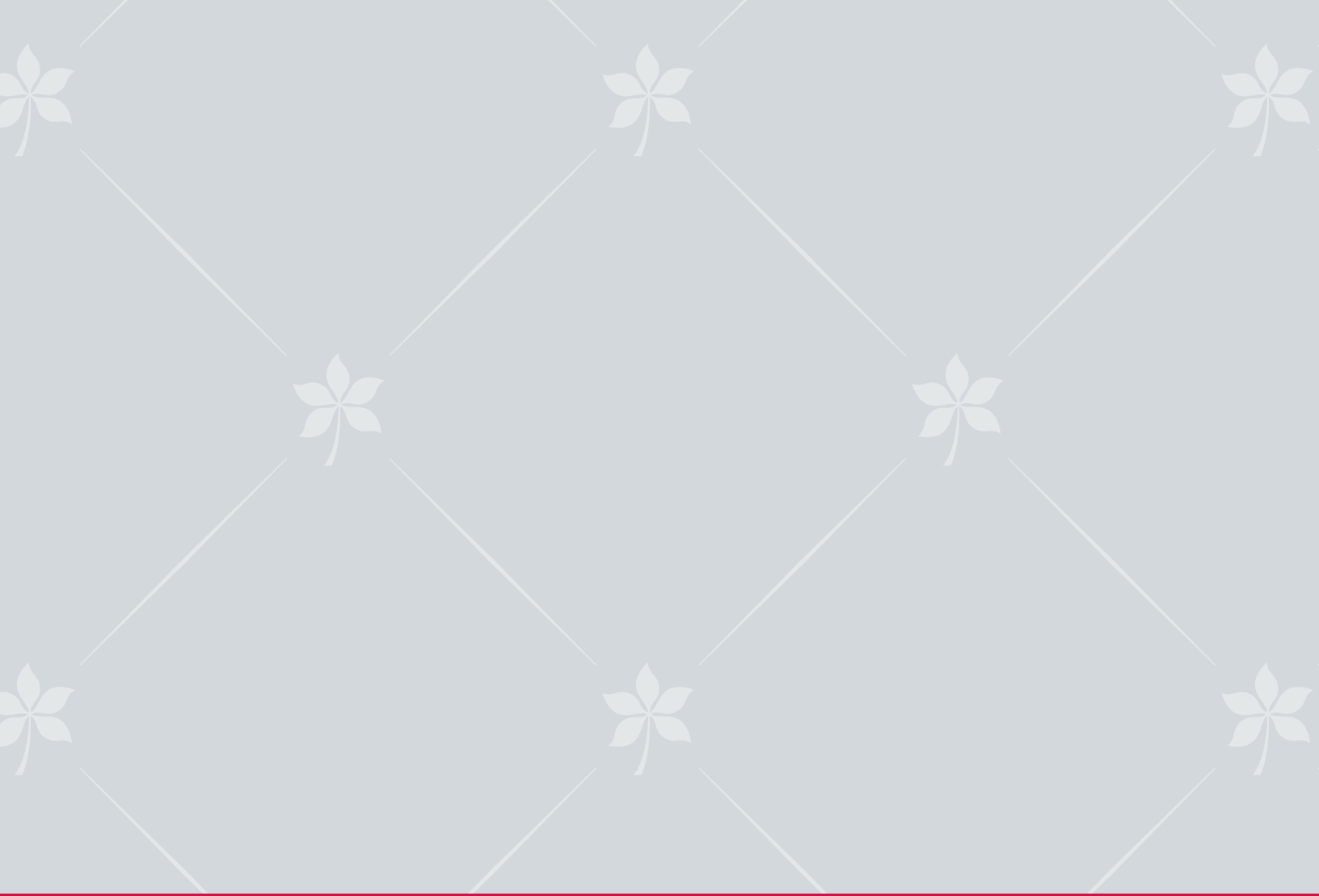
Call 911 if you have

- Chest pain or shortness of breath
- Sudden coldness, pain, or numbness in the leg where the catheter site was

Notes



A series of horizontal dashed lines for writing notes.



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