

## Patient information factsheet

# Ajmaline test

We have given you this factsheet because your doctor has advised you to have an ajmaline test. It explains what an ajmaline test is for, why you need it, and what it involves. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, contact us using the details at the end of this factsheet.

To help you understand this factsheet, please read our 'How the heart works' factsheet first. This is available on [www.uhs.nhs.uk](http://www.uhs.nhs.uk), or ask a member of your healthcare team.

### What is an ajmaline test?

This is a test to see if someone has Brugada syndrome, which is an uncommon but serious heart condition. It is a well-established clinical test which uses a drug called ajmaline (a medicine that slows the movement of sodium in and out of heart cells).

### What is Brugada syndrome?

Brugada syndrome is an inherited condition that affects the heart's electrical system. For people with Brugada syndrome, the heart will usually be normal in its structure, but the electrical signals that control the heartbeat may not work properly.

Your heart beats because tiny electrical signals travel through the heart cells. These signals are created when ions (potassium, calcium, and sodium) move in and out of the heart cells. In people with Brugada syndrome, the part that controls sodium does not work as it should. Some people with Brugada syndrome may be at risk of developing fast heart rhythms, which can cause:

- fainting or blackouts
- chest pain
- dizziness
- shortness of breath
- weakness
- death (very rare)

Most people with Brugada syndrome feel well and never develop arrhythmia (serious heart rhythm problems).

### Why do I need an ajmaline test?

Your doctor has advised you to have an ajmaline test to check whether you have Brugada syndrome.

### What are the risks of the test?

The ajmaline test is safe. However, as with any procedure, there are potential risks:

- You may notice a metallic taste in your mouth and some visual disturbance, like double vision, while we are putting ajmaline in your vein. These side effects usually resolve quickly once we are done giving you ajmaline.

- Your heart may start beating very fast, which may require urgent treatment, which may include cardioversion (a treatment that restores a normal heart rhythm using electrical shocks). This risk is very rare.
- Very rarely, ajmaline may also cause very slow heart rhythms. This would need to be treated with medicine to regulate your heart's rhythm.
- After your test, there is a very low risk that you may experience an arrhythmia. If this happens, we will keep you in hospital until your ECG has returned to normal.

We will explain these risks to you before you have your test.

## Before you go into hospital

You may need to pause some of your normal medication up to 48 hours before your ajmaline test. We will tell you if you need to do this. If you are taking regular medication and we have not given you any instructions, please call the cardiac rhythm management (CRM) nurse team directly using the contact details at the end of this factsheet.

You should only have sips of water for six hours before your ajmaline test. Your last meal should be the evening before you come to hospital for your test. You will be able to eat and drink normally afterwards, usually an hour after your test.

## Before your ajmaline test

We will send you an appointment letter confirming the date, time and location of your ajmaline test. When you arrive on the ward:

1. We will introduce you to the nurse who will be looking after you. Your nurse will talk to you and your family and answer any questions you may have.
2. We will explain the test to you, and we will ask you to sign a consent form. Signing this form means you understand the test and its associated risks, and you agree to have it.
3. We will then insert a small needle (cannula) into a vein in your hand, and we will take blood samples.
4. We will use an ECG to monitor you. We will put electrodes (small sticky sensors) on your chest, wrists, and ankles, which will detect the electrical signals produced by your heart.

Please tell us if you have any allergies or have had a previous reaction to drugs or other tests.

## During your ajmaline test

You will be awake and able to talk to us. It's normal to feel anxious, but a member of the clinical team will stay with you throughout the test and will be happy to discuss any questions or concerns you may have.

There will be equipment by your bedside to monitor your heart rhythm and record your blood pressure. The test will then begin when we slowly put the ajmaline into your vein through your cannula. This may sting a little, and you may feel some mild discomfort.

We will record your ECG at three-minute intervals throughout the test.

## Let us know if you experience any of the following during your test:

- chest pain
- dizziness
- shortness of breath

## After your ajmaline test

After your test has been completed, we will continue to monitor you for approximately two hours. Your nurse will check your blood pressure, pulse and the ECG. If you feel any palpitations (extra heartbeats) or dizziness, please let us know.

You will be able to eat and drink, and the small needle in your vein will be removed. Once we have reviewed the ECGs from your test, you will be able to go home.

## When will I know the result?

After your test, the CRM nurse will show your ECGs to a consultant and discuss the findings of the test and your ongoing treatment plan with you and your family before you leave.

## What treatment options are available for me?

Your ongoing treatment and management plan will depend on the results of your ajmaline test and your medical and family history. This may involve additional investigations and/or referral to the genetic screening service.

There are no drugs currently available that can treat Brugada syndrome. In most cases, lifestyle changes are needed to avoid the potential triggers of arrhythmias, including strict management of raised temperatures and avoiding QT prolonging medication (medicines that can slow down part of your heart's electrical system). QT prolonging medication can include many different types of medication, such as antidepressants, antibiotics and heart rhythm medication. It is very important to check any medication before you start taking it. You can check a medication on [www.crediblemeds.org](http://www.crediblemeds.org) or discuss it with your doctor or pharmacy.

If you have Brugada syndrome and are at high risk of developing serious problems, we may consider treatment with an implantable cardioverter defibrillator (ICD). This is the treatment currently recommended to protect people from arrhythmias. An ICD will not prevent the arrhythmia but can treat it. Your consultant will discuss the risks and benefits with you on an individual basis.

## Family screening for Brugada syndrome

Although Brugada syndrome is caused by a genetic mutation, we are currently unable to diagnose it with genetic screening.

It is very important that you let your doctor or CRM nurse know if you have a close family member diagnosed with Brugada syndrome or have a family member who has died suddenly from an unexplained cause. If you have any questions about this, please do not hesitate to contact us.

## Going home

You will normally be able to go home the same day. It is important to ask a family member or friend to collect you and drive you home.

## Returning to normal activities

You can return to your normal daily activities (such as walking, bathing and showering) and return to work once you have been discharged from hospital.

## Follow-up care

You will receive follow-up instructions from the CRM nurse team, and we will write a detailed discharge letter to your GP describing your hospital stay and treatment.

## Cancellations

Sometimes, we unfortunately have to cancel procedures. If this happens to you, we will always try to explain the reason. We appreciate that this is a stressful time for you and your family, and we will do our best to provide you with a new date that is convenient for you as soon as possible.

## Contact us

For further questions about the test:

### Cardiac rhythm management nurse team

Telephone: **023 8120 8436** (Monday to Friday, 8am to 5pm)

Email address: [crmurses@uhs.nhs.uk](mailto:crmurses@uhs.nhs.uk)

For queries about your appointment date:

### Cardiac rhythm management coordinator

Telephone: **023 8120 8772** (Monday to Friday, 8am to 5pm)

## Useful links

Arrhythmia Alliance

[www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk)

British Heart Foundation

[www.bhf.org.uk](http://www.bhf.org.uk)

CredibleMeds

[www.crediblemeds.org](http://www.crediblemeds.org)

NHS Choices

[www.nhs.uk/Conditions/brugada-syndrome/Pages/Introduction.aspx#cause](http://www.nhs.uk/Conditions/brugada-syndrome/Pages/Introduction.aspx#cause)

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