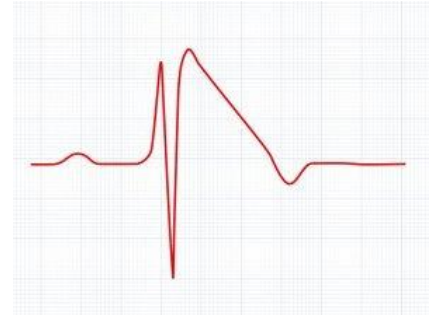


Ajmaline test for Brugada syndrome

Procedure information for patients

Your doctor has recommended a procedure called an **ajmaline test**. Please take some time to read this information sheet and discuss any questions or concerns you may have with a medical professional.



What is Brugada syndrome?

Brugada syndrome is an uncommon but potentially serious inherited condition that can affect the rhythm of the heart. People with this condition have an increased risk of developing abnormally fast heart rhythms (arrhythmia) which may cause the sensation of a fast heartbeat (palpitation), blackouts or very rarely sudden death.

Brugada syndrome might be suspected if you have a close relative with confirmed or suspected Brugada syndrome, or if you have had symptoms such as palpitations, blackouts or if you have had a cardiac arrest.

Why have I been referred for an ajmaline test?

The purpose of the test is to see if you have Brugada syndrome. The condition can be suspected from an electrical tracing of the heart (electrocardiogram or “ECG”) but in some patients the condition only becomes obvious if you are given a drug called ajmaline. If you do not have Brugada syndrome the ajmaline will have little or no effect on the ECG.

What does the test involve?

The test will be performed in the Coronary Care Unit (ward 114 at the Royal Infirmary of Edinburgh) although you will first be admitted to the Medical Day Case Unit.

On the day of the test, you may have a light breakfast but then do not eat anything until after the test. You should take your medications as usual.

When you arrive, you will have the test explained to you by a health care professional. You will be asked to sign a consent form to confirm that you understand the procedure and the associated risks. If you have any further questions, please do not be afraid to ask. A health care professional will discuss your medical history and you will have some basic observations taken (such as blood pressure and oxygen levels) as well as a heart electrical tracing (ECG). A small plastic tube (cannula) will be placed into one of your veins to enable the ajmaline drug to be given.

On the coronary care unit you will be attached to a cardiac monitor which will allow medical staff to constantly monitor the electrical activity of your heart. Ajmaline will be injected through the cannula using a special pump. An ECG will be performed every 5 minutes up to 30 minutes. By

this time the ajmaline should be out of your system and even if you developed changes suggesting the Brugada syndrome, your ECG will have returned to normal.

What are the benefits of the procedure?

Making a diagnosis of Brugada syndrome is important as it may mean you are advised further tests or treatments to help reduce the risk of any future health problems. It may also mean that other family members are advised to be tested given that the condition is inherited. A negative test can provide reassurance that it is extremely unlikely that you have Brugada syndrome.

What are the risks of the procedure?

In recommending this procedure, your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding.

Common risks and complications (more than 5 in 100) include:

- A metallic taste in the mouth (harmless)
- Temporary visual disturbance (such as double vision which usually resolves quickly)

Uncommon risks and complications (between 1 and 5 in 100) include:

- Abnormal fast heart rhythm that stops without requiring treatment.

Rare risks or complications (less than 1 in 100) include:

- Abnormal fast heart rhythm requiring treatment with an **electrical shock (cardioversion)**. If an electrical shock is required, you may be given a sedative to make you sleepy before a defibrillator machine is used to send electrical energy to the heart to restore your normal heart activity
- There has never been reported a case of death from this procedure worldwide.

What happens after the test?

You should be able to go home 1-2 hours after the test, although you may be advised to stay longer in the rare event that you also received a cardioversion treatment in which case you also should not drive that day. The ECGs will be reviewed by a doctor and if they are very suggestive of the Brugada syndrome you will be given further advice regarding lifestyle measures you can take to reduce the risk of future health problems and medications to avoid taking. The results will be passed on to your usual cardiologist who will contact you regarding any further tests or treatments.