CARILION CLINIC

Electroconvulsive Therapy (ECT) Information Sheet

ECT involves a series of treatments. To receive each treatment you will be brought to a specially equipped room, the Post Anesthesia Care Unit (PACU), in Roanoke Memorial Hospital. The treatments are usually given in the morning before breakfast. Because the treatments involve general anesthesia, you will have nothing to drink or eat for at least six hours before each treatment. In the treatment room, an anesthetic drug will quickly put you to sleep. You will be given a second drug that will relax your muscles. Because you will be asleep, you will not experience pain or discomfort during the procedure. You will not feel the electrical current, and when you wake up, you will have no memory of the treatment.

To prepare for the treatments, monitoring sensors will be placed on your head and chest. A blood pressure cuff may be placed on one or two of your limbs. These are done to monitor your brain waves, your heart, and your blood pressure. These recordings involve no pain or discomfort. After you are asleep, a small, carefully controlled amount of electricity will be placed on your head. Depending on where the electrodes are placed, you may receive either bilateral ECT or unilateral ECT. In bilateral ECT, one electrode is placed on the left side of the head, and the other electrode is placed on the right side. In unilateral ECT, both electrodes are placed on the same side of the head. When the current is initiated, a generalized seizure is produced in the brain. You will be given a medication to relax your muscles, and the muscular contractions that usually accompany a seizure will be considerably softened. The seizure will last for approximately up to one minute. Within a few minutes the anesthesia drug will wear off, and you will awaken.

During the procedure your heart rate, blood pressure, and other functions will be monitored. You will be given oxygen. After waking up from the anesthesia, you will be brought to a recovery room for observation until it is time to leave the ECT area.

The number of treatments that you receive cannot be predicted ahead of time. The number of treatments will depend on your psychiatric condition, how quickly you respond to the treatments, and the medical judgement of your psychiatrist. Typically, six to twelve treatments are given. However, some patients respond slowly and more treatments may be required. Treatments are usually given three times a week, but the frequency of treatment may also vary depending on your needs.

The potential benefit for ECT for you is that it may lead to improvement in your psychiatric condition. ECT has been shown to be a highly effective treatment for a number of conditions. However, not all patients respond equally well. As with all forms of medical treatment, some patients recover quickly; others recover only to relapse again and require further treatment; while others fail to respond at all. Very rarely, a switch into the manic phase of a bipolar illness can occur.

Like other medical procedures, ECT involves some risks. When you awaken after each treatment, you may experience confusion. The confusion usually goes away within an hour. Shortly after the treatment you may have a headache, muscle soreness, or nausea. These side effects usually respond to simple treatment. During the treatments we use a bite guard, but it is possible to sustain some damage to the teeth, tongue, and gums. More serious medical complications with ECT are rare. With modern ECT techniques, dislocations or bone fractures are extremely rare. There is a remote possibility of death. While also rare, medical complications with ECT include irregularities in heart rate and rhythm. Very rarely, myocardial infarction (heart attack) or stroke can occur.

To reduce the risk of medical complications you will receive a medical evaluation which may include an Electrocardiogram (EKG/ECG), laboratory studies, and imaging studies evaluated to be necessary prior to starting ECT. However, in spite of precautions, there is a small chance that you will experience a medical complication. Should this occur, you understand that medical care and treatment will be instituted immediately and that facilities to handle emergencies are available. It is important to understand that the institution and treating providers are not required to provide long-term medical treatment. You shall be responsible for the cost of such treatment, whether personally or through medical insurance or other medical coverage. You

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understand that no compensation will be paid for lost wages or other consequential damages.

A common side effect of ECT is poor memory functioning. The degree of disruption of memory is likely to be related to the number of treatments given and their type. A smaller number of treatments is likely to produce less memory impairment than a larger number of treatments. Right unilateral ECT (electrodes on the right side) and bi-frontal ECT (electrodes above the lateral angle of the eyes) are likely to produce milder and shorter-lived memory impairment in comparison to bi-temporal ECT (one electrode on each side of the head located near the temples). The memory difficulties with ECT have a characteristic pattern. Shortly following a treatment, the problems with memory are most pronounced. As time from treatment increases, memory functioning usually improves. Shortly after the course of ECT, you may experience difficulties remembering events that happened before and while you received ECT.

Many of these memories will return during the first several months following the ECT course. However, you may be left with some permanent gaps in memory, particularly for events that occurred close in time to the ECT course. In addition, for a short period following ECT, you may experience difficulty in learning and remembering new information. This difficulty in forming new memories should be temporary and will most likely subside within several weeks following the ECT course.

Individuals vary considerably in the extent to which they experience confusion and memory problems during and shortly following treatment with ECT. However, in part because psychiatric conditions themselves produce impairments in learning and memory, many patients actually report that their learning and memory functioning is improved after ECT compared to their functioning prior to the treatment course. A small minority of patients report severe problems in memory that remain for months or even years. The reasons for these rare reports of long-lasting impairments are not fully understood.

Because of the possible problems with confusion and memory, it is important that you not make any important personal or business decisions during the ECT course or immediately following the course. This may mean postponing decisions regarding financial or family matters. After the treatment course, you will begin a "convalescence period," usually one to three weeks, but which varies from patient to patient. During this period, you will not drive on the day of treatments and will be extremely careful when operating heavy machinery. You will also try to refrain from participating in major business transactions or other activities for which impairment of memory may be problematic until so advised by your doctor.

At the time of the initial ECT consultation, a member of the ECT team may adjust your medicines in preparation for the treatments. Please take your medications as prescribed. It is important to discuss any herbal or over-the-counter medications that you might be taking with your providers. Alcoholic beverages and illicit drugs are prohibited.

Prior to initiating treatments you will be asked to sign an ECT consent form and an Anesthesia consent form. The ECT Consent Form will be applicable for the full episode of treatment (Index Series), which may include several individual treatments (usually 6 to 12). When patients receive maintenance therapy consisting of a treatment at least once every two months, the consent form will be applicable for up to a period of two months.

For patients younger than 18 years of age: The Commonwealth of Virginia requires that for patients less than 18 years of age the consent process will involve 2 psychiatrists who are boarded in child and adolescent psychiatry. At least one of the 2 psychiatrists is not directly involved in the patient's long term care.

For patients who lack capacity for informed medical decision making: In the Commonwealth of Virginia, if a patient lacks capacity and no written directive exists, a hierarchy of decision makers can take over, and this includes the decision to initiate ECT treatment. If a patient protests the decision for ECT treatment, a judicial authorization is necessary.

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Patient Instruction & Follow-Up for Outpatient ECT

1) Do not eat or drink anything after midnight prior to the ECT treatment.

2) Use the bathroom prior to the treatment. Please do not apply lotion or makeup to your face prior to ECT, and wear no jewelry. Please leave all valuables at home.

3) Bring a list of medications taken 48 hours before treatment. You are responsible for taking your own medication at the time of discharge from outpatient ECT (with the assistance of a responsible party such as a friend, family member or care provider as needed).

4) Have someone with you to drive home within two hours following your treatment and stay with you at least 24 hours or until any confusion clears. **You are encouraged not to drive on the day of treatments** (especially if you are feeling sleepy or confused).

5) Report to ambulatory/outpatient surgery area at Carilion Roanoke Memorial Hospital at **5:50 am**. Your IV will be started there and the ECT/PACU nurse will meet you.

6) Your treatment will be done in the Post Anesthesia Care Unit (PACU).

7) You will need to sign consents for your treatment and for anesthesia at this time, if not already done.

8) Your family or driver may wait in the designated outpatient surgery waiting area. You will be reunited with them after your treatment and when you are awake/alert with stable vital signs and able to walk.

9) Your family (or responsible other) will be notified of your condition when your treatment is completed.

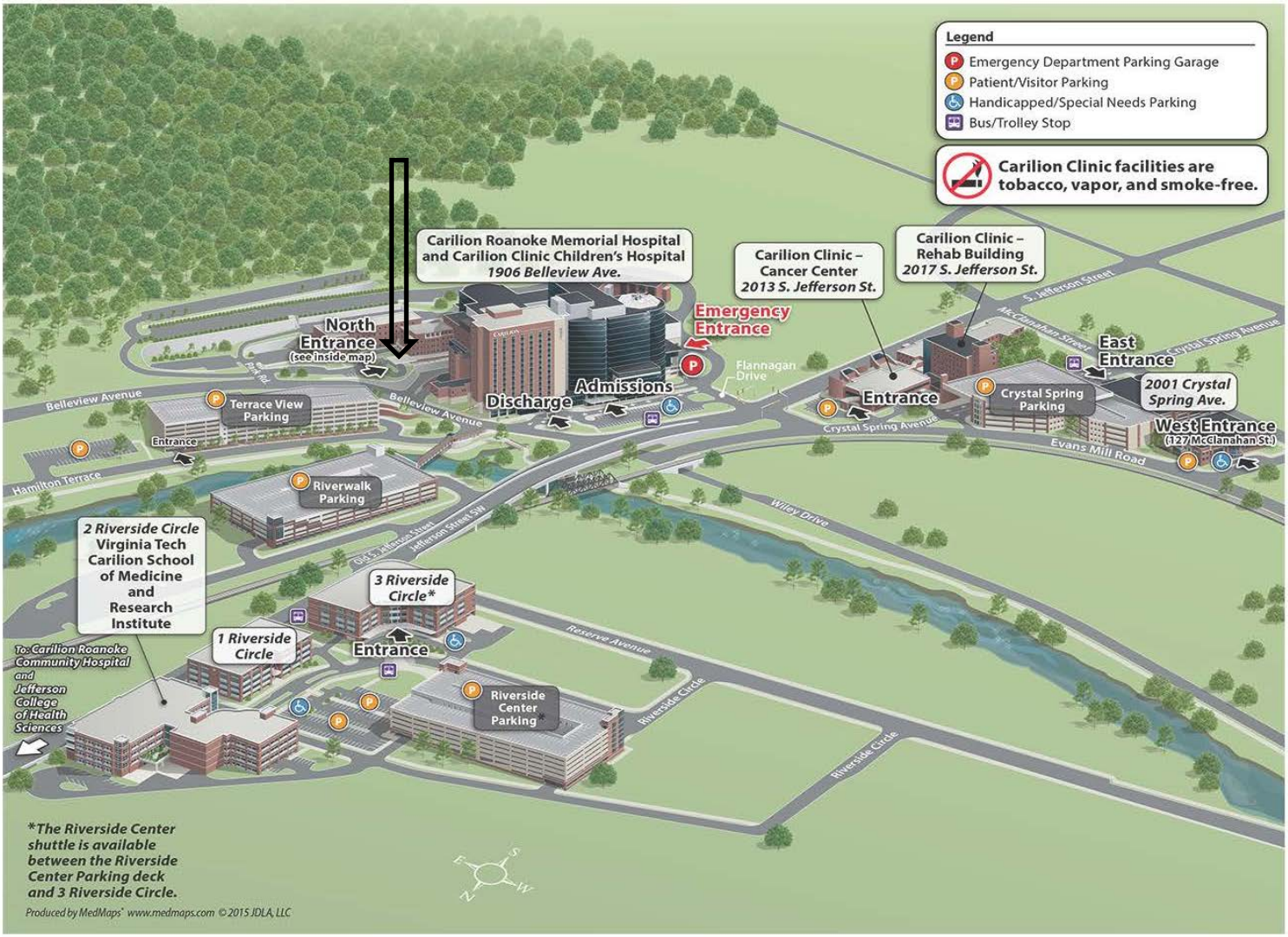
10) Take only these medications, as listed, prior to your scheduled treatments with small sips of water.

    1. Two Tylenol (Acetaminophen) 500 mg tabs (for headaches) as needed
    2. Any blood pressure medicines you normally take in the morning
    3. Any medicines you normally take in the morning for acid reflux/heartburn/dyspepsia
    4. If you use an asthma/COPD inhaler, you are encouraged to bring this with you

11) Do not take the following medicines on the evening before ECT

    1. _____

Electroconvulsive Therapy



Arrive at North Entrance (Outpatient Surgery) at 5:50 AM

No Food or Drink after Midnight (unless instructed to take medicines with small sips of water)

Cancelling an ECT treatment: To cancel the day before the treatment please contact **Central Scheduling (Postings) at 981-7266 from 8 AM to 5 PM**. To cancel the **night before treatment or the morning of treatment please call the OR Front Desk at 981-7244 from 5PM to 8 AM**. **Please also call 540-853-0873** to leave a message for the ECT Coordinator to indicate the reason for cancellation.

A Carilion Roanoke Memorial Hospital
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