

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

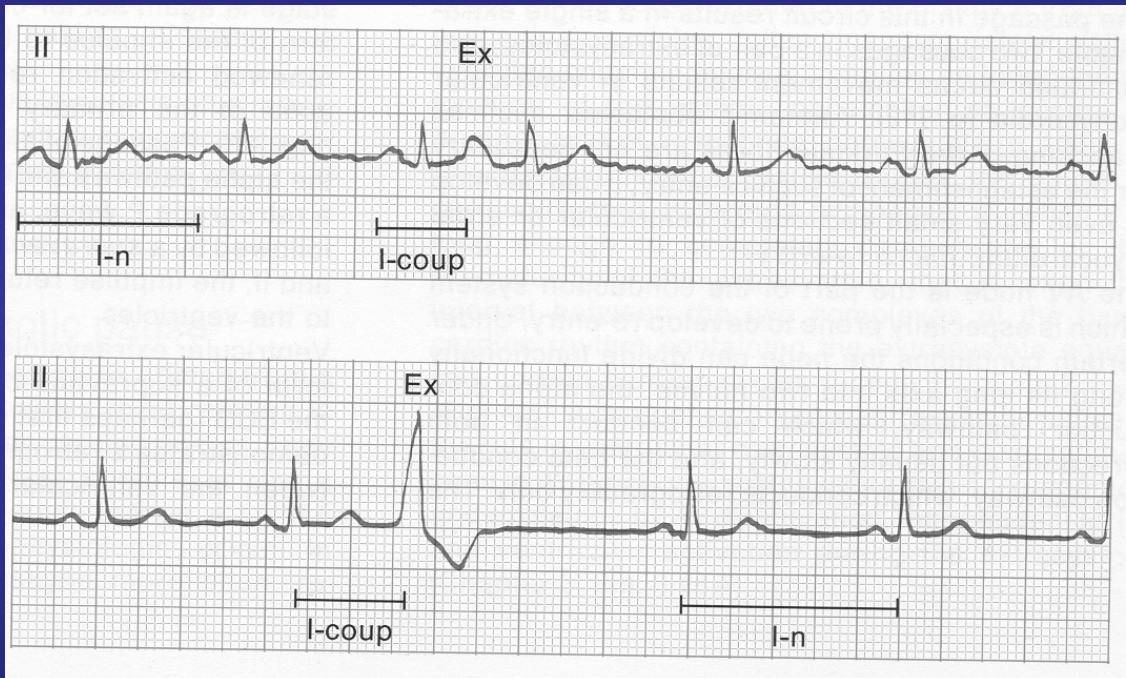
Arrhythmia management

- 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



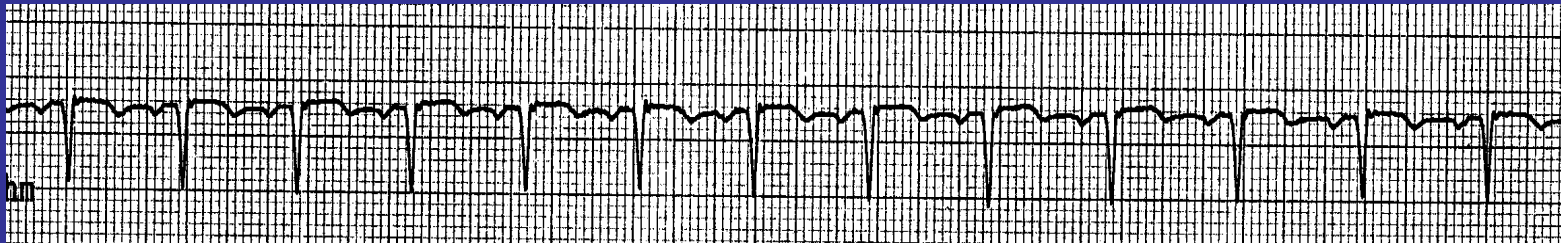
atrial

ventricular

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

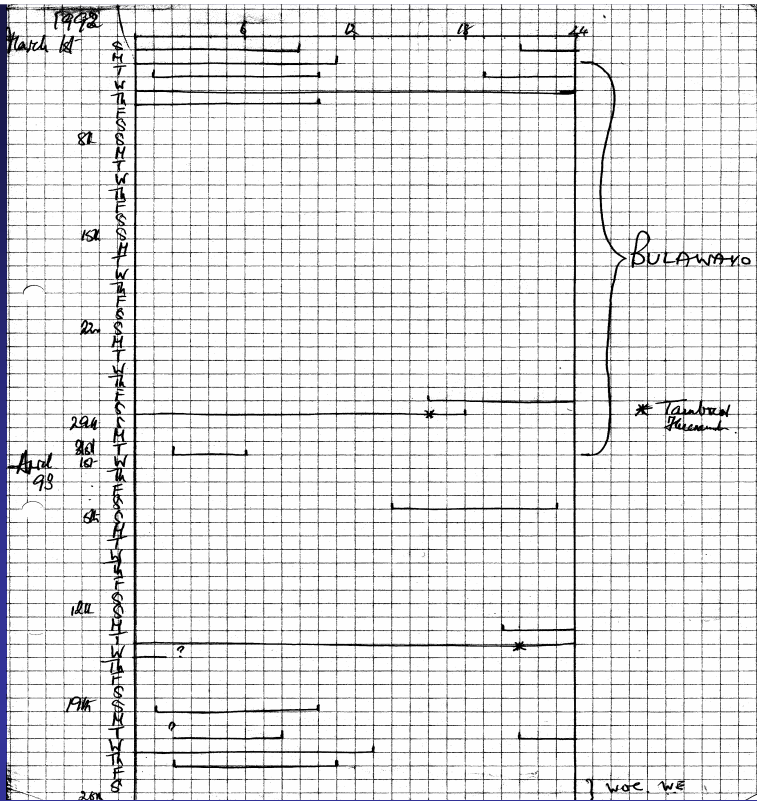
Rate = 300/ No. of large squares



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

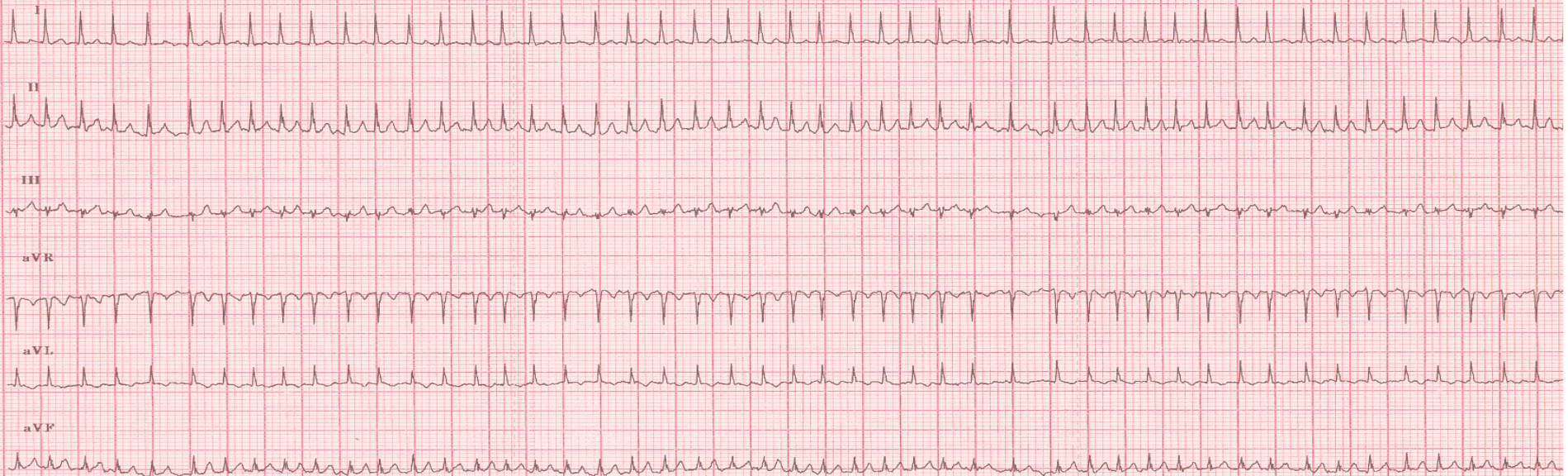


040109
09:31

CART: 00

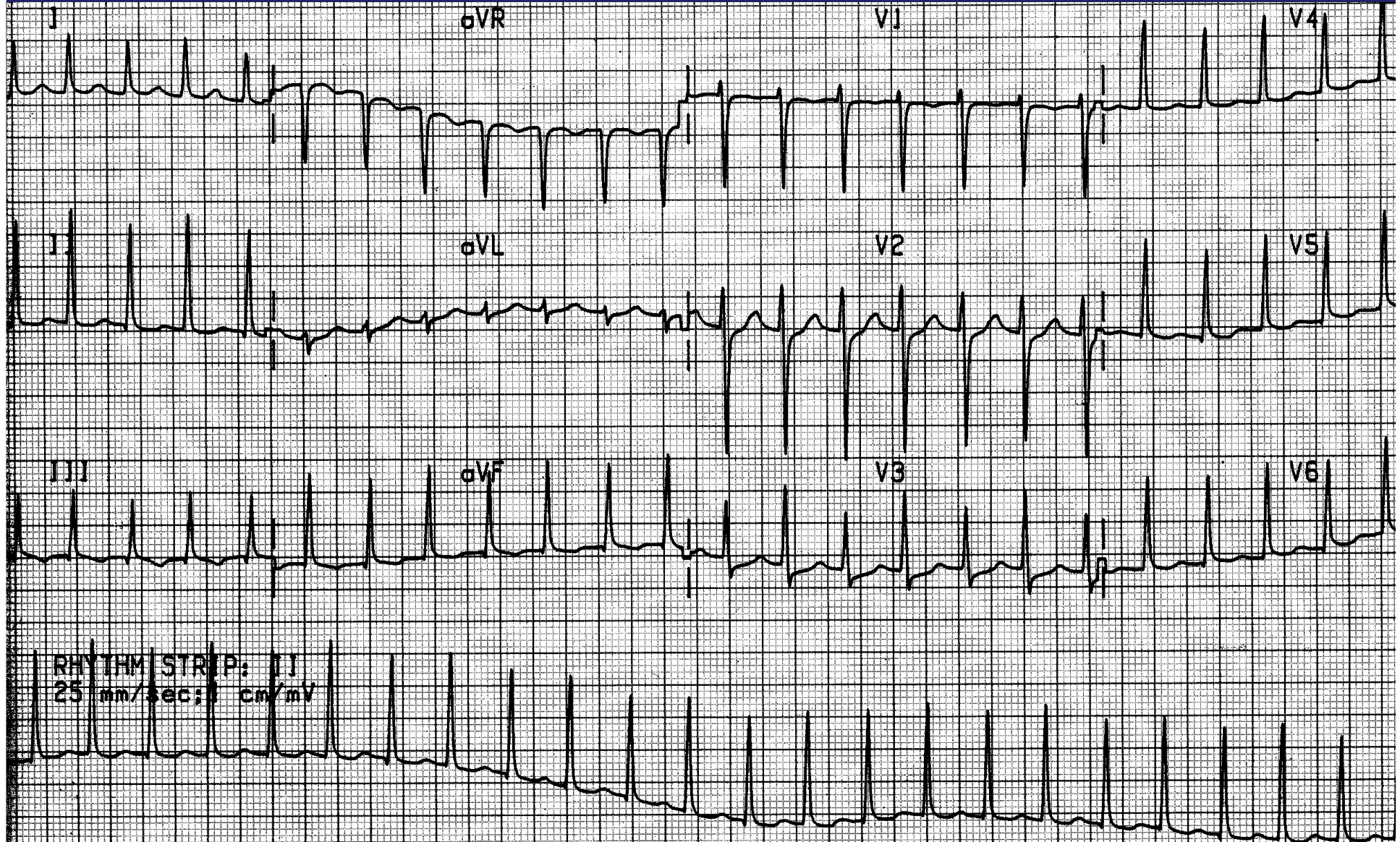
10 mm/s
10 mm/mV

ID: 0
NAME: JOHN CREW

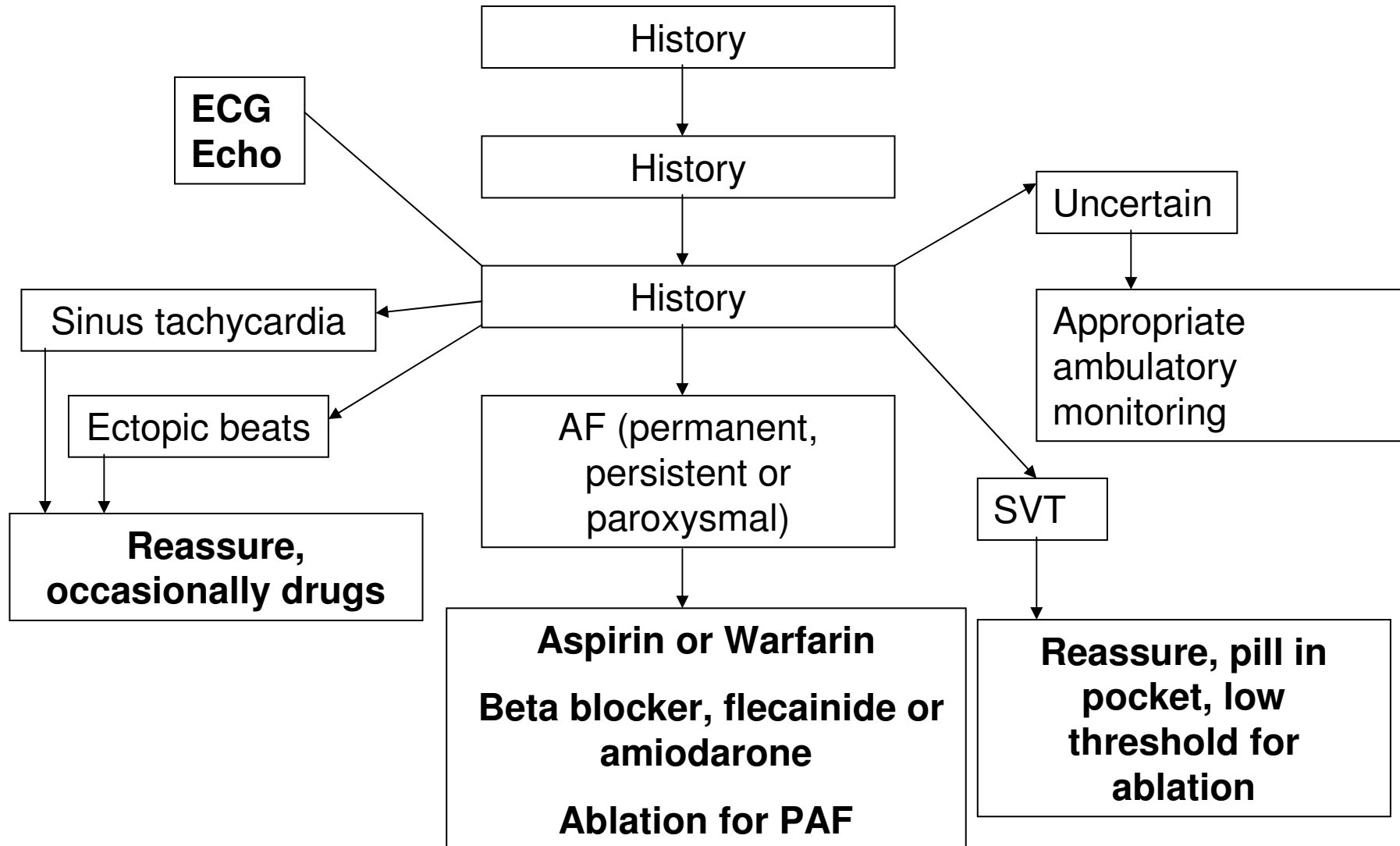


Supraventricular tachycardia
(probable atrioventricular
node tachycardia (AVNRT))

Clearly defined episodes...7minutes...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



Arrhythmia Management

- Stage 2:
 - Referral
 - Choose and Book system
 - Cardiac Physiologist led arrhythmia Clinic
 - Syncope Clinic
 - General Cardiology Clinic

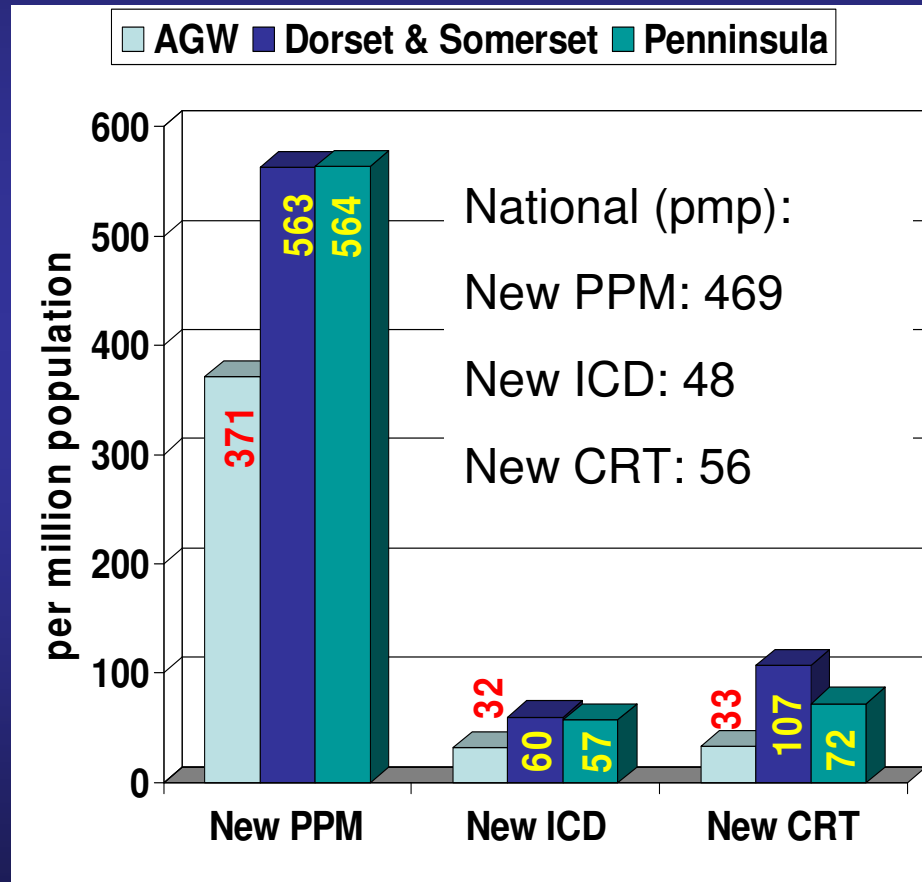
Cardiac Physiologist led arrhythmia clinic at BRI

- 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

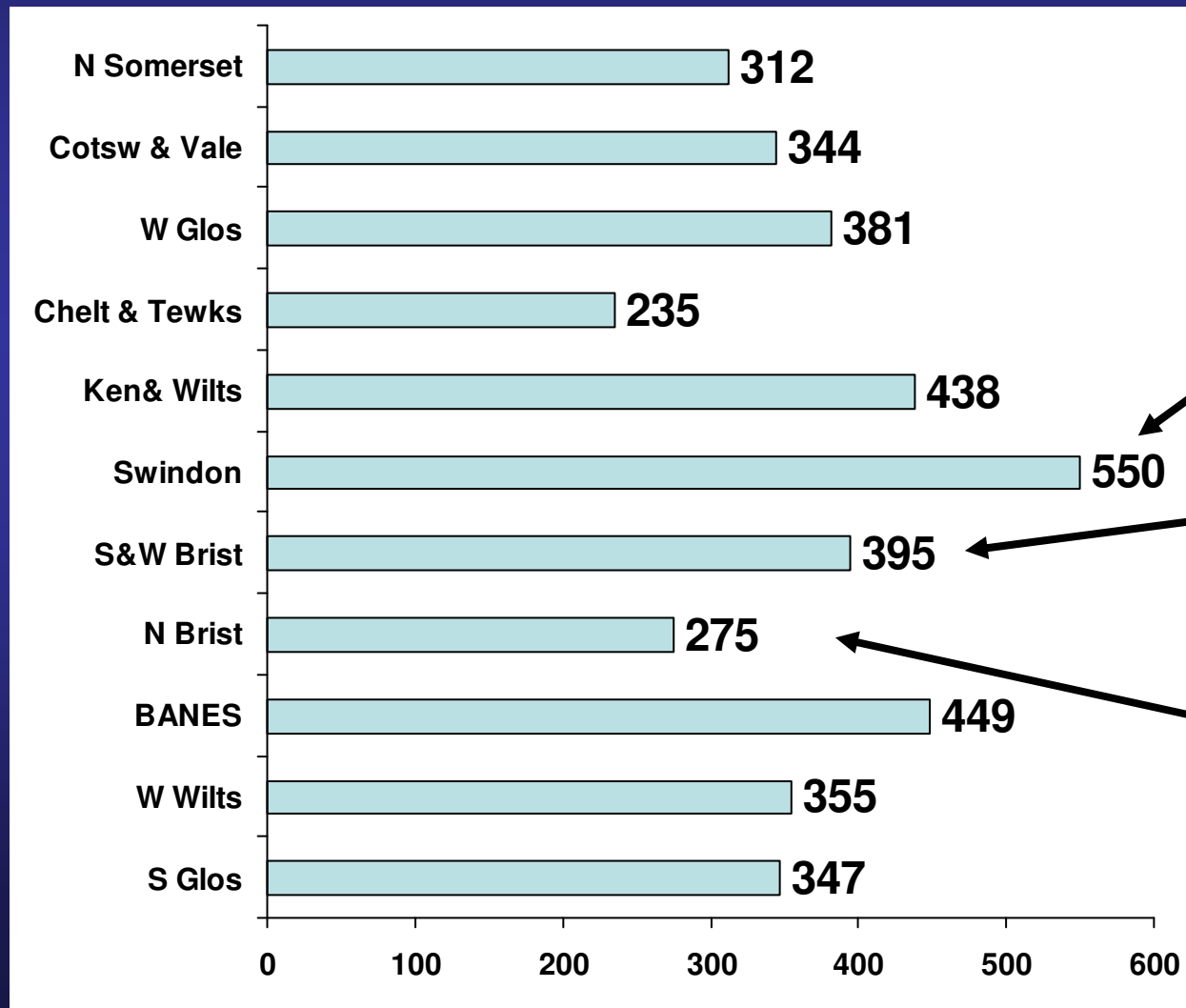
Tertiary Care issues



- 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)



Big DGH

Local access to major Centre

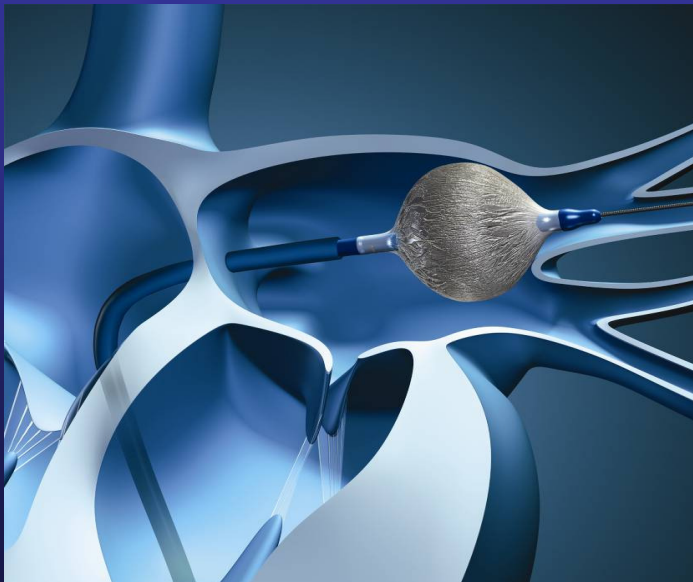
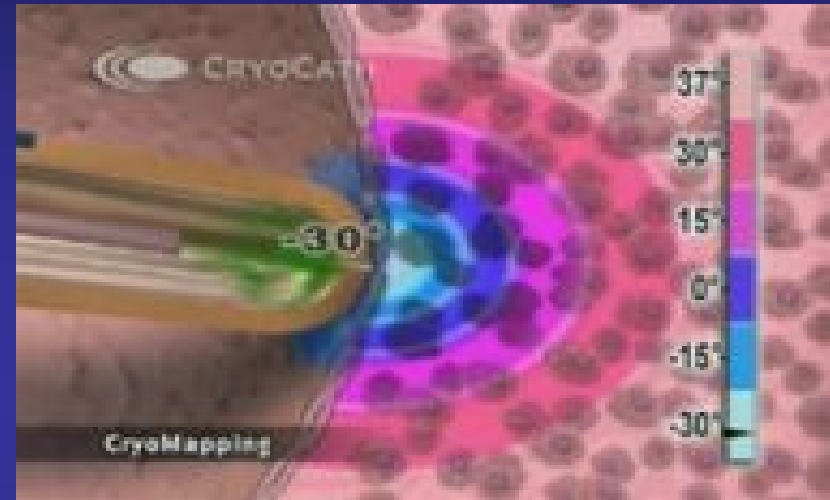
DGH cardiologist with major pacing interest; well developed syncope clinic

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!