



Atrial Fibrillation (AF)

An irregular heartbeat — and why we treat it

Recover • Rebalance • Revive



drregu.com.au

PATIENT GUIDE

Dr Reguram Sandrasegaram • Young Street Medical & Dental Centre

Irregular — but very manageable.

AF is a common, sometimes silent rhythm problem where your heart beats out of step. The real issue isn't the rhythm itself — it's the small risk of stroke that comes with it. Treatment dramatically lowers that risk.



5x

the stroke risk if AF is left untreated



60–70%

lower stroke risk with the right blood thinner



Common

1 in 4 of us will develop AF later in life

What's going on, in plain English



It's an electrical issue

The top chambers of your heart quiver instead of pumping cleanly. The pulse becomes irregular — sometimes fast, sometimes slow.



Sometimes you feel it

Palpitations, breathlessness, tiredness or chest fluttering. Sometimes there are no symptoms at all — just an irregular pulse on a check.



The big risk is stroke

Blood can pool in the quivering chambers and form clots. If one travels to the brain, it causes a stroke.



Blood thinners change that

They make clots far less likely. They're the single most important part of treatment for most people with AF.



Rate matters too

A tablet to slow your heart rate down (often a beta-blocker) makes you feel better and protects the heart over time.



Triggers can be tamed

Alcohol, caffeine, poor sleep, untreated sleep apnoea and being unwell can all set AF off. Addressing them really helps.

Why we calculate your stroke risk

Your GP uses a simple score (CHA₂DS₂-VA) based on your age and health history. It tells us whether the benefit of a blood thinner clearly outweighs the small bleeding risk. For most people with AF, it does — by a long way.



Six things that help you do well



Take it every day

Blood thinners only work while they're in your system. Missing doses lets the stroke risk creep back fast.



Tell every doctor & dentist

Before any surgery, dental work or new medicine, tell them you're on a blood thinner. It matters.



Watch for bleeding

Mild bruising is common. Significant bleeding (heavy nose bleed, blood in urine or stool) needs a same-day check.



Falls are the big risk

Fall-proof your home, treat dizziness, and ask about a balance review — the goal is to stay upright.



Cut the triggers

Less alcohol, less caffeine, better sleep, and getting any sleep apnoea treated can reduce how often AF flares.



Stay active

Regular gentle exercise is good for AF, your blood pressure and your heart. Walking is plenty — consistency matters more than intensity.

Important — never stop your blood thinner without telling us

Even a few days off can raise your stroke risk significantly. If you need surgery, a dental procedure, or you've had a bleed, ring us — we'll plan a safe pause together. Don't just stop on your own.



Call 000 or get help if:

- Sudden weakness, slurred speech or face droop (stroke signs)
- Severe chest pain or sudden breathlessness
- Heavy bleeding that won't stop
- A bad fall, especially with a head knock



Your next steps:

- ✔ Set a daily reminder for your tablet, same time each day
- ✔ Carry a card or note saying you're on a blood thinner
- ✔ Book a yearly heart check with us
- ✔ Bring questions to your next appointment — none are silly

A small daily habit, a much smaller risk

One tablet, taken on time, lowers your stroke risk by more than half.