

Cardiac

Ajmaline test

Your doctor has referred you for an ajmaline test. This leaflet aims to tell you about the test, why it is performed and what to expect.

Why have I been referred for this test?

The ajmaline test looks for signs of a condition called Brugada syndrome (described below) which affects the electrical signalling in the heart.

The electrical system of the heart

The heart has its own electrical conduction system. The conduction system sends signals throughout the upper (atria) and lower (ventricles) chambers of the heart to make it beat in a regular, coordinated rhythm.

Brugada syndrome

Sometimes, there can be an underlying fault within the chemistry in the cells of the heart (ion channels – specifically the sodium channel). This is a rare genetic syndrome known as Brugada. This can sometimes be seen on heart tracings, or we may think this is an issue based on medical history, or family history. The heart is otherwise normal.

In Brugada syndrome, the alterations in the chemical balance of heart cells can cause disturbance of the heart rhythm (known as an arrhythmia).

If this syndrome is suspected, your doctor will request an ajmaline test.



What is an ajmaline test?

The ajmaline test is a simple well-established clinical test involving the injection of a drug called ajmaline. The drug was designed to treat heart rhythm abnormalities and is used to block the faulty sodium channels, but it can also reveal changes in heart tracings which diagnose Brugada.

The effect of the drug is very short acting and therefore you will be able to go home a couple of hours after the test has been completed.

Before admission

If you are taking medication, you do not need to stop taking it. We **do** ask that you have nothing to eat or drink 6 hours beforehand if for any reason we are to administer conscious sedation medication during the test.

Before the procedure

On arrival at the ward/cath lab, you will be introduced to the nurse who will be looking after you. A blood test and a heart tracing (ECG) will be taken. The doctor will explain the test to you, discuss any risks associated with the test and ask you to sign a consent form. This is also your chance to ask questions about the test. Please tell us if you have any allergies or a previous reaction to drugs or other tests.

The doctor or nurse will insert a small needle (cannula) into a vein in the hand. This will allow the doctor to administer the ajmaline. You will be attached to a heart tracing machine which allows us to continuously monitor your heart rhythm whilst the ajmaline is given.

During the ajmaline test

- A nurse will stay with you throughout the test.
- You will be awake during the test and able to talk to us.
- There will be equipment by the bedside used to monitor heart rhythm and record blood pressure.
- The doctor/nurse will begin the test by slowly administering the ajmaline over 10 minutes.

Patient Information

- We will record your heart tracing every minute for the duration of the test. The doctor/nurse will be looking very closely at the heart tracing to note any changes.

Are there any risks or side effects?

This is normally a safe test and usually you do not feel anything.

- You may feel a tingling sensation on your skin or a hot flushing sensation, but this does not last long. If you do have any uncomfortable symptoms during the test, please tell the nurse or doctor.
- In very rare cases, ajmaline may induce a heart rhythm disturbance which the doctor/nurse will need to quickly correct using medications or if required a defibrillator, at this point conscious sedation medication may be administered.
- Allergic reactions to the drug are uncommon but can be treated should they occur.

After the procedure

After the test, we will continue to monitor your heart rhythm for approximately two hours. The nurse will check your blood pressure and pulse. **If you feel any palpitations or dizziness after the test, please tell the nurses.** Following the test, you will be able to eat and drink. You will then be able to go home.

When will I know the result of my procedure?

After the test the doctor/nurse will send your ECGs to your consultant. The findings of the test, any ongoing treatment plan, and if you require follow-up in a clinic, will be discussed with you. We will write a letter to your GP informing them of the test, results, and any treatment plans.

Discharge

- You will normally be able to go home the same day.
- It is important to have someone else to drive you home and stay with you overnight.
- All normal activities including return to work and driving can be started the day after discharge.

What treatment options are available for me?

If the test is negative, there may or may not be the need for further investigations and follow-up. If the test is positive, the best way forward will be discussed with you. There are no drugs available that can treat Brugada syndrome. An implantable cardioverter defibrillator (ICD) is a potential treatment for people who are at high risk of having arrhythmias. An ICD will not prevent the arrhythmia but can treat it. The consultant will decide on an individual basis the best way forward.

Further information

If you need any further information about this test, please contact Coronary Care Unit manager, Paul Bosworth 024 7696 5656 or the Arrhythmia Nurses 024 7696 4794.

Conscious sedation guidelines can be found on the following website:
[Fluoroscopy - Sedation.pdf \(uhcw.nhs.uk\)](https://www.uhcw.nhs.uk/Fluoroscopy-Sedation.pdf)

Further information about Brugada Syndrome can be found on the following websites:

www.c-r-y.org.uk

www.sads.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 4794 and we will do our best to meet your needs.

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