

Atrial Fibrillation (A-Fib)

What is atrial fibrillation (A-Fib)?

A-Fib is an abnormal heart rhythm that involves the atria (the two upper chambers of the heart). Instead of making a strong beat, the atria quiver or fibrillate. This is a problem because it causes the heart beat to become irregular. Sometimes, your heart beat with A-Fib goes too fast. Blood does not flow through the heart as well as it should, which may cause it to form clots. These blood clots may leave the heart and enter the brain, where they can cause a stroke.

What are the symptoms of A-Fib?

You may feel light in the head, faint, weak, short of breath, have chest pain, or feel like your heart is beating very fast. Some people have no symptoms at all and do not know that they have it until it is found by a doctor.

How is A-Fib diagnosed?

A-Fib is diagnosed through an electrocardiogram (EKG). An EKG is a graph of the heart's electrical activity. It is an easy, non-invasive test. We will put patches with wires on your skin to record the electrical activity in your heart.

How is A-Fib treated?

The treatment goals for A-Fib may include:

- Keeping the heart out of A-Fib and in a regular rhythm (known as rhythm control).
- Keeping the heart rate in a normal range of 60-100 beats per minute (known as rate control).
- Preventing blood clots and stroke.
- Preventing other heart problems.

There are many ways to treat A-Fib. Your doctor will help decide what is right for you.

Treatments could include:

- **Medicine:** We may prescribe certain medicines to help slow down your heart rate.
- **Blood thinners:** We may prescribe blood thinners to prevent a clot from forming in the heart.
- **Cardioversion:** We may suggest cardioversion. We would use this to put your heart back into a normal rhythm. We give you an electric shock on the outside of your chest to “reset” your heart beat. You will be sedated so you will not be aware of the shock.
- **Ablation:** If the medicines and the cardioversion do not work, your doctor may want to try an ablation. This involves sending “heat” or “freeze” energy to the part of the heart that causes the A-Fib. This will change the electrical pattern of the heart tissue and help the heart return to a normal rhythm. You will have this done in a hospital. You will be sedated so you will not feel it.

Living with A-Fib

You should know the signs and symptoms of a stroke when you have A-Fib. You have a higher risk of stroke when you have A-Fib.

Signs and symptoms of a stroke are: face drooping, arm weakness, and trouble speaking. If someone shows signs or symptoms of a stroke, **call 911**.

Take your medicines to control your A-fib and to prevent stroke.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6252