

## Christine's story



*Christine first experienced palpitations in her 30s but was only diagnosed by chance in her late 50s. Here she tells her story of how seeing the appropriate expert can make all the difference.*

I was in my early 30s when I had my first palpitations. I was fit, active and sporty. I found it very frightening. I went to my GP who assured me that 'it happens to everyone' and not to worry about it. So I didn't!

By the time I was in my early 50s it was happening more and more frequently and lasting longer. I had learned the triggers; all the usual culprits – caffeine, alcohol, stress, tiredness, dehydration and I tried to avoid them. I even went back to my GP and had a couple of 24 hour ECGs but nothing ever showed up when I was wearing the monitor. Once again I was told not to worry about it.

One afternoon, just before I was 60, I started having more palpitations which lasted all night. My heart was still racing and irregular the next morning. In desperation I went to the surgery (without an appointment) saying "Look it's happening right now". Luckily I knew the receptionist who fitted me in with the practice nurse. She immediately gave me an ECG. Suddenly everyone started to worry! I saw my GP straight away; he prescribed Sotalol and discussed anticoagulant treatment. I was referred to a specialist who diagnosed paroxysmal AF.

For 2 years I took Sotalol which worked well, but as time went on I had more and more unpleasant side effects. I dislike taking any medication and I knew I couldn't continue like that. I was tired all the time, very bad

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**“I feel 20 years younger, have lost all the excess weight and once again can enjoy the outdoor life I love.”**

tempered, putting on weight (which made me even more bad tempered!) and pretty depressed.

At that point I read about catheter ablation thanks to the AFA Today magazine. A little research sent me to an Electrophysiologist at a centre of excellence. This wonderful Electrophysiologist and his superb team have really changed my life.

After 3 ablations (2 for AF and 1 for SVT) I appear to be cured. I have stopped taking Sotalol and I have also chosen to stop Warfarin (as in my case the stroke risk is low).

I would encourage anyone to go for catheter ablation where suitable. Be prepared that more than one procedure may be required to completely clear the problem. It is nothing to worry about and the recovery time was very quick for me.

For my 67<sup>th</sup> birthday last year, I was given a two-seater inflatable canoe. My husband and I went for a maiden voyage along the Dorset coast for 6 hours. What an adventure, something I could only have dreamt about a few years ago. There really is life after atrial fibrillation.

**Christine, Somerset (2015)**