

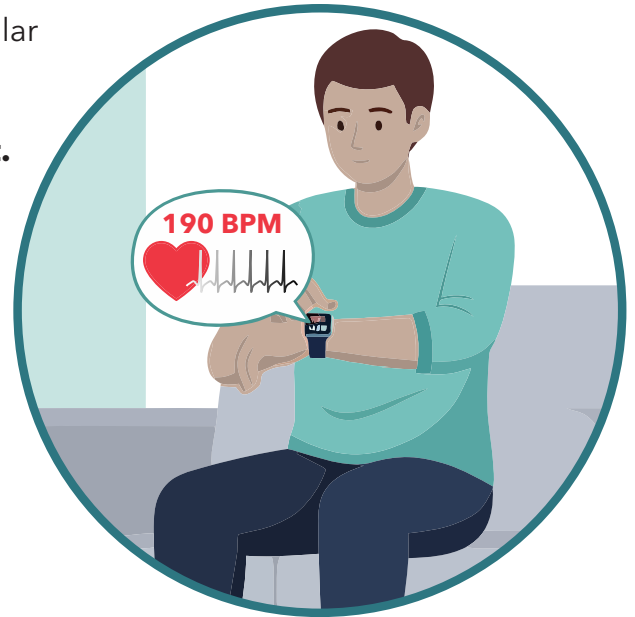
Understanding Supraventricular Tachycardia (SVT)

Supraventricular tachycardia (SVT) is a type of irregular heartbeat. It happens when electrical signals in the upper part of the heart get misdirected. This **causes the heart to suddenly start beating too fast.**

How fast?

Your heart normally beats between 60-100 times a minute at rest. With SVT, it can quickly jump to 150-250 beats per minute (BPM) or more.

- Episodes usually:
 - Start and stop suddenly.
 - Last from a few seconds to several hours, sometimes longer.
- SVT can happen in young people and those with otherwise healthy hearts.



What it feels like

Symptoms happen when your heart starts beating too fast. Some people don't feel any differently. Others may notice:



A fast or pounding heartbeat



Irregular heartbeat or fluttering in the chest



Dizziness or lightheadedness



Shortness of breath



Chest pressure, discomfort

In rare cases, you might faint.

Seek care right away for

- Fainting
- Chest pain
- Trouble breathing



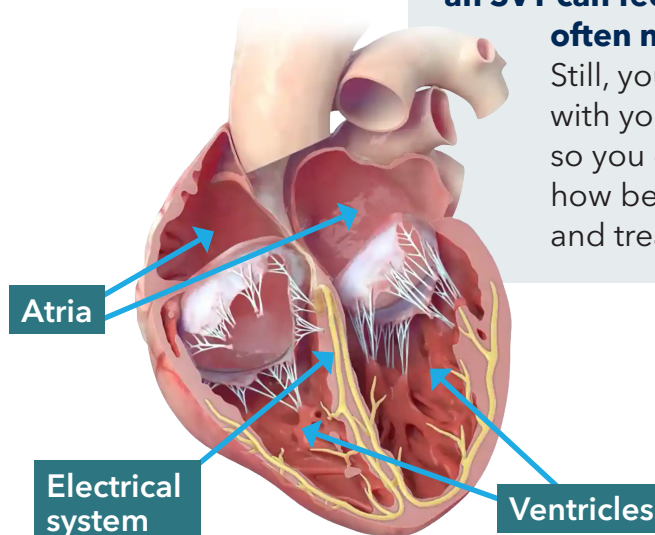
Supraventricular (SV) = above the ventricles

Tachycardia (T) = a fast heart rate

SVT = a fast heart rhythm that starts in the upper part of the heart (the atria)

While having an SVT can feel scary, it's often not dangerous.

Still, you should talk with your care team so you can decide how best to monitor and treat it.



How it's diagnosed

SVT can be hard to detect. That's because it can start and stop so quickly. And you may not know when it will happen. For some people this can be worrying. The good news is that SVT is not usually dangerous, and it can be treated. Tests that monitor your heart's electrical activity can help diagnose it.



Step 1: An ECG (electrocardiogram)

Your care team may first order an ECG. This quick, painless test records your heart's electrical activity. Small sticky sensors are placed on your chest, arms and legs. You will lie still for a short time while the recording is taken.

If an SVT doesn't happen during the test, the results may look normal.



Step 2: Heart monitor

You may need to wear a heart monitor at home for several days or weeks. This helps track your heart activity over time to catch any episodes when they happen.

Your care team may add an echocardiogram or stress test.



Tracking your symptoms

It is very helpful to write down when episodes happen, what they feel like and how long they last. This information helps you and your care team better understand any different heartbeats.

How it's treated

SVT can be treated - and sometimes even cured with an ablation.

Treatment will depend on:

- 1. How often you have symptoms** or notice that your heart starts beating too fast
- 2. How it affects your daily life** - be sure to share your worries and if symptoms are limiting what you feel you can do
- 3. Your specific type of SVT** (there are a few different types)

Your care team may talk about a few options to manage SVT. These include **vagal maneuvers**, **medications** or **ablation**.

Your symptoms and wishes are an important part of deciding what treatment is right for you. Talk about your symptoms and how SVT is affecting your everyday life. A heart rhythm specialist can help.



Possible Treatments



Vagal maneuver

There are simple things you can do to help slow your heart rate. These are generally used over the short-term.

Common examples include:

- Coughing
- Holding your breath and bearing down for a few seconds as if you are having a bowel movement
- Splashing cold water on your face

Only do these if your care team has told you to try them.



Over time, SVT can become more frequent, last longer and be less likely to respond to vagal maneuvers.

If SVT episodes are bothersome, ablation or medication can be helpful. Some people opt to take medication or have an ablation to start.



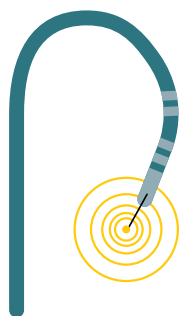
Medications

Medications may be recommended to help slow or control your heart rate and prevent SVTs. These can include:

- Beta-blockers
- Calcium channel blockers
- Antiarrhythmic drugs



Ask about how the medicine works, when to take it and any side effects.



Catheter ablation

A procedure to treat or fix the faulty or misdirected signal in the heart that is causing SVT.

A thin tube (catheter) is inserted into the heart through a vein. Heat or cold is used to destroy the area causing the fast heartbeat.

An ablation is a safe procedure and can cure most SVTs. It can be used as a first treatment based on expert guidelines.





Questions to Ask

It's sometimes hard to know what questions to ask. Here are some common questions other patients had to help get you started:

- What can I do to manage SVT episodes when they happen?
- Are there things I can do to prevent SVTs from happening? Are there common triggers?
- Should I keep a symptom diary, and what information is most important to write down and report? What about using a watch or other wearable device to check my heart rate?
- Do lifestyle changes help control SVTs (being active, eating well, or avoiding caffeine or alcohol)?
- Do I need to limit any activities or sports because of SVTs?
- When might we think about using medication? What are the side effects?
- Does SVT raise my risk for other heart problems?
- At what point should I see a heart rhythm specialist?
- How often do I need follow up visits or echocardiograms?
- Is this hereditary or something that can be passed on in my family?
- When should I seek urgent care?

Symptom Tracker

Remember to write down when your heart starts beating too fast and how it feels.

Date and time	How did it feel?	How long did it last?	What were you doing at the time?



For a worksheet to track your symptoms and more information, visit [CardioSmart.org/SVT](https://www.CardioSmart.org/SVT).