

Further information

Please bring all of your tablets with you to hospital that you are currently taking. Your admission letter will give you details of where you will be admitted.

If you have any further questions or concerns please contact the **arrhythmia nurse specialists**

on **0300 019 6154**

or email them at

arrhythmia.nurses@rbch.nhs.uk.


The Ajmaline test for Brugada syndrome

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Review date: **December 2024** Ref: **497/21**

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Your doctor has suggested this test
to find out if you have a particular condition
called Brugada syndrome.

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What is Brugada syndrome?

Brugada syndrome is a genetic condition which affects the electrical conduction system of the heart. The heart is usually structurally normal.

The syndrome can cause an abnormal heart rhythm (arrhythmia) in the bottom chambers or the ventricles of the heart. Some people may be at risk of developing fast heart rhythms which can result in a blackout or in very rare cases, sudden death.

If the ventricles start beating at a fast rate the heart will not pump as efficiently. This can cause symptoms of faintness, dizziness, shortness of breath or chest pain. If the rhythm persists it can lead to unconsciousness.

If a doctor suspects that you may have Brugada syndrome, they may advise you to have an Ajmaline test to confirm or exclude the condition as a diagnosis.

Why do I need an ajmaline test?

Brugada syndrome can be identified by particular changes on your electrocardiogram or ECG. An ECG records the electrical signals from inside your heart. The ECG changes of Brugada syndrome may appear on the ECG or may not show up at all. If they do not show up on the ECG, a drug called Ajmaline can make these changes visible.

What is Ajmaline?

Ajmaline is a drug that has been used to treat abnormal heart rhythms for over 50 years. In the United Kingdom (UK), it is commonly used to help diagnose Brugada syndrome. Compared with similar drugs, it is particularly useful for diagnosing Brugada syndrome as its effects are short-lived.

Ajmaline is not currently licensed for use in the UK because it is not made here. It is imported from Germany, where it is licensed for use in the diagnosis of Brugada syndrome.

What does the test involve?

You will be admitted to a cardiac ward for the test. You do not need anyone to accompany you. Your admission letter will ask that you have nothing to eat for six hours prior to the test but you can drink water up to two hours before.

You will see an arrhythmia nurse specialist prior to having the test and they will explain what to expect and consent you for the test. You will be asked to change into a hospital gown to allow us to record the ECG more easily. A small flexible tube called a cannula will be placed in a vein in your arm or hand. The cannula will be used to administer the drug Ajmaline. You will lie down on a bed and be attached to an ECG machine which will monitor and record your blood pressure, heart rhythm and rate. A nurse will stay with you throughout the test.

Do not be concerned if the nurse is looking very closely at your ECG during the test - it does not necessarily mean that anything is wrong, but it is important that any changes are recognised.

After the procedure you will be able to eat and drink, and the cannula will be removed.

Are there any side effects of the drug?

It is common to experience a metallic taste in the mouth during the administration of Ajmaline. You may also experience visual disturbances and feel hot. These side effects usually resolve quickly once the drug has been taken. If you do have uncomfortable symptoms such as chest pain, dizziness or shortness of breath, please inform the arrhythmia nurse.

Very rarely the Ajmaline can cause a very fast abnormal heart rhythm in the ventricles. If this occurs we may need to correct the heart rhythm by a procedure called a cardioversion. This is when electrical energy is given to the heart muscle via a machine called a defibrillator. You will not be awake for this and will have sedation before the cardioversion is given.

When will I be able to go home?

The effect of the Ajmaline is short acting and you will be able to go home on the same day. The doctor and the arrhythmia nurse will speak to you about their findings of the test before you go home. In most circumstances you will be able to drive home following the test.