

## Atrial Flutter

Atrial Flutter is a disturbance of the heart rhythm (arrhythmia) where the upper chambers of the heart (atria) beat very rapidly. The atria are responsible for the control of the heart rate, so this usually results in your pulse becoming fast and often regular. A person may not feel any symptoms when the heart rhythm changes from normal rhythm to Atrial Flutter – it may only be detected during a visit to a doctor for other reasons. However, some people may present with palpitation (being able to feel the heart beating), shortness of breath, chest pain and tiredness or fatigue. They may also experience occasional feelings of dizziness or light-headedness. People who have Flutter, may at other times have another arrhythmia called Atrial Fibrillation (see AFA Fact sheet, Atrial Fibrillation). There are many similarities between these two conditions, but also some important differences. Both can cause the heart rate to increase causing a rapid pulse. With Flutter, the pulse is often regular. In Fibrillation the pulse becomes irregular. The pulse tends to be faster with Flutter compared with Fibrillation.

The basic problem in Atrial Flutter is that an electrical impulse becomes trapped in a circle of tissue in the heart, most commonly in the right upper heart chamber (right atrium), and goes around this circuit at a very rapid rate with conduction at a slower rate to the main pumping chambers (ventricles). A heart rhythm recording (electrocardiogram or ECG) is necessary to diagnose Atrial Flutter (see AFA booklets The Heart, The Pulse and The ECG). There are many different causes of Atrial Flutter, including:

- Older age
- High blood pressure (“hypertension”)
- Alcohol
- Disease of the heart valves
- Heart failure
- Overactive thyroid gland

- Lung disease
- Sometimes there is no obvious cause.

### Stroke and Atrial Flutter

Both Atrial Flutter and Atrial Fibrillation can increase the risk of stroke. The abnormal heart rhythm causes the blood to pool in the upper chambers and this may cause the blood to clot. This clot can then be carried to the small blood vessels in the brain where it blocks the blood flow and causes a stroke. To reduce this risk of stroke your doctor will assess your personal risk factors. Depending on your level of risk he or she will discuss whether to start you on an aspirin or a blood thinning medication such as warfarin.

### Specific Treatment of Atrial Flutter

There are different ways to treat Atrial Flutter and these are often used in combination.

#### Cardioversion

This is the conversion of an abnormal heart rhythm to normal rhythm. This can occasionally be accomplished by medications. With Atrial Flutter electrical (DC) cardioversion is usually required (AFA Fact Sheet “Cardioversion”) under a general anaesthetic or sedation. Cardioversion does not prevent recurrence of Flutter.

#### Catheter Ablation

Often this treatment is considered if Atrial Flutter recurs following a cardioversion. Sometimes, your doctor may even recommend a catheter ablation as the first treatment, rather than undertaking cardioversion. The procedure involves passing wires (catheters) into the heart, usually via the groin or neck veins. One of these wires is then used to apply heat or cold (ablation) to a small area

of the heart to prevent Atrial Flutter recurring. This is a simple and highly effective treatment for the most common type of Atrial Flutter but not all Flutter circuits are amenable to ablation therapy.

#### Medication

Medication (such as Beta-Blockers, Calcium Channel Blockers or Digoxin, sometimes in combination) can be used either to slow the heart rate without actually stopping the Flutter. This approach is less successful for Atrial Flutter than for Atrial Fibrillation

An antiarrhythmic drug (see AFA booklet, Drug Information) may be recommended to prevent further attacks of Atrial Flutter. A heart-rate slowing medication as above may be required in combination with the antiarrhythmic medication.

Author: Dr Simon Fynn, EP  
Endorsed by: Professor A John Camm, EP  
Mrs Jayne Mudd, Arrhythmia Nurse Specialist  
Anya Horne, Arrhythmia Nurse Specialist  
Dr Matthew Fay, GP  
Published October 2009  
Reviewed: January 2010