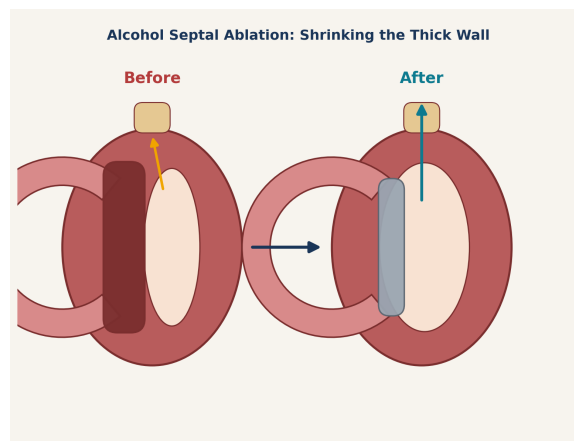


Understanding Alcohol Septal Ablation

A catheter treatment for obstructive HCM (ASA)

A non-surgical way to shrink the thick heart wall and breathe easier.



Online: <https://go.riasalimd.com/septal-ablation-guide>

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Names & Terms You Will Hear

Term	Meaning
Alcohol septal ablation	A catheter treatment that uses a tiny dose of pure alcohol to shrink the thick heart wall. No open surgery is needed.
ASA	Short form of alcohol septal ablation. (Not aspirin — same letters, different thing.)
Septal reduction therapy	The umbrella term for treatments that shrink the thick wall — ASA or surgery (myectomy).
TASH	Transcoronary ablation of septal hypertrophy. An older name for the same procedure.
PTSMA	Percutaneous transluminal septal myocardial ablation. The full medical name for ASA.
Obstructive HCM (oHCM)	The form of thick-heart disease that ASA treats. The thick wall blocks blood leaving the heart.
LVOT obstruction	Left ventricular outflow tract obstruction — the blockage that ASA is meant to relieve.

Two things share the letters "ASA." In this guide, ASA means **alcohol septal ablation** — a heart procedure. It is **not** aspirin. If your medicine list says "ASA," that is aspirin, a different thing.



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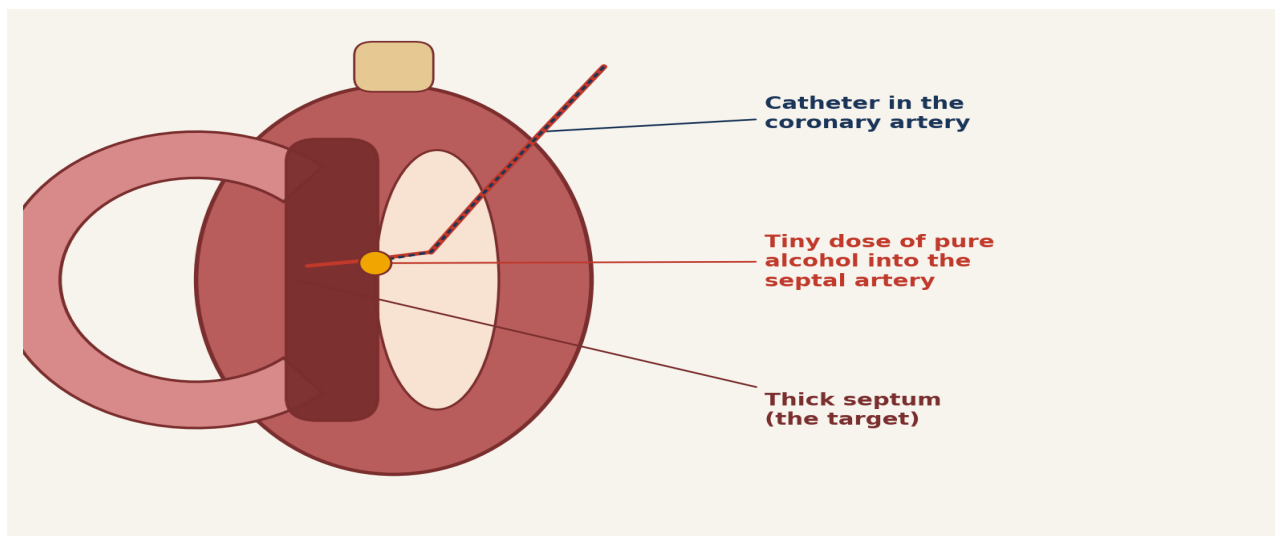
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What Is Alcohol Septal Ablation?

- Alcohol septal ablation (ASA) is a **catheter treatment** — not open surgery. A thin tube is threaded through a blood vessel up to the heart.
- It treats **obstructive hypertrophic cardiomyopathy (oHCM)**: a thick heart wall (the septum) that blocks blood from leaving the heart. See our [HCM guide](#).
- The doctor sends a **tiny dose of pure alcohol** into the small artery that feeds the thick muscle. This causes a small, planned, controlled injury — a kind of **tiny, on-purpose heart attack** in just that spot.
- Over the next **weeks to months**, that small piece of muscle shrinks and softens. The blockage eases, so blood leaves the heart more freely.
- When the blockage eases, **symptoms get better** — less shortness of breath, less chest pressure, less fainting and dizziness.
- ASA is for people whose **symptoms continue even after medicines**. It is not a first step. Medicines come first.



How it works. A catheter goes into the coronary artery. A tiny dose of pure alcohol then goes into the small septal artery that feeds the thick wall.



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How It Shrinks the Septum

- The thick muscle (septum) is fed by one or more small arteries that branch off a main coronary artery.
- The doctor first does a test with a balloon and dye to find the exact artery feeding the part that needs to shrink.
- A tiny dose of pure alcohol is then injected into that small artery only.
- The alcohol causes a small, planned, controlled injury — like a tiny heart attack aimed at just that spot.
- Over the next weeks to months, that muscle scars, softens, and shrinks. The blockage eases and blood flows out more freely.



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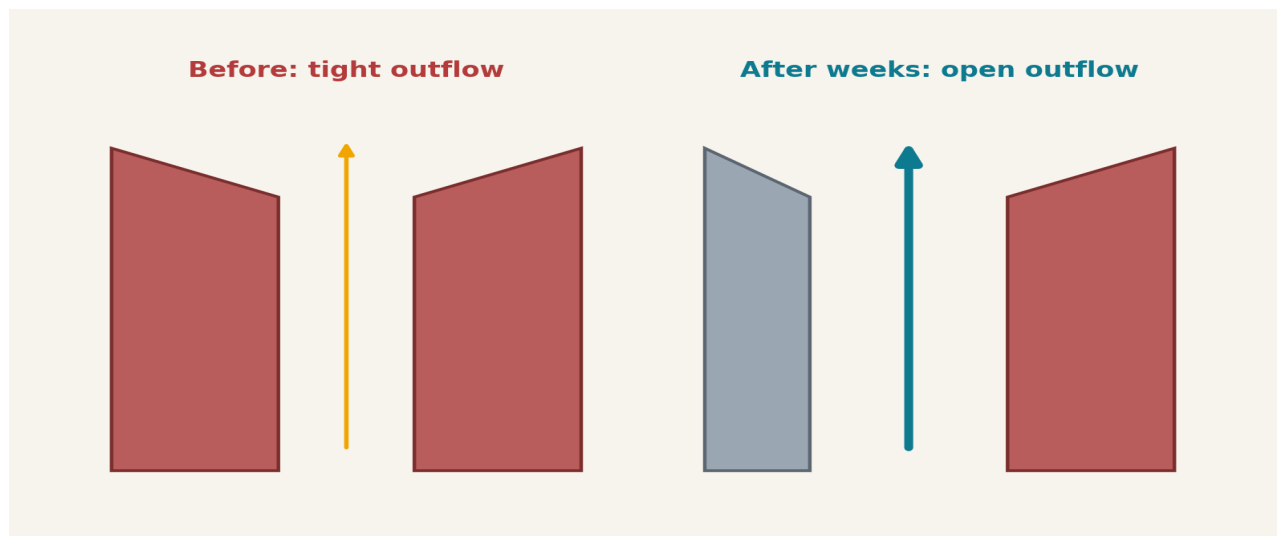
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Why It Matters

- ASA is usually offered **after medicines fail** — when beta-blockers, verapamil, disopyramide, or mavacamten have not controlled symptoms.
- It often fits **older patients** or people who are a **higher risk for open-heart surgery**. No chest incision and no heart-lung bypass are needed.
- Choosing ASA versus surgery ([septal myectomy](#)) is a **Heart Team decision**. You make it together with your team, based on your age, anatomy, and health.
- The **main known risk** is heart block — the heart's wiring can be disturbed and may need a **permanent pacemaker**. We cover this honestly below.
- Results **build up slowly**. You may not feel the full benefit for 1 to 3 months as the muscle shrinks.



The outflow tract before and after. As the treated muscle shrinks over weeks, the channel widens and blood leaves the heart more freely.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Symptoms despite medicines	ASA is considered when shortness of breath, chest pain, or fainting continue even on good medicine doses.
Higher surgical risk	Older age or other illness can make open-heart surgery riskier. ASA may be a gentler option.
Suitable septal artery	ASA only works if a small artery feeds the right part of the thick wall. A test injection during the procedure checks this first.
Moderate septal thickness	ASA tends to work best when the wall is not extremely thick. A very thick wall often does better with surgery.
Patient preference to avoid surgery	Some patients strongly prefer a catheter approach. This is part of the shared decision.



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Treatment Options

- **Medicines first.** Beta-blockers, verapamil, or disopyramide are tried before any procedure. [Mavacamten \(Camzyos\)](#) is a newer medicine that can shrink the obstruction and may help you avoid a procedure.
- **The Heart Team reviews you.** Cardiologists and heart surgeons look at your case together and offer ASA, surgery, or more medicine.
- **In the cath lab.** You are awake but relaxed with sedation. A catheter goes in through a wrist or groin vessel — no chest incision.
- **A temporary pacing wire** is placed first. The procedure can slow the heart's wiring, so this wire protects you during and right after.
- **The alcohol step.** A test balloon and dye confirm the right septal artery. Then a small amount of pure alcohol is injected to shrink that muscle.
- **A few days in the hospital.** Most people stay 2 to 4 days so the heart rhythm can be watched closely.
- **Gradual improvement.** The septum keeps shrinking for 1 to 3 months. Symptoms ease over that time, not overnight.
- **Follow-up echo.** An ultrasound (echo) checks that the blockage has eased and the heart is working well.

Alcohol Septal Ablation vs. Septal Myectomy — the Heart Team choice

	Alcohol Septal Ablation (ASA)	Septal Myectomy (Surgery)
Approach	Catheter through a wrist or groin vessel. No chest incision.	Open-heart surgery with heart-lung bypass.
Recovery	Short. Usually 2 to 4 days in the hospital. Benefit builds over 1 to 3 months.	Longer. Days in the hospital plus weeks of healing. Relief is often quicker and more complete.
Often best for	Older patients or those at higher surgical risk, with suitable anatomy.	Younger patients or a very thick wall, at an expert center.
Pacemaker risk	Higher — about 1 in 10 need a permanent pacemaker.	Lower than ASA.



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ASA vs. Myectomy: the Heart Team Choice

- Both treatments shrink the thick wall and relieve the blockage. Neither is simply "better" — the right choice depends on you.
- ASA avoids open surgery, so it often fits older patients or those with higher surgical risk.
- Surgery (myectomy) often gives more complete, longer-lasting relief, and tends to be preferred for younger patients or a very thick wall.
- There is genuine equipoise — experts can reasonably disagree, so the decision is shared and individualized.
- The 2024 AHA/ACC HCM guideline recommends these procedures be done at experienced, high-volume centers with a Heart Team.
- Read more in our [septal myectomy guide](#).



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Stay well hydrated unless your doctor limits fluids — being dry can make the obstruction worse.
- Avoid heavy weight lifting and straining, which can worsen the blockage.
- Rise slowly from sitting or lying to avoid dizziness.
- Limit alcohol and big, heavy meals, which can drop blood pressure and trigger symptoms.
- Keep all follow-up echo and rhythm-check visits — recovery is gradual and needs monitoring.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Alcohol septal ablation (ASA)	Heart block needing a permanent pacemaker (about 1 in 10). Rarely, alcohol affects the wrong area. Arrhythmia. Sometimes incomplete relief or a repeat is needed.	No open surgery, no chest incision. Shorter recovery. A good fit for older or higher-surgical-risk patients.	Septal myectomy; mavacamten; stronger medicines.
Septal myectomy (surgery)	Open-heart surgery with bypass. Death risk under 1% at expert centers. Lower pacemaker risk than ASA. Longer recovery.	The gold standard for severe obstruction. Very complete, durable relief. Best for younger patients or a very thick wall.	Alcohol septal ablation; mavacamten; medicines only.
Mavacamten (Camzyos)	Frequent echo visits. High cost. Rare heart weakening if the dose is too high. Not for everyone.	A pill that targets the root cause and shrinks the obstruction. May help you avoid any procedure.	Beta-blocker; disopyramide; ASA; surgery.
Stronger medicines only	Side effects like fatigue, low blood pressure, or slow heart rate. May not fully relieve symptoms.	No procedure. Low cost. Easy to start and stop. First-line for everyone.	ASA; surgery; mavacamten.



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Common Misconceptions

Myth	Reality
"Alcohol septal ablation means drinking alcohol heals my heart."	No. A tiny dose of pure alcohol is injected directly into one small artery during a procedure. It has nothing to do with drinking. Drinking does not treat HCM.
"ASA is the same as bypass or open-heart surgery."	No. ASA is a catheter procedure. There is no chest incision and no heart-lung bypass. Surgery (myectomy) is the open-heart option.
"A planned heart attack must be dangerous."	The injury is small, controlled, and aimed at just the thick muscle that needs to shrink. It is done carefully in a cath lab with constant monitoring.
"ASA works right away."	The benefit builds up over 1 to 3 months as the muscle shrinks. Many people feel only partial relief at first.
"ASA is always better because it avoids surgery."	Not always. For younger patients or a very thick wall, surgery often gives more complete, longer-lasting relief. The choice is individual.
"If I need a pacemaker, the procedure failed."	A pacemaker fixes the wiring issue and lets you live a normal, active life. The blockage can still be well treated even if you need one.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart's wiring (conduction)	Heart block is the main risk. About 1 in 10 patients need a permanent pacemaker. A temporary wire protects you during the procedure.
Wrong-area injury	Rarely, the alcohol affects muscle outside the target. Careful test injections and imaging lower this risk.
Heart rhythm	Abnormal rhythms can occur during or after. This is why you are watched closely in the hospital for a few days.
Incomplete relief	Sometimes the blockage does not ease enough. A repeat ablation or surgery may then be considered.
Access site	Bruising or bleeding where the catheter went in (wrist or groin). Usually minor.
Coronary artery	Rarely, the artery that was treated can be injured. The team works to keep the alcohol confined to the small septal branch.

Pacemaker Risk and Recovery

- The thick wall sits right next to the heart's electrical wiring. Shrinking it can disturb that wiring (heart block).
- A temporary pacing wire is placed before the alcohol step to protect you, and you are watched in the hospital for a few days.
- About 1 in 10 patients need a permanent pacemaker afterward — higher than with surgery. Registry studies report a range around 7 to 20 percent.
- A pacemaker is a small device that keeps your heartbeat steady. With one, most people live full, active lives. See our [pacemaker & ICD guide](#).
- Recovery is gradual. The septum keeps shrinking for 1 to 3 months, so symptoms ease over that time, not all at once.



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Points to Know

If you remember nothing else, remember these key points.

- ASA is a catheter (non-surgical) treatment for obstructive HCM after medicines fail.
- A tiny dose of pure alcohol shrinks the thick wall over weeks — a small, planned, controlled injury.
- It often fits older or higher-surgical-risk patients.
- ASA versus surgery (myectomy) is a Heart Team decision made with you.
- The main risk is heart block needing a permanent pacemaker — about 1 in 10.
- Benefits build up over 1 to 3 months, not overnight.
- Medicines, including mavacamten, are always tried first.
- All close relatives should be checked for HCM — ask about family screening and genetic testing.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pain, severe shortness of breath, fainting, or a racing heart that will not settle.
- **Call 911** if you feel very slow, very lightheaded, or pass out after the procedure — this can be a wiring (heart block) problem.
- **Call our office** if your shortness of breath or chest pressure is getting worse.
- **Call our office** for fever, drainage, or growing redness at the catheter site.
- **Call our office** if you feel a new fast or irregular heartbeat.
- **Call our office** to keep every follow-up echo and rhythm-check visit on the calendar.
- **Call our office** if a close relative is newly diagnosed with HCM — you and your children may need screening.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Alcohol Septal Ablation](#) - Patient overview of the catheter procedure.
- [Mayo Clinic — Hypertrophic Cardiomyopathy](#) - Who benefits from septal reduction and what to expect.
- [AHA — Hypertrophic Cardiomyopathy](#) - Where ASA fits in the HCM treatment ladder.
- [Hypertrophic Cardiomyopathy Association](#) - Patient community and family-screening guidance.
- [Our HCM Guide](#) - Background on the disease ASA treats.
- [Our Septal Myectomy Guide](#) - The surgical alternative to ASA.
- [Our Pacemaker & ICD Guide](#) - What a pacemaker is, in case heart block needs one.
- [Our Cardiac Genetic Testing Guide](#) - Family screening for inherited heart disease.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy](#) [Guideline]
Authoritative basis for indications for septal reduction therapy, alcohol ablation vs myectomy selection, Heart Team shared decision-making, and high-volume center recommendations.
- [Cleveland Clinic — Alcohol Septal Ablation](#) [Patient Education]
Patient-facing overview of the catheter-based procedure to shrink the thickened septum in obstructive HCM and reduce the LVOT gradient.
- [Mayo Clinic — Hypertrophic Cardiomyopathy \(diagnosis & treatment\)](#) [Patient Education]
Describes who benefits from septal reduction, the goal of relieving symptoms, the recovery course, and complication context such as heart block needing a pacemaker.
- [American Heart Association — Hypertrophic Cardiomyopathy \(treatment\)](#) [Patient Education]
Positions septal reduction therapy (ablation vs myectomy) within the broader HCM treatment ladder for patients.
- [Cleveland Clinic — Septal Myectomy](#) [Patient Education]
Describes the surgical alternative to ASA, supporting the plain-language ASA-vs-myectomy comparison table and Heart Team framing.
- [Mayo Clinic — Septal Ablation \(procedure overview\)](#) [Patient Education]
Visual/procedural reference for how the catheter delivers alcohol into the septal artery; informs the accuracy of the catheter-approach diagram.
- [Mavacamten \(Camzyos\) — FDA prescribing information / VALOR-HCM context](#) [Regulatory]
Supports the mavacamten-era medicine context — a newer cardiac myosin inhibitor that can reduce LVOT obstruction and may help patients avoid a septal reduction procedure.
- [Hypertrophic Cardiomyopathy Association \(HCMA\)](#) [Patient Education]
Patient community and family-screening guidance referenced for the family-screening and trusted-resources sections.
- [NHLBI — Cardiomyopathy](#) [Patient Education]
Federal patient resource for general HCM background underpinning the condition explainer.
- [Nishimura RA, Ommen SR — Septal Reduction Therapy outcomes \(review\)](#) [Review]
Outcome/registry-level context for ASA — symptom relief, gradient reduction, and the higher rate of permanent pacemaker after alcohol ablation compared with myectomy.



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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and AHA patient pages. Ours adds: the 2024 AHA/ACC HCM guideline Heart Team framing, a plain-language ASA-vs-myectomy table, an honest pacemaker-risk number, and the mavacamten-era medicine context.

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