

What is SVT?

What causes SVT?

What are the symptoms of SVT?

How do I detect SVT?

How is SVT diagnosed?

What are the risks of SVT?

What can I do if I develop SVT?

Is there anything I can do to help manage or reduce an episode?

Can lifestyle changes help manage my symptoms?

Can I participate in sport or exercise activities?

Can I still drive whilst waiting to see a specialist?

What are my treatment options?

Can SVT weaken my heart or shorten my life expectancy?

Who do I contact for advice, information, or support?

Questions to
**Ask Your
Doctor**



“SVT affects approximately
1 in 400 adults and 1 in 250 children”.

“Atrioventricular nodal re-entrant tachycardia (AVNRT)
is the most common type of supraventricular
tachycardia, accounting for approximately 60% of
cases and affects mostly young women”

Want to know more?

If you have any questions, would like further advice or
information, please contact our Patient Services Team

Call: **+44 (0)1789 867 501**

Email: **info@heartrhythmalliance.org**

or visit: **www.heartrhythmalliance.org**



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SVT is a rapid abnormal heart rhythm

*This guide is to help your understanding of
Supraventricular Tachycardia (SVT)*



SVT Discussion Guide

For Patients & Caregivers

www.heartrhythmalliance.org

What is Supraventricular Tachycardia (SVT)?

SVT is a rapid abnormal heart rhythm that begins in the upper chambers of the heart. The atria are above the ventricles, hence the term supraventricular. The term tachycardia refers to a rapid heartbeat of over 100 beats per minute.

A normal heart rhythm should range between

60-100
beats per
minute.

What causes SVT?

SVT is an issue within the electrical system of the heart which leads to a very rapid heart rate. This may be the result of an extra electrical connection present from birth, i.e Wolff-Parkinson-White Syndrome (WPWS). It can also develop in an otherwise normal heart that is triggered by extra beats, (known as ectopic beats), stimulants such as caffeine, alcohol, cigarettes, or excess stress. Cutting down or eliminating stimulants may help reduce the number of episodes occurring.

Common symptoms of SVT

- Palpitations
- Rapid\fluttering or racing feeling in the heart
- Pain\pressure in the chest
- Dizziness or light-headedness
- Shortness of breath
- Loss of consciousness (rare)

Approximately

50% of children with SVT

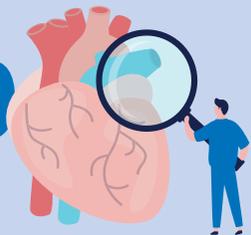
will present with their first episode in the first year of life



There are almost

90,000

new cases diagnosed each year



How is SVT diagnosed?

An ECG provides a tracing of the heart rhythm and is recorded by placing stickers and leads on the chest and limbs. If a patient is experiencing SVT during the ECG, a clear diagnosis can be made. A 24-hour ECG (heart monitor) may be used to record the heart rhythm continuously. This is particularly helpful in asymptomatic cases, or for those patients whose abnormal heart rhythm occurs less frequently, an event recorder can be used.

What are the Treatment Options?

If your symptoms are very infrequent, you may decide to have no treatment for your SVT, and your doctor and nurse specialist will advise you if this is an appropriate course of action.

Otherwise, medications may be used to treat patients with SVT. Your doctor will discuss with you the most commonly used medications, the benefits and side effects.

Catheter ablation is often used as an alternative to medications for patients with SVT but needs discussion with a specialist cardiologist (cardiac electrophysiologist).

What can I do to help myself?

Fast heart rhythms that come on suddenly can often be stopped by performing some simple tricks called physiological manoeuvres. These are easy and safe to perform in any setting and may stop the fast rhythm and return the heart to normal.

- **Valsalva manoeuvres** - Lie or sit down, take a breath in and then 'strain' – as if you were constipated and trying to open your bowels. It is important that you do this lying or sitting down. If you attempt whilst standing up, it may make you feel very faint.
- **Diving reflex** - Fill a sink or bowl with cold water and then immerse your face fully into the water for a second or two.
- **Gagging/retching/vomiting** - Use something blunt and smooth like the handle end of a toothbrush to touch the back of your throat behind the tongue. Of course, this should be done very gently, and no pressure exerted in this sensitive area.

What happens next?

It may be useful to keep a record of how frequent your SVT occurs. If you find that your symptoms worsen or the method you use to stop them no longer works, do not worry. Talk to your GP who should be able to recommend a heart rhythm specialist that you can be referred to, to discuss further treatment options.

If you feel unwell when SVT begins, for example you have (bad) chest pain, feel very faint or find breathing difficult, call for an ambulance without delay by dialling 999.

Catheter ablation cures SVT in

95-98%

of cases

