

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 palpitations: (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 the AF-A patient information 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 transmission at a slower rate to the main pumping chambers (ventricles). A heart rhythm recording (electrocardiogram or ECG) is necessary to diagnose atrial flutter (see the AF-A booklet, 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.



AF-A Australia Medical Advisory Committee: Dr Michael Davis Professor Ben Freedman Dr Gerry Kaye
Founder & CEO: Mrs Trudie Lobban MBE Deputy CEO: Mrs Jo Jerome

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 a blood thinning medication such as warfarin, dabigatran, rivaroxaban or apixaban.

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 (see the AF-A patient information 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 the AF-A 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.



AF-A Australia Medical Advisory Committee: Dr Michael Davis Professor Ben Freedman Dr Gerry Kaye

Founder & CEO: Mrs Trudie Lobban MBE **Deputy CEO:** Mrs Jo Jerome

© AF Association Published January 2009, Reviewed July 2013, Planned Review Date July 2018

This factsheet has been adapted for AF Association Australia with kind permission from the AF Association www.afa.org.uk

Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional. If you would like further information or would like to provide feedback please contact AF-A.