
What testing is necessary for patients with PVCs?

First, it is important to exclude underlying structural heart disease with an echocardiogram. Another common test for patients with PVCs is a 24- or 48-hour Holter monitor, or 2-week ZIO® patch monitor, which helps to determine PVC frequency, the number of PVC morphologies, and correlation of PVC with patient symptoms.

What treatments are available for PVCs?

Options include medical management and catheter ablation. Medical management usually consists of oral beta-blockers and/or antiarrhythmic medications that are taken once or twice daily. In patients who do not tolerate medications or who continue to have arrhythmia despite medications, catheter ablation can be performed in the electrophysiology lab. This is a minimally invasive procedure where catheters are passed up to the heart through the blood vessels in the groins. Using a combination of technologies, we are able to map the PVC to its source. We then eliminate the abnormal tissue causing the PVC with radiofrequency ablation from a catheter tip. Patients must lie flat for a few hours after the procedure, but usually go home the same day. In rare cases, patients may be released the next morning.

Which patients benefit from specialized PVC care?

Consider referral for specialized electrophysiology care when a patient presents with any of the following conditions:

- Palpitations concurrent with PVCs
- A high burden of PVCs (>10 percent of all heartbeats, which increases the risk for congestive heart failure)
- Monomorphic PVCs (meaning all of the same morphology on ECG)

Consults and referrals

If you have a patient who may benefit from this treatment, or to consult with our team, please call **800-245-6478**.

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