

Electrophysiology study

Your doctor has recommended you undergo an electrophysiology study (EPS).

You might not have heard this medical term before now and may be feeling unsure about the nature of the procedure.

This information sheet outlines what the procedure is and what preparations and risks are involved.

After you read this information sheet, you might still have questions. If you do, please contact the team at Heart HQ. We're here to help.

1. What's an EPS?

Your doctor may have mentioned to you that you have a problem with your heart rate, where your heart could be beating too fast, too slow or with an irregular rhythm.

An EPS will help your doctor confirm an arrhythmia diagnosis or learn more about a known arrhythmia.

2. How does it work?

An intravenous line (IV) will be placed into a vein in your arm. This is for the medical team to administer medication throughout your procedure. You will receive an injection of local anaesthetic before catheters (very fine tubes) will be placed into a vein in your groin. A sedative will also be given.

Pacing wires will be passed through the vein in your groin up into your heart. Your doctor will be able to see the wires using x-rays. The wires record electrical signals from your heart and displays them on a monitor. From this, your doctor will be able to assess what kind of abnormal heartbeats you are experiencing.

Your doctor will devise the best course of treatment for you, which may involve:

- prescription of medications
- the insertion of a pacemaker or implantable cardiac defibrillator (ICD)
- a radiofrequency ablation (RFA).

3. What kind of risks are associated with this procedure?

Any kind of procedure carries some element of risk, often very small and rare.

Your doctor has balanced the benefits and risks of carrying out the test against the benefits and risks of not proceeding. If your doctor has recommended this procedure, they believe there is benefit to you going ahead.

It's important you understand the risks involved so you can make an informed decision.

Here are the most commonly reported risks and complications associated with a pacemaker installation.

Common risks and complications (more than 5% of cases)

- Minor bruising at the puncture site

Uncommon risks and complications (1–5% of cases)

- Major bruising or swelling at the groin puncture site
- Blood clot in the lung
- Blood clot in the leg (deep vein thrombosis or DVT) causing pain and swelling—in rare cases part of the clot may break off and go to the lungs
- Death is possible due to this procedure

Rare risks and complications (less than 1% of cases)

- Heart block—this may require a pacemaker
- Heart perforation—which may require drainage or surgery to repair

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Our commitment to you

As a patient of Heart HQ, you can be assured we will always strive to act in your best interests and we will only recommend tests and procedures we believe will benefit you.

Everyone has questions, and we want to answer yours. Please contact your doctor to talk over any concerns you might have.

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