Electrophysiology Study (EPS)

1. What is a electrophysiology study (EPS)?

Electrophysiology studies are performed to determine an arrhythmia diagnosis or the mechanism of a diagnosed arrhythmia.

A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.

You will have an injection of local anaesthetic into the right groin. A wire, called a 'pacing wire' is passed through the vein in the groin up into your heart. The doctors can see the wire using x-rays.

The wire records electrical signals from your heart. This allows the doctor to assess what abnormal heart beats you have. The electrical signals are displayed on a monitor. At the end of the procedure, the wires are taken out.

During the study your symptoms may come back. This is what the doctors want to happen as it helps locate the source of the problem.

The doctors can then suggest what is best for you. This may be:

- The insertion of a pacemaker or implantable cardiac defibrillator (ICD)
- A radiofrequency ablation (RFA) OR
- medications may be suitable.

If the study does not cause an abnormal heart beat, the doctors will talk to you about whether you need further treatment.

2. Anaesthetic

This procedure will require a local anaesthetic. Sedation may also be given.

3. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (> 5%) include:

- Minor bruising at the puncture site.

Uncommon risks and complications (1 – 5%) include:

- Major bruising or swelling at the groin puncture site.
- Blood clot in the lung.
- Blood clot in the leg (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 (< 1%) include:

- Heart block. This may require a pacemaker.

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