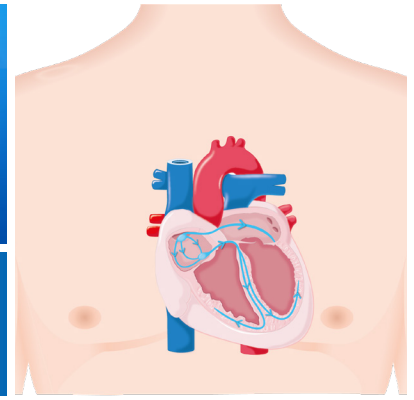


Atrial fibrillation



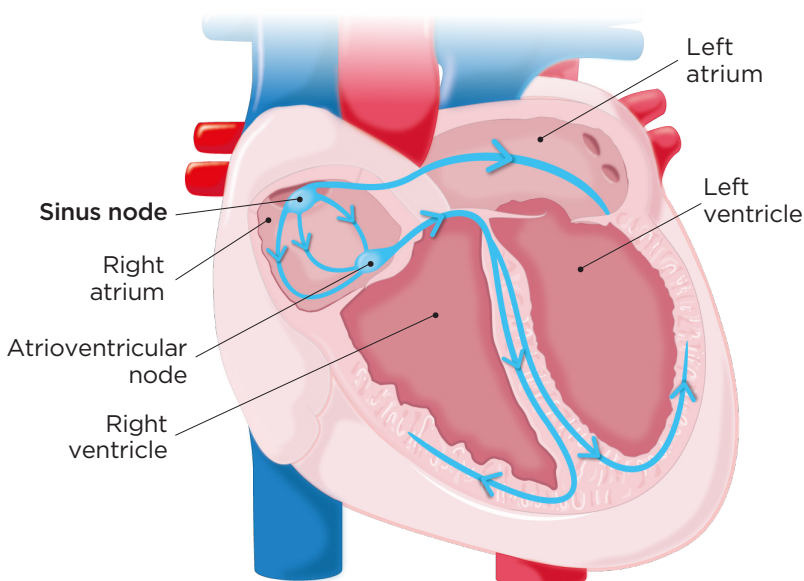
You have the most common heart rhythm disorder (arrhythmia), called atrial fibrillation. This fact sheet will help you better understand this disorder and know how to take care of yourself.

What is atrial fibrillation?

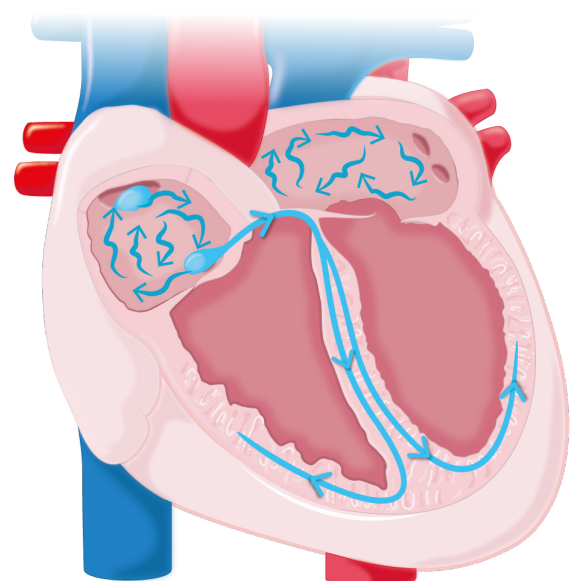
The heart has an electrical system that enables it to beat. The electrical signal begins in the sinus node in the right atrium and then continues through the other structures of the heart. Its pathway is illustrated below.

Sometimes this system malfunctions and the atria of the heart beat faster and less regularly than usual. This can make it difficult for the heart to pump blood.

Normal pathway of the electrical signal



Pathway with atrial fibrillation



What are the symptoms of atrial fibrillation?

There may be several, such as :



- palpitations, that is, fast heartbeats and knocking in the chest; sometimes you can feel that there are missing heartbeats
- fatigue or lack of energy
- shortness of breath, or feeling as if you're about to faint
- pressure, tightness, or discomfort in the chest
- sweating
- anxiety

It's also possible to feel no symptoms.

What are the causes?

It can be difficult to pinpoint the exact cause of atrial fibrillation. The main risk factors are :

- ageing
- high blood pressure (hypertension)
- sleep apnea
- excess weight
- coronary artery disease (coronary artery disease) or heart muscle disease (cardiomyopathy)
- a problem with the valves of the heart (the doors between the chambers of the heart)
- excessive alcohol consumption
- a recent heart operation

What tests could I have?

First, the doctor does a health check-up. They will ask questions about your symptoms and your overall health status, and then will do a physical exam.

You may also need to have the following tests :

- **an electrocardiogram (ECG)** : the electrical activity of the heart is recorded over a short period of time
- **a Holter recording** : the electrical activity of the heart is recorded over a longer period of time (up to 24 hours)
- **a cardiac ultrasound**, in which the heart is observed in action



Cardiac ultrasound

None of these tests is painful.

What are the possible treatments?

Here are the main treatments. They are adapted to each person as needed.

Medication

Depending on your case, you may be prescribed medications to :

- Slow down your heartbeat (such as a beta-blocker).
- Control arrhythmias and avoid fibrillation (antiarrhythmic medication). These are mostly prescribed when the discomfort is more severe and medication to slow down the heartbeat is not enough.
- Make your blood thinner (anticoagulant). These reduce the risk of a blood clot forming in a blood vessel in the heart and causing complications.

Interventions

If needed, you could have one of the following interventions :

- > **Electrical cardioversion** : a short procedure in which the heart receives a weak electrical shock. There is no pain, as you are put to sleep for a few minutes. This procedure is done with a small device, called a defibrillator, placed on the skin.
- > **Removal (ablation) of the abnormal area of the electrical system** : a small tube (catheter) is inserted into a vein to get to the heart, where some tissue is then destroyed. This helps restore the proper functioning of the heart's electrical system.

Can there be any complications?

Ask your doctor. If this type of arrhythmia is left untreated, there is a greater risk of :

- cerebrovascular accident (CVA, or stroke) : a clot or bleeding in a vessel in the head which causes a lack of oxygen in a region of the brain (see also the health fact sheet [A blood clot in the brain - Ischemic stroke](#))
- arterial thrombosis : a blood clot forms in a vessel (artery)
- heart failure : the heart has trouble circulating blood through the body

What do I need to do to live well with fibrillation?

Most people with this type of arrhythmia have a good quality of life when the problem is properly treated and monitored.

In addition, if the risk factors are clearly identified and well controlled (for example, through regular blood pressure monitoring), it helps make the arrhythmia symptoms less severe and prevents their recurrence.

Physical activity (such as walking) and sports are good for heart health. Before starting these, talk with your doctor, who may give you advice to ensure your safety.

If you have any concerns or worries about resuming physical activity, discuss these with your health care team. They'll be able to help you.



What is the follow-up?

You'll have follow-up appointments with your doctor. It's important that you go to these, so that your heart is carefully monitored.

What should I do if I have any atrial fibrillation symptoms?

If your heartbeat (pulse) is irregular or fast, or if you feel dizzy or short of breath :

- **sit or lie down** right away
- ask someone to stay close by
- take your pulse to see if it's fast, and whether it's regular or not



Most often, the symptoms will go away with rest. When you feel better, you can resume your activities.

When should I go to the emergency room?

Call **911** or get a ride to the nearest hospital emergency room if :

- you're still dizzy, even after resting
- you're out of breath, even after resting, or you can't catch your breath
- you have chest pains
- you have discomfort in your neck, jaw, shoulder, or arm
- you have sudden weakness on one side of your body or have difficulty speaking



If you're not sure whether you need to go to the emergency room, or if you're worried about a symptom, call a nurse at the CHUM Patient Health Line.

> **514 890-8086**

This service is available 7 days a week, 24 hours a day. When calling, make sure you have your health insurance (RAMQ) card on hand.



The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.



USEFUL RESOURCES

CHUM Atrial Fibrillation Clinic.
For more information, or to consult frequently asked questions (in French) :

> chumontreal.qc.ca

On the home page, in the search box, enter "Clinique de fibrillation auriculaire" (French only)

The guide Living with atrial fibrillation, by the University of Ottawa Heart Institute :

> ottawaheart.ca/

On the home page, under Patients & Visitors, click on Tools and Resources → Patient Guides → Living with Atrial Fibrillation

Heart & Stroke Foundation - Canada :
> heartandstroke.ca

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our website

chumontreal.qc.ca/fiches-sante



Questions

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca