

Rupert: The impact of AF

I am a 50 year old male, and live alone with my trusty Labrador. As an interim manager my work is often very stressful. I had gradually become morbidly obese through long hours insufficient exercise and a sub-optimal diet.

I had (at my request) recently started a GP- referral fitness programme of gym and circuit training when, in July 2009. I became progressively short of breath over the course of a week and so went to see my GP. By stethoscope, he immediately diagnosed an arrhythmia, arranged an immediate ECG at the surgery, advised me that I had AF and rushed me off to A&E at the local hospital. I was admitted and spent the weekend there being stabilised on bisoprolol and initiated on warfarin. I was told that the only next step would be cardioversion, but that the waiting list was very long.

It then took an absolute age - 11 weeks or so - to get me on the right level of Warfarin as the protocol of the (friendly and efficient) anti-coagulation team was to only increase my dosage by a tiny increment after each weekly INR test and I am a big guy.

Many months came and went with no sign of a cardioversion in sight and so (with zero resistance) my GP agreed to refer me outside the PCT area. I chose Barts in London, but the very day before I was due to be seen there, I received a cancellation appointment back at my local hospital.

The procedure proved unsuccessful and I was told to await a second attempt, and was additionally put on amiodarone. After only three weeks or so I had a severe reaction to that, with large patches of blotchy and very itchy skin. It was stopped by my GP.

All of this was having a highly deleterious effect on my fitness for work in London. I was fortunately able to work from home quite a lot, but as this was not the norm for the organisation I was being smeared. I travelled to London quite frequently for meetings but had great difficulty in negotiating King's Cross Station (and especially the horrendously disabled-unfriendly new underground system of long transit tunnels there) and in moving around and between campuses and hospitals. Colleagues put my slowness and perspiration / shortness of breath down to unfitness due to my weight and were less than sympathetic (and this in a medical environment!). I felt unable to tell anyone beyond occupational health as most of my colleagues were stick-thin and super-fit senior medics and I felt that my contract might have been terminated early (as indeed it eventually was, but for political reasons. Who would have though medical professors could be so Machiavellian?!).

I was unable to exercise myself - or my puzzled dog - adequately and this bothered me greatly and led to rapid and significant further weight gain. Which led to further comments from colleagues...you get the picture. I was increasingly unhappy and my extreme tiredness made me progressively unable to cope with a bullying environment at work, where I was e.g. prevented from meeting external clients and kept in ignorance of key meetings.

After another long wait, a second cardioversion attempt at the local large hospital was also unsuccessful, and after a wait to be reviewed by my cardiologist I was finally referred to Papworth Hospital on two counts: potential sleep apnoea (as I was so fatigued) and to see an electrocardiologist.

I was (eventually) seen there and it was agreed at outset that I would receive catheter ablation under general anaesthetic. I was told that there was a five-month waiting list, and was prescribed flecainide. I was however worried about taking it as I had persistent not paroxysmal AF.

I contacted AFA and then attended the patient day of an AFA conference in London. It was a great help as I met others with AF including several who had been ablated. I also questioned the expert panel about my being put on amiodarone and was told (by a Papworth consultant) that under no circumstances should I take it. My GP concurred and I did not start it.

The five months came and went. During this time I was tested for, then diagnosed with, sleep apnoea and - after an overnight stay in the sleep unit - put on a CPAP mask overnight. (A pain but you get used to it!)

After reluctantly kicking up a fuss over the lack of information on progress I was told that I had a date for the catheter ablation. This then had to be cancelled as it was to be only under sedation. A new date was given six or so weeks later. There was a pre-admission MRI scan of my heart and other checks a week ahead.

I had to check in very early morning on the day of the operation.

I was spoken to by the anaesthetist and by another surgeon to the one I was expecting. I was then taken to the catheter lab, which seemed to be like the bridge on Star Trek with about a dozen people doing different things and a large screen above me with cross-section images of my heart from the MRI.

All were very kind to the giant beached white whale in their care! The table did not bend after all, as they had feared.

I was transferred to the table with a canvas slide which unfortunately they neglected to remove from under me during the long op and so caused a deep friction burn in the small of my back that took weeks to heal and is now an unsightly and intermittently itchy scar. Which I do not care about because... I awoke free from AF at last!

I had been successfully cardioverted after the 4-hour ablation which it turned out had been done by my own original surgeon.

I was additionally prescribed digoxin and flecainide to minimise the risk of developing a worse arrhythmia and maximise my chances of remaining in NSR.

I was discharged the next morning - even though at that time one leg still wouldn't do what I told it! After an uncomfortable night due to the location and depth of the blistering friction burn, I then had my burn dressed at home by the district nurse for a week, followed by several trips to the practice nurse at my surgery.

Over the following three months I felt progressively better and fitter. I kept stretching the envelope, gently, in terms of how far I walked and what physical tasks I undertook.

I was then reviewed by my electrocardiologist, after a fresh ECG. He was pleased with progress, although warning me that I could revert to AF at any time. I was taken off digoxin but left on flecainide with a review to follow in a further nine months.

Four months after my procedure I continue to recover and have lost some considerable weight with help from a diabetes specialist dietician. My Labrador is also starting to lose his recent weight gain! Neither of us are yet sylph-like however and my battle continues. I am actively seeking work and am now able to tackle crossing London - even King's Cross!

I fervently hope that I remain out of AF. I do wonder if my sudden uplift in physical activity triggered my AF in the first place, which would be indeed ironic as it was a Cardio Rehab circuit training that I joined. I also feel that I was lucky to have been successfully ablated some 20 months after onset of AF, and wonder if I should have been referred for catheter ablation much sooner. No doubt budgets are a consideration, yet the AFA conference experts strongly felt that there is increasing evidence of a link between physical exertion and onset - and of much reduced success rates in ablations occurring more than a year after onset.

I am sure that the overall societal costs of untreated, or sub-optimally treated, AF (e.g. loss of earnings / spending power / skills not being put to use etc.) are so high that ablation gives the public the best VFM. I feel that keeping patients circling in holding patterns, ad nauseum, for electro-cardioversion is both medically counterproductive and a false economy in the widest sense.

I now have my life back and am far happier and ready to be a productive contributor to society once more. I am very grateful to AFA and the members whom I met - and also naturally to all the medical staff involved in my care (of which I now require much less!)

All I need now is a low-stress yet well-paid job - if such a thing exists! Wish me luck..."