


Afib that comes and goes

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Afib that comes and goes

Why does afib come and go. Does atrial fibrillation come and go. Can afib come and go daily. Can afib come and go quickly.

Atrial fibrillation (AFib) is the most frequent arrhythmia of the human heart and increases the prevalence of age. People over the age of 65 have an increase of almost five times of AFib occurrence compared to those under 65. AFib causes the upper rooms of the heart, called the atria, to contract at irregular intervals because they receive irregular electrical impulses instead of normal synchronized ones. In some cases, the transmission of a high percentage of these ventricular impulses makes them beat off control at speed faster than 100 bpm, creating a situation called rapid ventricular response (RVR). For people who have AFib with RVR, it is vital to seek medical treatment immediately to slow down the pace and prevent the possibility of serious complications. Differences between AFib Versus AFib controlled with RVRControlled AFib is different from AFib with RVR due to differences in heart rate. Individuals with controlled AFib have heart rates ranging from 60 to 100 beats per minute. People with the RVR type of AFib often experience heart rates of 150 to 220 beats per minute. Accelerated heart rate causes increased demand on the heart muscle and also produces instability in the response of a person's blood pressure. Categories of AFib With RVRMuch as AFib controlled, AFib with RVR falls into different classes as the disorder lasts. AFib groups with RVR are:Paroxysmal, indicating that the problem comes and goes without notice. AFib Paroxysmal with RVR can last minutes at hours and can solve it alone without medical treatment. Persistent, which means that the condition will not return to normal unless there is any medical intervention. Long lasting, lasting at least one year. Permanent, which means that the heart rate is unable to return to normal and requires medication, a device implanted as a pacemaker, or a surgical procedure to regulate heart rate. Symptoms of AFib With RVRIf you have AFib with RVR, chances are you have experienced one or more of the following symptoms: FatigueFeeling as your heart is flutteringInability to tolerate physical activity Pressure or hold in the neck Tension or beat in the chest Shortness of breath Boiness or loss of energy In some cases, as in controlled AFib, AFib with RVR has no symptoms and is detected only with an EKG or another diagnostic tool. Many people report that the symptoms that have with AFib episodes with RVR are much more uncomfortable than those associated with AFib controlled. If these symptoms occur, it is important to seek medical attention soon so that the heart rate regains control before problems occur more. The dangers of AFib with RVRIn AFib with RVR, the lower rooms of the heart, called the ventricles, are not able to move enough to the lungs and the rest of the body because they can not fill completely. afib with rvr is not fatal, but if it is notOver time, the situation will lead to the onset of congestive heart failure. Congestive heart failure is a higher risk for people who have AFib with RVR if they have another type of heart condition. If you already have congestive heart failure, AFib with RVR can make the problem worse.People who have AFib with RVR are also at a higher risk for stroke because of the increased chance for blood clot formation. AFib coupled with RVR can also lead to cardiogenic shock, which occurs due to decreased cardiac production and reduces the flow of oxygen to muscles and other tissues.AFib with RVR is more severe than other types of AFib and requires prompt medical attention.Diagnosis of AFib with RVRYour doctor will diagnose AFib with RVR A chest x-ray programmed to check for other heart or lung conditions that are causing or contributing to the problem.The electrocardiogram is done in the emergency room or outpatient clinic.The blood test is often used to rule out cancer. possibility of related problems. Track and record your heart rate for 24 hours.Order an event recorder, similar to a Holter monitor, but which keeps track of heart rate and heart rate for a period of one If the person has symptoms, the device should be activated.A stress test that monitors your heart rate and rhythm during exercise can detect other problems that contribute to AFib. The myogram helps determine the pumping capacity of the heart muscle, and will also show if you have developed blood clots due to your AFib.If the test results show that you have AFib with RVR, your doctor will develop a personalized treatment plan to meet your needs.Atrial Fibrillation with Rapid Ventricular Response TreatmentThe primary goal of treatment for RVR in AFib is to reduce heart rate. Medications are the first choice to control and convert AFib back to normal. If medications don't work for you, electric cardioversion is the second step.An implantable device such as a pacemaker is often a good choice in cases of long-lasting AFib with a fluctuating rate. In some cases, a cardiac ablation is also a good option.Drugs used for AFib with RVRThe primary class of drugs used for frequency control is beta-blockers, which rapidly slow down heart rate and reduce symptoms. Propranolol and esmolol are two of the most commonly used beta-blockers for AFib.A secondary class of drugs, known as calcium channel blockers, also works to decrease heart rate. Diltiazem and verapamil are two frequently prescribed options.A separate group of medications known as antiarrhythmics, or rhythm control drugs, is involving strong intended to convert AFib back to a normal rate. Examples of antiarrhythmics are amiodarone, flecainide, procainamide and sotalol.Some of these AFib medicines will require you to take them long term by AFib With RVR Cont.Cardioversion for AFib With RVRWhen AFib with RVR fails to respond to the drug, and you are experiencing adverse signs and symptoms, shocking the heart from irregular rhythm becomes necessary. If you have no symptoms, cardioversion is an option for your doctor to consider whether AFib with RVR lasted more than 48 hours and you are not taking anticoagulant drugs. The procedure, called cardioversion, involves sedating the individual with a mild anesthetic and placing the pawns of a defibrillator on the chest to provide a shock. The defibrillator uses electric current to blow the heart out of AFib and return to a normal rhythm. The electric current rate, called joules, is set to 120-200J, with more than one shock available if necessary. Breast pain is sometimes a side effect after cardioversion. If abnormal rhythm responds to cardioversion but returns, the next recommendation is an ablation procedure. Cardiac Ablation for the management of AFib With RVRCardiac ablation is a minimally invasive technique used to create small burns around the heart or pulmonary vein that block the altered electric path causing the problem of rhythm and speed. Ablation occurs in hospital, often under general anesthesia. Ablation is not an emergency intervention and occurs at a time when the individual's condition is stable. For many people, ablation can prevent the occurrence of AFib with RVR. The doctor passes a small flexible thread through a vein in the neck or in the groin and sticks it to the heart. Once the wire is in place, the doctor sends an electrical impulse through it that creates heat and burns the heart tissue responsible for creating the AFib. Cold is an option to use instead of heat, which freezes the area causing the AFib. Ospedialization for ablation is usually one or two days. You will have to take an antiarrhythmic drug for a few months after the ablation to ensure that the heart maintains a normal rhythm. Symptoms are typical for a short amount of time, while the heart is recovering from surgery. After the ablation, you will receive instructions on activity restrictions to allow your heart and site engraving time to heal. The pain in your engraving site is normal and will resolve with time. Ritmemaker Implantation for managing AFib with RVR For people staying in AFib with RVR without resolution after attempting drugs and cardioversion, a pacemaker is often the final choice. The pacemaker is approximately the size of a silver dollar. A cardiologist performs a lower procedure and places the appliance under the skin at the top of the left chest. The pacemaker has wires called doors that stick to different areas of the heart. Cables use electric current to adjust heart rate and rhythm to hold itControl. The Pacemaker plant often requires a hospital stay of about 24 hours with the individual released at home the day after the procedure. People receive instructions not notraise their arm above their head on the side of their procedure for a few weeks to allow the wires and surgical incision to heal.My experience of AFib with RVRMy experience of AFib with RVR was presented on the evening of December 30, 2011. My heart rate accelerated while eating a bowl of ice cream with frozen blueberries.My heartbeat was too fast to count, and I felt tightness in my chest and neck, shortness of breath, weakness, fatigue and dizziness. I also felt a floating feeling as if a butterfly was inside my heart trying to escape.I got to the emergency room and a nurse hooked me up to an ECG monitor. The ER doctor ordered an intravenous beta-blocker and when it didn't work, he used a calcium channel blocker, which gave the same result.The on-call cardiologist assessed the problem and transferred me to intensive care and gave me an IV of slow-flow antiarrhythmic drugs. After seven hours, my heart converted at a normal rate and the cardiologist dumped it at home.Unfortunately, my AFib with RVR was not an isolated event. Over the next three and a half years, I experienced six more episodes.My primary trigger was hot or cold. In one case, I was taking a hot shower in the morning and suddenly felt my heart jumping into AFib.The other heat-related episode occurred while I was sitting in a hot tub in a foreign country. I didn't know the language well and didn't intend to test the healthcare system, so I decided to "fix" the eight-hour episode.I also noticed that stress was a trigger, especially when I was under pressure at work.One pattern I saw with my AFib with RVR was that events lasted an average of eight hours. Some episodes were resolved with medication, while others required cardioversion.Only one event stopped on its own after the failure of the drug and cardioversion.At this point my cardiologist told me that I should consider cardiac ablation. He said I was a good candidate for the procedure because of my past medical history and because I had no other heart problems.I had complete confidence in my cardiologist. I had an existing professional relationship with him as he was also the medical director for the cardiac rehabilitation department that I managed.He referred me to an electrophysiologist at a large cardiovascular center out of state. My ablation and succeeded and I had to take an antiarrhythmic drug for three months after discharge.However, I had a brief incident of atrial flutter after returning home due to dehydration. The situation required a 24-hour hospital stay, and I received fluids and an amiodarone drip at slow, which corrected the problem. Until today, I haven't had any further AFib reacuttions with RVR.The AFib with RVR is a significant problem because if not treated can lead to stroke, congestive heart failure and cardiogenic shock. If it occursrapid heart rate with any of the symptoms discussed previously, do not delay in finding medical assistance. There are a variety of treatment options available for managing AFib with RVR, with advances occurring on a frequent basis. Ask your doctor about new protocols that could be the right choices for your situation. With the right care, your AFib with RVR is manageable and will allow you to have a pleasant and productive life. Life.

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