

Soon after moving to Devon, about 5 years ago, the “flutters” which I had experienced for a few years became more frequent and violent and some great doctor finally diagnosed that I had Atrial Fibrillation. Two RF ablations and two cardioversions later I am less troubled by the condition but am now passionate about the subject of AF. The chance to visit Birmingham for the Heart Rhythm Congress this year was therefore too good to miss. AFA had arranged a patient’s day and I hoped that this would enable me to meet with other sufferers and clinicians and learn more about the condition and treatment. Close by the registration area was a large hall full of manufacturer’s stands showing all kinds of devices such as ICD, pacemakers and the complex equipment used in RF and cryogenic ablations. As an engineer I found this fascinating even though I have no idea what it is like to use, only having been on the receiving end.

Soon it was time to find the meeting room and begin. The Chair was Ken Timmis, with Trudie Lobban from Arrhythmia Alliance welcoming everyone to the day.

First on, Peter, an AF sufferer, who gave us a talk on his own fight against the condition and the problems he encountered in finding the right doctor with the skills to help him control his AF without rendering him incapable of normal function. Having once been told that my “flutters” were a result of a large meal filling my stomach so that I could feel my heart, I have some sympathy and understanding. There is still sadly a great deal of ignorance of the condition even amongst some of the medical profession.



Bob with Jo Jerrome

Next, Nicola Meldrum, an arrhythmia nurse, followed by Dr Andreas Wolff, a GP from Yorkshire, and then Nick Linker, an electrophysiologist from James Cook University Hospital in Middlesbrough who discussed the question of fast and slow heart rhythms commenting on when too slow might be too slow and vice versa. This also enabled him to bring in the question of pacemakers and ICDs.

“Through amusing explanations those present left with a much better understanding of the problem!”

Probably the most amusing and involving session in the morning was presented by Patrick Doherty, a professor from York University entitled “Is exercise bad for your heart?”

He explained how treadmill stress tests were actually quite bad for the patient as the heart did not

appreciate being wound up faster and faster and then a sudden stop to the exercise. Next, he listed five activities and invited us to put them in order of most stressful, these being walking, car washing hovering, jogging and sex. He explained that the psychological stress involved added to heart stress thus making hoovering more stressful to men than women as they did it less frequently. Sorry Patrick, not in our house. We were all surprised to see that sex was at the bottom of the list although many of us wondered about that! Guess it depends on with whom.

Jayne Mudd, AFA Trustee and Arrhythmia Nurse Specialist, began the afternoon session; she was followed by Tim Betts, an electrophysiologist (EP) from Oxford who provided facts and information about AF. He was followed by Steve Murray, an EP, who spoke about drugs used in the control of AF and the ways that they operated on the body and the electrical system of the heart.

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Debbie Sevant, guided us through cardioversion; and after tea, Richard Schilling, an EP from St Bartholomew’s in London discussed radio frequency ablation. When one considers that this particular science is still very young

it only magnifies my admiration for these dedicated doctors.

The last talk interested me very much as it reminded me of my own struggles, it was from Angela Griffiths, an Oxford nurse running a rapid access AF clinic. She explained how the availability of such a clinic effectively provided a one stop shop for AF Patients and greatly shortened the time it took between diagnosis and treatment. I can add to this by drawing on my own experience and stating that the early contact with knowledgeable

medical staff is most important. The several years I spent before I was properly diagnosed were probably the most stressful of my life and as stress can exacerbate the problem of AF it probably contributed to my condition. As any sufferer will confirm, AF is very scary.

I drew from the day a better understanding of the whole subject, and at the same time I met some of the people who work so hard to make our lives easier and was able to thank them.

Living with and Accepting AF, at 34 years of age

- A Patient’s Perspective By Martin Harman



“I intend to be in control of my life, not be controlled by AF!”

I was just short of my 34th Birthday when I was diagnosed with AF in October 2006.

I have always been a fitness fanatic, but playing football one weekend I sustained a bad knee injury that required surgery. The day after my operation I began suffering from palpitations, excessive sweating, and dizzy spells. I felt like someone

was tightening a strap around my chest and I was short of breath. I thought nothing of it at the time and just assumed it was a side effect of the general anaesthetic.

Two days later and still having the symptoms I got up to make a cup of tea when it hit me. The palpitations, the sweating, the dizziness, the room started to spin

and I felt as if I was falling over. I could feel my heart thumping against my chest and I was very short of breath. After consulting my local GP who identified the AF from an ECG, I was admitted to hospital for 4 days whilst I underwent various tests to try and identify if any underlying cause was triggering the condition. Ultimately they found nothing. The cardiologist I saw believes the episode was possibly triggered by the general anaesthetic although I am still not convinced to this day as I have had 3 general anaesthetics previously without a problem.

“I felt like my life had been taken away from me”

I was eventually discharged and sent home (still in AF) and told, “See you in 3 months at the out patient clinic!” That was it, no information, no guidance, just an appointment for the anti-coagulation clinic. Thankfully, a staff nurse, simply out of her own kindness, found a BHF AF leaflet, but that was the only information I was given.