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EXCELA ELECTROPHYSIOLOGIST CONQUER IRREGULAR HEART BEAT THROUGH ATRIAL ABLATION

GREENSBURG, PA, February 17, 2014 ... For 15 years, Robert Bush, 75, experienced atrial fibrillation (often called A-fib or AF), a common abnormal heart rhythm that causes an irregular and often rapid heartbeat. During bypass surgery some eight years ago, doctors also performed an ablation to relieve the A-fib symptoms that had “made me miserable.”

But three years after the bypass surgery, the A-fib returned. “At first, I would experience symptoms for a day, but one day grew into longer and longer periods of time,” the Derry resident reported. “Sometimes, it lasted five to seven days, and was different all the time.” Not a comfortable feeling as he described, and one that made him weak and tired during each prolonged episode. “I had no energy and lots of discomfort and pressure.”

After consulting with several cardiologists about a second ablation, Bush was told “No, you’ve had one and it didn’t work.” Undaunted, he sought care with Excelsa Health cardiologist Asghar Fakhri and brought up the idea of a second ablation once again and Dr. Fakhri agreed.

Bush was referred to Excelsa cardiac electrophysiologist Mati Friehling, whose recent cardiology and cardiac electrophysiology fellowship at the University of Pittsburgh Medical Center focused on ablation to correct A-fib and supraventricular tachycardia (SVT) as well as pacemaker and defibrillator implantation.

In late September, Dr. Friehling performed the ablation on Bush who shared that “it didn’t feel like I had anything done.” After a one-night hospital stay, Bush said he experienced absolutely no pain and that his heart was back in rhythm immediately. “I go to the gym three days a week, which is much easier now. It’s also nice to go to see my grandchildren without the A-fib.”

Dr. Friehling is the first physician in the Excelsa Health system to offer atrial ablation and currently performs the procedure two to four times a month.

“Atrial ablation is a good treatment strategy for people with symptoms,” Dr. Friehling says, which include fatigue, chest pain, shortness of breath, and irregular heart beating.

“While medication is the first line of treatment,” Dr. Friehling notes. “patients seeking atrial ablation hope to avoid medications long-term or have found medications unsuccessful.”

The day before the procedure, an ultrasound of the heart ensures there are no blood clots, and then the patient undergoes a cardiac CT scan.

“This allows me to have a roadmap of the patient’s anatomy,” Dr. Friehling explains.

On surgery day, the patient receives general anesthesia. Rather than open heart surgery, the four-hour procedure is performed through the veins. Dr. Friehling threads catheters up the patient’s groin extending into the heart, where the doctor then burns away the defect in the left atrium, what Dr. Friehling refers to as “the cornerstone of the procedure.”

Once the procedure is finished, the catheters are removed, and the patient is woken in the lab and then monitored in the Coronary Care Unit for one night. The next day, another echocardiogram will ensure proper heart functioning, and if all signs indicate so, the patient is sent home. If issues arise, the patient stays two nights. However, the procedure has a success rate of 70-80%. After two to three days of heavy lifting restrictions, the patient can return to daily routines. Checkups assure the recovery is a safe one.

“It’s a good feeling to feel normal again,” says Bush.