Dorset County Cardiac Centre

‘Pill in the Pocket’: Flecainide Approach to Management of Atrial Fibrillation

This leaflet explains a common heart rhythm problem called atrial fibrillation. It will then explain how Flecainide (a medication in tablet form) might help to reduce the length of time your heart stays out of rhythm. If you would like additional information about atrial fibrillation or flecainide, please speak to one of the doctors or arrhythmia nurse specialists. They will be more than happy to help.

What is atrial fibrillation?
Atrial fibrillation (often called AF) is a heart condition that causes an irregular and often abnormally fast heart rate. It occurs when abnormal electrical impulses in the heart make the atria (upper chambers of the heart) pump randomly rather than being coordinated. The ventricles (bottom chambers of the heart) also beat irregularly and often faster than normal. This means the heart is not able to relax properly between beats, which reduces the heart’s efficiency and performance. You can have short episodes of AF (about 48 hours) followed by periods of normal rhythm or you may be in AF all the time.

What are the symptoms of atrial fibrillation?
Symptoms may include dizziness, shortness of breath, palpitations, tiredness, feeling light headed, chest pain, or tightness in the chest.

What is the ‘Pill in the Pocket’ approach to treatment?
Rather than taking medication on a daily basis, the ‘Pill in the Pocket’ approach means you only take a Flecainide tablet when you have an episode of AF. This requires you to always carry the medication with you. The tablet aims to return your heart back to its normal rhythm. However, this approach can only be used for people who have occasional episodes of AF (also called paroxysmal AF). To determine if you have occasional AF, a cardiologist must assess you. If a cardiologist diagnoses you with occasional AF, you will have to take the first dose of Flecainide in an A&E or Emergency Department to ensure that you do not experience any problems and can safely take future doses at home.

What do I do when I have my next episode of atrial fibrillation?
You should immediately go to an A&E or Emergency Department. It is very important that you give A&E staff the clinic letter that has been provided to you by your cardiologist.

What will happen in the A&E?
You will have a test called an electrocardiogram (ECG) to check your heart rhythm. You will also be connected to a heart monitor and a blood pressure monitor. If A&E staff confirm you are experiencing AF, you will then be given a 300 mg tablet of Flecainide. After you take the tablet you will be continuously monitored until your heartbeat returns to normal. It
is important that you do not have anything to eat and only drink small sips of water while you are being monitored.

If your heart returns to its normal rhythm you will have another ECG. The soonest that you will be able to go home is four hours after taking Flecainide, but sometimes you may be asked to stay in A&E for a bit longer. After A&E staff have determined that it is safe for you to return home, they will give you copies of your before and after ECGs.

What happens if I do not go back into a normal rhythm?
If being in AF has caused your blood pressure to drop or you have not returned to a normal rhythm after taking Flecainide, the doctors may consider a procedure called Direct Current Cardioversion (also called DC Cardioversion). DC Cardioversion is a low risk procedure that is usually done in theatre using a special general anaesthetic. This means you will not be awake during the procedure. The procedure uses a method called defibrillation, which is when an electric shock is applied to the chest. The shock re-establishes a normal heart rhythm. You should recover quickly from this procedure and can often go home on the same day. Please inform the Arrhythmia Nurse Specialists if you receive DC Cardioversion.

What do I need to do once I get home?
If the Flecainide tablet successfully returns your heart to a normal rhythm and you felt well after taking it, you will need to see your GP as soon as possible to order a supply of Flecainide tablets that you can carry at all times (‘Pill in the Pocket’) and use when needed.

What do I do if I have another episode of atrial fibrillation?
1. Lie down or sit down
2. Make sure you are not alone
3. Take a 300 mg Flecainide tablet with a sip of water
4. Rest until the palpitations have stopped or for up to four hours

If you begin to feel dizzy, collapse or if the tablet does not stop the AF after 4 hours, please go to an A&E or Emergency Department.

If you do have to use a ‘Pill in the Pocket’, please contact the Arrhythmia Nurse Specialist team as soon as possible on 01305 254920 or email ArrhythmiaNurseSpeci@dchft.nhs.uk.
Contact Numbers:
We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to the following Dorset County Hospital Staff:

Arrhythmia Nurse Specialists:
01305 254920
ArrhythmiaNurseSpeci@dchft.nhs.uk

Useful Websites:

Arrhythmia Alliance:
www.arrhythmiaalliance.org.uk

British Heart Foundation:
www.bhf.org.uk

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk