



My AF Story – Or How it Zaps You When You’re Not Looking

By Anthony Bestwick

My story starts some 12 years ago in those heady days when the world didn’t seem to have quite so many problems as it does now. I was a 50 year old silversmith with my own small business in a small town on the coast of Devon, in the south west peninsula of the United Kingdom, and spent my leisure time collecting rocks, exploring the old tin and copper mines of Devon and Cornwall, playing the melodeon and bodhran in the local pubs, and flying small aeroplanes from nearby Dunkeswell aerodrome, a one-time US Navy wartime bomber base flying Liberators across the Bay of Biscay.

I had been divorced for a few years after a long marriage and was, emotionally, on the fragile side of neutral, though I doubt I would have agreed with that if you’d mentioned it then! As is the way of these things I’d eventually found myself with a new girlfriend and that, dear reader, is where my story really starts.

We split up. Nothing really unusual about that, although it was as always painful, but this split coincided with one of my frequent bright (or, in this case, not-so-bright) ideas. I’d lose weight. Go on a diet. Not eat very much. In fact, not eat at all. I certainly was not overweight at 13 stone (184Lb) but summer was coming and I was determined to lose a few pounds to be able to get into my summer shorts.

Now, I don’t know whether you’ve tried not eating but I don’t recommend it. In my case it brought on quite persistent pangs of hunger and a distant rumbling from down-under which, try as I might, I could not ignore. I cast around for some way to lessen the noise and my gaze fell on the coffee maker, with its usual welcoming smile, in the corner of my office-cum-workshop.

And so it came to pass that, in the same week as the emotionally draining split from my girlfriend, I came to live on strong black coffee – as black as the night and as strong as the bond between miser and dollar. The coffee machine happily worked overtime, spewing out great mugs of the stuff in response to my ever-increasing hunger pangs until I looked more like a coffee picker than an English silversmith.

By the third day I began to suffer bouts of what I fondly thought was indigestion, a general rumbling and banging inside which reminded me very much of an old car I once had. I ignored it, and carried on with the coffee therapy but by the following Monday, a full seven days after the start of my crash diet, I felt unwell enough to take the monumental plunge of visiting my local doctor, to complain about my indigestion.

I duly arrived at the appointed hour, expecting – indeed resigned – to be given some indigestion medicine and be sent on my way with a flea in my ear for wasting his time. But no! ‘Come in’ he said ‘you don’t look

terribly well'. 'No' I said 'I think I've overdosed on coffee and it's given me indigestion'. 'Well' he said 'let's just listen to your Nurse!' he shouted 'get the ECG equipment ready'.

And that, fellow afibber, was the first time I knew I'd got a problem!

To cut a long story short, my ECG showed the usual and I was whisked off to the hospital in nearby Exeter, a rather grand place smelling of disinfectant and full of ill people. I say 'whisked' but in the absence of any form of public transport including an ambulance I was apologetically asked if I would make my own way there, which I did.

On arrival at the hospital I was taken to a ward, made a fuss of, given a loading dose of sotalol and asked to get into bed. Now, I have to confess that I don't like hospitals. Even less do I like wearing pyjamas or getting into bed in the daytime – and anyway, I only had indigestion – so this now became a battle of wills. 'I'm not taking my jeans off' I said. 'You must' they said. 'I won't' I said, 'I'm not ill'. Well, we eventually compromised. My jeans didn't come off but I did eventually get into bed, though only when it got dark. They didn't really mind. They were very good.

I was hooked up to a variety of machinery and told that cardio-reversion was going to be done the following day but, during the night, my heart went back into sinus and the following day, to my great relief, I was given my freedom and let out. Before leaving I'd had a long chat with a heart specialist who told me that I had had Atrial Fibrillation, probably caused by too much caffeine, and that it would probably now be a feature in my life. 'One more thing' he said 'You'd better tell the Civil Aviation Authority about this'.

I did, and they very unhelpfully suspended my flying medical certificate. That was the first impact that AF had on my life. There were to be others.

After discharge from hospital I had, as a follow-up, the usual thyroid test and echo-cardiogram, all of which proved to be normal. Slowly, I reverted back to my usual way of life and resumed 'business as usual' apart from the flying, which I really missed. Months went by, and I started to think that it had all been a bad dream. I began to rediscover my love of strong black coffee when suddenly, out of the blue, wham! AF again.

This time the episode did not last long, just a few hours, but I knew then that the original 'happening' had not been a one-off and that AF was probably here to stay.

In those far off days ablation was very much in its infancy in the UK and only done for flutter – to some extent it still is even today, as we shall see – so the solution put forward by medical opinion in the form of the local doctor offered nothing more than pills. True, there was available an intriguing variety of pills and as many as I could eat, but pills are something else I don't much care for. I decided this was not an option.

Months passed with a few minor episodes of AF, all of which reverted to sinus within a fairly short time but which nevertheless made me very conscious that 'I had a problem'. As these months passed I became more and more determined that the solution – for me – would be to beat this thing on my own terms. I began to realize that, to some extent and in some people, AF is life-style problem and so I determined to find out, as far as was possible, what might be triggering these episodes in me.

First, my coffee machine was consigned to history, though I subsequently bought another when I realized you can make thoroughly decent decaffeinated coffee which tastes just as good as the stuff with caffeine! I had always taken several grams of vitamin C a day but I now included a whole range of other vitamins and health supplements and made serious efforts to determine what part of my daily life might be causing my AF.

Eventually, through trial and error, I found that caffeine, emotional sadness, hard cheese, bananas and sleeping on my left side were the main triggers for me. Alcohol, to my delight and the relief of the world's wine growers, has never been a trigger but I know that it is for many. I only ever drink red wine in

moderation and the occasional beer when playing my melodeon (though not at the same time) so it may be that spirits do not agree with me, but red wine and the odd beer certainly do.

Time passed and I formed a folk band with a banjo-playing friend, and then a delightful lady who sings and plays the guitar also joined the band. Dear reader, the course of true love ran true, and this lady has now been my wife for the past 6 years.

Happiness does I'm sure lessen the effects and frequency of AF but, to counter that, the taxman certainly does not so I continued to have the odd episode of AF as the months and years went by. And then, a dear old friend died.

This friend was rather old and had been the best friend of my own dear father, who had died when I was 13, so there was a great bond of fondness between us, reinforced by the fact that he did not himself have any family. By this time my wife and I had moved from Devon to South West Wales, where we now live, so as soon as we heard the sad news we drove the 200 miles to where he lived and started to make arrangements for his funeral.

By the time I arrived, I was in the grip of the worst AF episode I had ever had. My heart was fluttering, racing and banging like an old tin can, I had no discernable pulse, and I was as white as a sheet and feeling pretty low. There was no alternative but to carry on with the arrangements and attend the funeral but after that, in company with good friends and with a glass of red wine, I began to feel better and as I did so my heart reverted to sinus. But it was a terrible shock and what has since followed, and the subsequent operation to cure my AF, is all as a direct result of knowing that extreme sadness was always going to trigger AF no matter how well I looked after myself.

Months passed without any further serious episodes, but in my mind was the certainty that sooner or later this thing would rise up and strike me again. I'd heard of catheter ablation and had been told that it offered the best chance of a cure, so I made real efforts to see whether this could be done for me 'free' on our National Health Service. I say 'free' but of course although the NHS is free at the point of contact we do pay for it through our taxes, and in my lifetime I must have paid for the operation many times over.

Although kind and considerate and ready to offer a whole warehouse full of pills the NHS – bless them, they only get 90 thousand million pounds sterling a year in funding – simply could not offer me catheter RF ablation for AF. They might, just might, have been able to offer flutter ablation if I'd waited until I was dead, but what would be the point of that when I needed AF ablation and wanted to get on with my life now?

The next avenue to explore was to see if the operation could be done privately within the United Kingdom at reasonable cost and in a reasonable time scale. Nope! £15,000 and a long wait if you were lucky enough to find someone needing to practice the operation, in an environment where AF ablation is a pretty new science. First of all, £15,000 was simply off the board – I don't actually believe there's that much money in the world – and secondly, I'd prefer not to be somebody else's learning curve.

So, what to do? The usual well-known centers of medical excellence such as the USA, Canada, France and Germany were all very expensive or still learning how to respond to emails. It seemed I had reached an impasse and was doomed! And then, like a sunbeam bursting through clouds, I discovered India!

India, as many will know, is a land of gentle friendly intelligent people. It is a pragmatic land, an emerging world power and – more importantly – the world's largest democracy. A land of the future certainly, but not, in my mind, a world centre of excellence for medical procedures.

How wrong I was! A few simple clicks on my computer and the amazing medical facilities of India lay before my eyes - and there it was! At the Escorts Heart Institute and Research Centre (EHIRC) in New Delhi I could get RF catheter ablation for AF, including carto-mapping, for the all-inclusive price of £2,300.

I contacted the Taj Medical Group within the UK, who can facilitate arrangements for medical procedures in India, and within days I had made the decision to go to EHIRC and have the full works. Arrangements were soon made and within weeks of discovering the medical facilities of India I found myself at Heathrow Airport in London going through the interminable – *Take your belt off. Take your keys out. No, don't let your trousers fall down, shuffle through that archway* – but necessary security checks before boarding an overnight flight to New Delhi with the excellent Virgin Atlantic.

There can be few finer things than to arrive in India, bleary-eyed from an overnight flight, in the morning rush-hour! Well, perhaps a few but the first thing I saw on leaving the baggage reclaim, apart from a few welcoming flies and the lovely sunshine, was a smiling young Indian holding up a board upon which was written my name in very large letters. Yes, EHIRC had sent a chauffeured car, and the head of their hospitality department, to whisk me off to the hospital! Despite the traffic and the odd cow we arrived and, after a few formalities, I was shown to a spotless room with panoramic views of New Delhi - and a daunting array of medical machinery on the wall above the bed.

I had many visitors during my stay, and without any doubt, received VIP treatment from everybody. Tests started almost immediately, and I was wheeled down to various laboratories over the next two days for a variety of procedures which were designed to diagnose my condition exactly and determine the treatment required. My only real problem was with the enormous baggy white draw-string two-part smock everyone has to wear, which needs a masters in cunning if you are to avoid it falling down to your ankles every few minutes. I never quite got the hang of it. They probably still talk about it.

The tests, apart from one, were all quite reasonable and very thorough. I was always wheeled to these tests by two or three impossibly young but excellently trained nurses, one to push, one to make sure I didn't fall out and probably one to make sure my smock stayed up. The hospital was very busy – they do over 500 catheter ablations per year plus every other form of heart surgery including pediatric – and was highly efficient and superbly well organized.

India, as you will know, is a land of Tigers and Elephants. The Tigers tend to snack off people so are avoided but Elephants are very popular. They come in all sizes, are usually grey and most of them have trunks. I say 'most' because some must be missing their trunks because that, dear reader, is what they put down your throat when they do the transesophageal echocardiogram - and they must be from fully-grown Elephants, too.

My surgeon was the brilliant Dr. Balbir Singh, principal consultant cardiologist working with the world famous heart surgeon Dr. Naresh Trehan and, all tests being OK, my operation was scheduled for the following day. Everything went well. The AF was induced, carto-mapped and ablated, and after 4 hours I was wheeled into catheter recovery for a very welcome cup of tea. The operation itself consists of feeding 4 catheters up through veins in your groin into your heart, which sounds scary but is in fact quite OK. The surgeon then induces the AF and maps the electrical conductivity of the heart to determine the areas to ablate, and then zaps these areas with RF energy.

The hospital was superbly equipped and the surgeons, doctors and nurses are clearly as good as any in the world. The food was excellent, with a choice of continental or Indian cuisine (I had fish curry every day. I'd go back just for that!) and the care and cleanliness is exceptional, the hospital priding itself on a 0.3% infection rate.

Following my ablation I had a 24-hour Holter monitoring and then, when that was complete and the results checked I was pronounced free to leave. I could have stayed on in India – the Taj Mahal is not far way – and the hospital would gladly have arranged things for me but my wife was at home in Wales so I was keen to return. Normally, when I find myself in a land of sunshine and about to board a plane to return to rain and grey skies, I have to be forced aboard and chained to my seat but this time the allure of my wife made me happy to skip aboard for the 8 hour flight to London and the inevitable rain. I had been in India altogether for 5 days, but it seemed rather longer.

As I write this it is now just three months since I returned from India. I was told by Dr. Balbir Singh that the heart can take this long to heal and settle down, but I have experienced no problems so far and I am confident, as is Dr. Balbir, that my AF really has been ablated. Time will tell, but as each day passes my confidence increases.

Did I make the right decision to go to India? Definitely. Five days in an excellent air-conditioned room with panoramic views, satellite TV, Internet facilities and all the tests and treatment for £2,300 sterling (less than 4,000 USD) was simply amazing. Would I recommend the medical facilities of India to anyone else who needs treatment that they cannot get or cannot afford in the affluent west? Certainly, without doubt. There are many world centers of excellence in India offering almost every medical procedure.

As far as one can enjoy these things, I did enjoy my trip to India. From the excellent Virgin Atlantic flight to the friendliness and competence of the hospital staff, from the delicious food to the friendships made, from the sunshine to the allure of a new and exciting land – yes, I did enjoy it. But I will never be able to look at an Elephant in quite the same way again and I will never, but never again, wear a huge and baggy white two-piece draw-string smock with a mind of its own!

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Postscript

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P.S. Happily, I continue to enjoy my afib-free life.

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