

ECT

PATIENT INFORMATION



'Your Care in Mind'

General Information on ECT at Delmont Private Hospital

Electroconvulsive Treatment, more commonly known as ECT, is a medical procedure that is used to treat a range of mental health conditions.

At Delmont Private Hospital we provide individualized patient care. Your treating doctor would have discussed with you, both your diagnosis and suitable treatment options available, to best manage your condition.

This information is intended to compliment the Department of Health "Electroconvulsive Treatment Adult Patient" which will be given to you and explained by your doctor. The potential benefits and risks will also be discussed with you prior to consent being signed in order for you to make an informed decision about proceeding with ECT.

Not all patients improve at the same rate, as with all form of medical treatment. If at any time you feel concerned or wish to discuss your progress, do not hesitate to discuss this with the ECT staff and your doctor, who will review you during your treatment.



What will Happen?

Once you have been referred for ECT, you will be given the ECT Information Pack containing:

- Delmont information for ECT patients
- Electroconvulsive Treatment (Adult Patient) Statement of Rights from The Department of Health
- The various ECT psychiatrists' out of pocket fee schedule and any questions regarding these fees, please contact the particular psychiatrist on the contact number listed on the fee schedule or discuss any concerns with your treating doctor

Preparations for ECT:

You can minimize side effects prior to the procedure by following these guidelines:

- Do not smoke or chew gum after midnight prior to the day of treatment
- No foods nor liquids should be consumed for a minimum of 6 hours prior to anaesthesia
- Nursing staff will assist you with what medications to take and when. If you are to be discharged and return as a Day Patient, discuss with your treating doctor prior to discharge your medications and ECT

Your Responsibilities:

- Ensure your hair is clean and dry with no hair product in. Please do not wear any hair pins/clips
- Do not apply face creams, moisturisers or makeup
Remove all nail polish
- If you have any excess jewelry with you, it can be stored safely for you by your nurse. If it cannot be removed, it can be taped. If you are a Day Patient, please leave all valuables at home
- Do not bring cigarettes, lighters and mobile phones into the treatment room
- Dress in loose fitting clothing
- If you wear contact lenses, glasses or dentures, these can be removed in the treatment room and placed under your trolley. Ensure you bring a case for contact lenses



On the Morning of ECT:

On the day of your specific ECT procedure, your assigned anaesthetist will introduce themselves. At the initial treatment, the anaesthetist will take a detailed medical history, including any known allergies and any prior anaesthetic experiences. A limited examination may be performed if indicated. On subsequent treatments, only a limited history will be required from you.

Prior to anaesthesia being administered, standard monitoring will be applied. This includes: ECG leads, a blood pressure cuff, a pulse oximetry probe and an oxygen mask.

Information about your peripheral cannula

You will be cannulated via an injection prior to being anaesthetised. The IV canula will be used to administer any necessary medications or fluids that are required during and after the procedure. The risks of having an IV canula include infection, irritation of the vein and bruising. The IV canula will be removed before you return to the ward. If you notice any redness, swelling, pain or discharge from the canulation site after removal please inform your nurse.

The Procedure:

The anaesthesia will place you in a state of unconsciousness and a muscle relaxant will also be co-administered at this time. Your anaesthetist will be there to look after you for the entire duration of your treatment.

Once inside the treatment room, the actual ECT will take 10-15 minutes. You will then be taken through to recovery and observed for 30 minutes.

Following recovery, you will be escorted back to the ward where you will have breakfast and medications, if prescribed.

On return to the ward, you will be allowed to rest but encouraged to attend the therapy program later in the day.

Important Information following Anaesthesia & ECT:

It is important that you remain on the ward until you have been reviewed by your doctor.

Refrain from smoking or participating in excessive exercise for at least 2 hours.

For 24 hours after anaesthesia and ECT:

- Avoid driving a motor vehicle or operating any machinery, includes domestic appliances
- Avoid making any major personal decisions, signing contracts or important documents or entering into any business arrangements
- Do not drink alcohol
- Ensure you are not home alone without an accompanying, responsible adult



Your Questions on ECT Answered:

Benefits:

ECT appears to work quicker and more effectively than medications in some mental health conditions.

If ECT is indicated, it will not cure you but it will be expected to help in your current episode of illness and may help maintain the improved outcome.

How does it work?

It is believed ECT acts by altering the complex electrical and chemical processes within the brain that are temporarily impaired in some mental illnesses.

It is believed it may help return these processes towards the correct balance, but the actual process has yet to be determined.

When to use ECT:

This is based on a physical and full mental health evaluation of your illness and the expected result and prognosis if ECT is not given. It is used for severe mental health disorders when counselling and drugs have been ineffective.

Consent:

Even if you consent to a treatment course, at any stage in the course as a voluntary patient, you can withdraw your consent to treatment. Withdrawal of consent will not alter your right to continued treatment with alternative methods.

Your treating doctor has to explain and outline all the risks involved in the treatment and the risks involved as well as the risks associated with early termination of the treatment course, prior to you giving informed consent.

Maintenance of response:

An antidepressant or other drug may be introduced towards the end of the course to help prevent relapse.

There is approximately a 2/3 chance of remaining well over the following year and about a 1/3 chance of relapse. Counselling and returning to normal life with support helps.

For a few patients who do not remain well on drugs, maintenance ECT may be discussed.

This is given on a gradually extended basis starting at weekly and progressing to monthly or even longer between ECT sessions. This may need to be continued for a year or more.

Pain:

You may experience headache and/or muscle pain usually within the first few hours after ECT. This is usually more marked after the first one and less for subsequent ECT sessions. This is easy to alleviate with analgesia.

Disorientation:

You may feel disorientated on waking. This confusion of waking in an unfamiliar bed will normally settle as you will be able to recall where you are within a few minutes or hours.

Attention, Concentration & Memory Impairment:

Patients with severe depression commonly experience impaired concentration and attention, which usually improves with ECT. Most patients will have some memory impairment of the time surrounding the ECT treatment and associated time in hospital. Some of this will be from the depression, as memories are well formed when you are experiencing poor concentration.

Over the course of ECT, it may be more difficult to remember newly learned information. This difficulty disappears following completion of the ECT course. Some patients also report a partial loss of memory for events that occurred during the time prior to ECT. While many of these memories typically return after ECT, some patients do report long lasting memory impairment.

The extent and duration of memory impairment can depend on type and frequency of ECT. This is why it is important to report any perceived memory impairment as the treatment may be adjusted.

Even though some patients recover with little or no awareness of any memory impairment, most will experience a degree of memory impairment. Other patients have actually reported an improvement in memory because ECT has the ability to reduce the amnesia associated with severe depression.



REFERENCES:

2016 Chief Psychiatrist's guideline on electroconvulsive treatment:

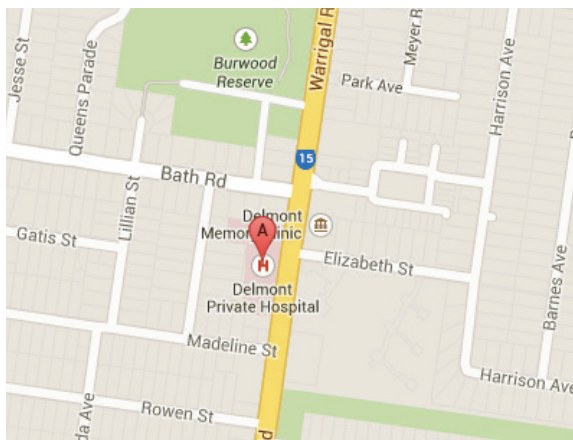
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/chief-psychiatrist-guideline-on-electroconvulsive-treatment>

The ECT handbook 4th Edition 2019 Royal College of Psychiatrists

Victorian Department of Health 2014

Mental Health Act Handbook

<https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/safeguards/electroconvulsive-treatment>



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