Arrhythmia Management: the view from Secondary/Tertiary Care

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Secondary/Tertiary Arrhythmia Care: What do we do?

- **Referrals**
  - Guidelines
  - Advice by letter
  - Cardiac Physiologist led arrhythmia clinic
  - Syncope clinic
  - General clinic

- **Investigations**
  - Open access ECG, 24 hour tape

- **Procedures**
  - Cardioversion
  - Implantable loop recorders
  - Pacemakers
  - Implantable defibrillators
  - Ablations
  - Device Follow-up
The PCI Specialist’s approach to Palpitation

Patient complaining of palpitation

Order 24 hour tape

Refer to electrophysiologist

Press on with next PCI case
Arrhythmia management

• Stage I:
  – Treat according to guidelines
    • NICE AF guidelines
    • Locally agreed guidelines
      – AGW guidelines for palpitation, AF, syncope
  – Advice by letter or e mail
Palpitation: arrhythmia diagnosis

- Consider possible arrhythmias:
  1. Sinus tachycardia
  2. Ectopic beats
  3. Paroxysmal atrial fibrillation
  4. Paroxysmal supraventricular tachycardia
Ectopic beats

Missed beats and thumps…more at rest, in bed, lying on L side, go away with exercise…may last hours, all day…(examination) had one just then!
Sinus tachycardia

Rate = 300/ No. of large squares

Not clearly defined episodes…there all the time…have it now…rate 80-120…thumping, not fast…background of anxiety
Paroxysmal AF
Clearly defined episodes, up to days at a time…fluttery, like a bird, all over the place, weak and strong beats, exhausted, SOB, chest pain with it
Supraventricular tachycardia (probable atrioventricular node tachycardia (AVNRT))

Clearly defined episodes...7 minutes...45 minutes...rapid, 140/min or more...can see it in chest or neck, partner can feel it...has been terminated with adenosine
The EP Specialist’s approach to palpitation

History

- ECG
- Echo
- Sinus tachycardia
- Ectopic beats
- Reassure, occasionally drugs

AF (permanent, persistent or paroxysmal)
- Aspirin or Warfarin
- Beta blocker, flecainide or amiodarone
- Ablation for PAF

SVT
- Reassure, pill in pocket, low threshold for ablation

Uncertain
- Appropriate ambulatory monitoring
Arrhythmia Management

• Stage 2:
  – Referral
    • Choose and Book system
      – Cardiac Physiologist led arrhythmia Clinic
      – Syncope Clinic
      – General Cardiology Clinic
Cardiac Physiologist led arrhythmia clinic at BRI

- Selection from GP referrals:
  - Redirect generic Cardiology referral
  - Redirect Choose and Book referral
  - Direct referral (?)
Conduct of CP led arrhythmia clinic

- CPs tutored in arrhythmia symptoms and proforma
- Patients sent information booklet to explain clinic
- ECG and CXR on arrival
- Proforma completed together with provisional diagnosis
- Appropriate ambulatory monitoring arranged
- Overview by EP; GP letter copied to patient
Tertiary Care issues

- Where have all the devices gone?
  - Under-reporting
  - Under-referral from Primary Care
  - Under-referral from A&E/General Physicians
  - Cardiologists interpretation of indications: VVS/CSS
AGW New PPM implants by PCT
(per million population; National average 469)

N Somerset
Cotsw & Vale
W Glos
Chelt & Tewks
Ken& Wilts
Swindon
S&W Brist
N Brist
BANES
W Wilts
S Glos

0 100 200 300 400 500 600

312
344
381
235
438
550
395
275
449
355
347

Big DGH
Local access to major Centre
DGH cardiologist with major pacing interest; well developed syncope clinic
Ablation

WPW syndrome and SVT can be treated with a 90%+ cure rate and no risk of heart block using cryoablation.

Atrial flutter can be treated with a 75% cure rate with ablation

All WPW, SVT should be referred for consideration of ablation

Paroxysmal AF can be treated with a 75% success rate in a procedure taking <2.5 hours using cryoablation balloon

All paroxysmal AF should be referred for consideration of ablation

Chronic AF… watch this space!