Why have I been given this leaflet?

This leaflet contains information about ajmaline testing which looks for signs of Brugada syndrome. Read this alongside the leaflet called ‘Unlicensed Medicines: Information for Patients’.

The information in this leaflet will help you to remember what your doctor or nurse specialist has told you about this medicine. It will also help you to decide whether you want to go ahead with this treatment.

For most medicines, information is provided by the manufacturer in the medicine package. However, this medicine does not have a licence for use in the UK. This means that the manufacturer has not produced any information for patients taking this medicine. We have therefore written this leaflet for you instead.

What is Brugada syndrome?

Brugada syndrome is a condition that affects the electrical signals in the heart and may cause fast heart rhythms leading to palpitations, dizziness and collapse. Sometimes the condition has been associated with sudden death.

Brugada syndrome is an inherited condition. You may have been offered the test as part of the family screening process if a member of your family has the syndrome. Alternatively you may have a certain pattern on your ECG (heart trace) that could indicate Brugada syndrome.

Why does ajmaline not have a licence?

Ajmaline does not have a licence for use in the diagnosis of Brugada syndrome because it is not made in the United Kingdom. It is imported from Germany where it is licensed for use in the diagnosis of Brugada syndrome.

Remember that your doctor will have thought carefully about which medicine is best for your condition.
**What is ajmaline and how does it work?**

Ajmaline is a drug that is given by injection in hospital by your doctor or nurse. It is used in some countries to treat arrhythmias (rhythm disturbances in the heart). It works by changing the electrical conduction system of the heart.

It can help to diagnose Brugada syndrome because it can reveal important patterns in the ECG.

**What are the benefits of having ajmaline?**

Ajmaline can help diagnose Brugada syndrome and allow the doctors to discuss management of this condition with you if you have a positive test. If the test is negative it allows the doctors to consider other conditions.

**Are there any alternatives?**

There are alternatives to ajmaline but their effects last for longer and you may experience a greater chance of side effects. You may wish to discuss these alternatives with your doctor or specialist nurse.

**When should ajmaline not be used?**

Your consultant and nurse specialist will have reviewed your medical history prior to the test to ensure you are suitable to receive the drug.

You should not receive this medicine if you have second or third degree heart block, heart failure, wide QRS complex, prolonged QT interval, digoxin toxicity, myasthaenia gravis, or if you have had a heart attack within the last 3 months.

**What happens before admission to hospital for the test?**

You will be seen in a pre-admission clinic prior to the day of the test. Blood tests and swabs will be taken in preparation for the test. Your agreement will be obtained before prescribing this medicine. You will have the chance to ask questions and then you will be asked to say whether or not you want to take the medicine.

**Is there anything I need to do or bring with me before I arrive for the test?**

You should have nothing to eat or drink after six o’clock in the morning and only a light breakfast prior to this.

**What happens on the day of the test?**

You will be asked to attend Chesterman 2 ward for eight o’clock in the morning, or at a time arranged with your nurse specialist. You will be met on the ward by the Arrhythmia Nurse Specialist or Inherited Cardiac Conditions Nurse Specialist. The nurse specialist will insert a needle (cannula) into your arm; this is to give the ajmaline injection through.

The test is performed in the theatre recovery area where you will be attached to a heart and blood pressure monitor. You will also be attached to an ECG machine. Ajmaline is given at a starting dose of 10mg, and this may be repeated to a maximum dose of 100mg, depending on your body weight. ECGs will be performed after each dose of the ajmaline has been given. If the ECG changes during the test this may indicate a positive test and the test will be stopped.
What will happen after the test?

After the test you will remain on the heart monitor for about 1 hour. After this you will be transferred back to Chesterman 2.

If your test is negative you will be able to go home after a further hour. You should arrange for someone to drive you home and should not drive until the following day. Follow up care will be discussed with you at this time.

What are the risks of the test?

Most medicines cause side effects. Ajmaline can sometimes cause flushing, bone pain, nausea, vomiting, metallic taste in the back of the throat and constipation. Only contact the doctor if they carry on for more than a few days or become unbearable. Everyone reacts differently to medicines. It is very unlikely that you will have all the effects listed.

In less than 1% of cases, fast ventricular heart rhythms may occur during the test. These may require cardioversion (electric shock to the chest), which would be performed under sedation. There is a very small risk, less than 1%, that heart rhythm disturbance may cause cardiac arrest and require resuscitation. The staff performing the test are trained to deal with this.

Very rarely, people may experience problems with liver function after receiving ajmaline. If you notice itching of the skin, yellowing of the eyes, brown urine, pale stools or fever, then contact your doctor.

Who can I contact if I have any further questions or need to find further information?

This leaflet has been written to provide general information about ajmaline. If you have any further questions or concerns, please speak to your doctor or:

- Arrhythmia Nurse Specialist
  - 0114 226 9064
- Inherited Cardiac Conditions Nurse Specialist
  - 0114 226 9221