

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 heartbeat to become irregular. Sometimes, your heartbeat 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.

Risk Factors

Some risk factors for A-Fib are:

- Heart disease
- Lung disease
- Heart surgery
- Diabetes
- Sleep apnea
- Older age
- High blood pressure
- Birth or congenital conditions
- Caffeine
- Alcohol
- Cigarettes
- Street drugs
- Some medicines
- Unhealthy weight

Symptoms

Some people have no symptoms at all and do not know that they have A-Fib until it is found by a doctor. Others may feel:

- Lightheaded, faint, weak
- Short of breath
- Chest pain
- Feel like your heart is beating very fast

Diagnosing A-Fib

A-Fib is diagnosed through an electrocardiogram (EKG). An EKG uses wires and patches attached to your chest to graph the heart's electrical activity. It is an easy, non-invasive test.

Treatment

The goals of treatment 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. It is important to take your medicine as prescribed and tell your doctor before adjusting or stopping.
- **Blood thinners:** We may prescribe blood thinners to prevent a clot from forming in the heart. If you are prescribed a blood thinner, you may need blood tests to ensure the levels are okay and lower bleeding risks.
- **Cardioversion:** This procedure uses an electric shock on the outside of your chest to try to put the heart back into a normal rhythm. We will give you medicine to make you sleepy, so you do not feel the shock.
- **Ablation:** 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 asleep so you will not feel it.

Lifestyle Changes

Some ways to help reduce the risk of A-Fib:

- Don't smoke or use drugs
- Stay active. Aim for at least 30 minutes of activity on most days of the week. Talk to your doctor about what type of level of exercise is safe for you.
- Maintain a healthy weight. Lose weight if you need to.
- Manage other health problems such as high blood pressure, sleep apnea high cholesterol, and diabetes.
- Use your sleep apnea mask or get checked for sleep apnea.

Heart Healthy Diet

A heart healthy diet means:

- Including vegetables, fruits, nuts, beans, lean meat, fish, and whole grains.
- Limiting sodium, alcohol, and sugar.

Signs of Stroke

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 of stroke include:

- Face drooping
- Arm weakness
- Trouble speaking

The Risk for Stroke

- Prior stroke or transient ischemic attack (TIA), deep vein thrombosis (DVT) or pulmonary embolism (PE)
- Over 65 years of age
- High blood pressure
- Diabetes
- Heart failure
- Vascular disease (peripheral arterial disease or aortic plaque)
- Prior heart attack

Follow-up Visits

Follow up with your doctor to discuss A-Fib treatment options.

When to Call

Call your doctor if your A-Fib symptoms get worse.

Who to Call

UW Health Heart and Vascular Clinic
Monday-Friday, 7:30 am - 5:00 pm
608-263-1530 or 1-800-323-8942

When to Call 911

- Chest pain
- Any sign of 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 © 12/2022 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6252