



Arrhythmia Alliance

The Heart Rhythm Charity

Promoting better understanding, diagnosis,
treatment and quality of life for individuals
with cardiac arrhythmias



SVT Patient Information

www.heartrhythmcharity.org.uk

Registered Charity No. 1107496 ©2008

Introduction to SVT

This booklet is intended for use by people who wish to understand more about Supraventricular Tachycardia (SVT). The information within this booklet comes from research and previous patient's experiences.

This booklet offers an explanation of the SVT condition.

Additional information can be sourced from the website
www.heartrhythmcharity.org.uk

Arrhythmia Alliance (A-A) is a coalition of charities, patient groups, patients, carers, medical groups and allied professionals.

These groups remain independent, however, work together under the A-A umbrella to promote timely and effective diagnosis and treatment of arrhythmias.

A-A supports and promotes the aims and objectives of the individual groups.

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Glossary of terms

ECG

An Electrocardiogram (ECG) records the electrical activity of the heart.

Syncope

Loss of consciousness or faint.

Tachycardia

An abnormally fast heart rate.

Arrhythmia Alliance patient booklets are reviewed annually.

This booklet will be next updated April 2009,

if you have any comments or suggestions

please contact A-A.

What is a Supraventricular Tachycardia (SVT)?

SVT is a rapid abnormal heart rhythm that begins in the upper chambers of the heart. The atria are above the ventricles, hence the term supraventricular. The term tachycardia refers to a rapid heartbeat of over 100 beats per minute. Supraventricular tachycardia is frequently abbreviated to SVT.

Symptoms you may experience during SVT

- Palpitations
- Light headedness
- Dizziness
- Chest pain
- Shortness of breath
- Loss of consciousness (rare)

Typically, patients have varying degrees of symptoms from SVT, but occasionally they may have no symptoms. A common symptom during SVT is palpitations or a sensation that the heart is beating rapidly, fluttering, or racing. This may last for a few seconds or several hours. Occasionally, you may feel short of breath or feel a pressure or pain in your chest. Sometimes patients will feel light headed or dizzy, and rarely patients will feel like they are about to blackout or faint. Loss of consciousness (also known as syncope) during SVT is a rare occurrence. Although such symptoms may raise concern, in general, the majority of SVTs are not life-threatening. Nonetheless, if any of these symptoms develop, immediate medical attention should be sought.

How is SVT diagnosed?

A heart tracing (ECG) provides a picture of the heart rhythm and is recorded by placing stickers and leads on the chest and limbs. If the patient is experiencing SVT during the ECG, a clear diagnosis can be made. A 24-hour ECG (heart monitor) may be used to record the heart rhythm continuously. This type of monitor is particularly helpful in documenting asymptomatic or very frequent heart rhythm abnormalities. For those patients whose abnormal heart rhythm occurs less frequently, an event recorder (cardio memo) can be used. The patient can keep the cardio memo for a longer period of time (e.g. 1-2 weeks) and activate the recorder when their symptoms occur for a doctor to analyse later.

How can we treat SVT?

Once an SVT is diagnosed your doctor and nurse specialist at your local hospital will discuss your treatment options. You may decide if your symptoms are so infrequent to have no treatment for your SVT and your doctor and nurse specialist will advise you if this is an appropriate course of action.

Medications may be used to treat many patients with SVT. Your doctor will discuss with you the most commonly used medications, the benefits and side effects.

A special procedure called catheter ablation is available as an alternative to medication to treat many patients with SVT. This procedure allows the doctor to detect any abnormalities in the electrical system within your heart that have been causing your symptoms; this is called an electrophysiology study. Once the abnormality is found the doctor may then perform a catheter ablation. This aims to cure the abnormal heart rhythm by destroying the area of extra cells which is causing the palpitations.

Your doctor and nurse specialist at your local hospital will give you information on the risks and benefits of this procedure and let you know if it is an appropriate treatment for your medical condition.

What can I do when I develop SVT?

Fast heart rhythms that come on suddenly can often be stopped by performing some simple tricks called physiological manoeuvres. These are easy and safe to perform in any setting and may stop the fast rhythm and return the heart to normal. This helps avoid having to go to a hospital casualty department or call an ambulance. You will be given a leaflet on physiological manoeuvres to stop SVTs following a talk with a doctor, cardiac physiologist or nurse who has assessed that this is appropriate advice for you.

If when the rhythm starts you feel unwell, for example you have (bad) chest pain, feel very faint or find breathing difficult, call for an ambulance without delay by dialing 999. You may be brought to the casualty department of a local hospital. There, a recording of your heart will be performed and you may be given a drug that is quite effective in stopping the SVT.

It may be useful to keep a record of how frequent your SVT occurs. If you find that your symptoms worsen or the method you use to stop them no longer works, do not worry. Talk to your GP who should be able to recommend a heart rhythm specialist that you can be referred to, to discuss further treatment options.

Useful websites

A list of useful sites can be found at:- www.heartrhythmcharity.org.uk. This list is not exhaustive and it is constantly evolving. If we have excluded anyone, please accept our sincerest apologies and be assured that as soon as the matter is brought to the attention of the **Arrhythmia Alliance**, we will quickly act to ensure maximum inclusiveness in our endeavours.

If you wish to contact us direct please phone on 01789 450 787 or email heartrhythm@stars.org.uk.

Further reading

The following list of Arrhythmia Patients booklets are available to download from our website or to order please call 01789 450787.

- Arrhythmia Checklist - Could your heart rhythm problem be dangerous?
- Atrial Fibrillation (AF)
- AF Checklist
- Blackout Checklist
- Bradycardia (Slow Heart Rhythm)
- CRT/ICD
- Catheter Ablation
- Catheter Ablation for Atrial Fibrillation
- Drug Treatment for Heart Rhythm Disorders (Arrhythmias)
- Electrophysiology Studies
- Exercising with an ICD
- FAQs
- Heart Rhythm Charity
- Highlighting the Work of the Arrhythmia Alliance
- ICD
- Implantable Loop Recorder
- National Service Framework Chapter 8
- CRT/Pacemaker
- Pacemaker
- Palpitation Checklist
- Remote Monitoring for ICDs
- Sudden Cardiac Arrest
- Supraventricular Tachycardia (SVT)
- Tachycardia (Fast Heart Rhythm)
- Testing Using Drug Injections to Investigate the Possibility of a Risk of Sudden Cardiac Death
- Tilt-Test

Please feel free to discuss any concerns at all with the doctors, physiologists or your specialist nurse at any time.

Please help us to improve services for all those affected by arrhythmias and to save lives by making a donation today. Please complete the donation form below and return to PO Box 3697 Stratford upon Avon CV37 8YL or click on www.heartrhythmcharity.org.uk and click the donate icon.

Membership is free to individuals, however if you would like to make a DONATION please complete and return.

I would like to make a donation to A-A and enclose: £

I have made a donation to A-A via PAYPAL at www.arrhythmiaalliance.org.uk to the sum of: £

I have arranged a standing order from my Bank/
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Please tick here if you agree to Gift Aid
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Standing Order Authority

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The Sum of £/E/\$: On (1st Date): / / 200....

And after this, every: Month / Year (delete) Account No.:

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Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

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