This leaflet tells you about Electroconvulsive Therapy (ECT) and anaesthesia for patients, their families, carers and healthcare practitioners.

It will try to answer some of the questions you may have about ECT. You may wish to know what it is and why it is used, what it is like to have ECT and the risks and benefits associated with the treatment.

When you are depressed it is quite often difficult to concentrate. Don’t be concerned if you can’t read through the entire leaflet. Just pick out the sections which seem important at the time and come back to it later. You may wish to use it to ask questions of staff, relatives and other patients.

**What is ECT and what does it involve?**

ECT has been recommended by the National Institute for Health and Clinical Excellence (NICE) for use in the treatment of depressive illness, mania and catatonia (a tendency to remain in a fixed stuporous state for long periods).

ECT is given under a general anaesthetic with a muscle relaxant. During ECT a small electric current is passed to the brain, which causes a mild seizure (a ‘fit’). The fit affects the entire brain including the centres which control thinking, mood, appetite and sleep. Repeated treatments alter the chemical messages in the brain and bring them back to normal. This helps you begin to recover from your illness.

Treatment is usually given twice a week for three to six weeks, depending on your response. You will be seen at least weekly by your psychiatrist to assess your progress and improvement.

**Why has ECT been recommended for me?**

ECT is most commonly used to treat depression and may have been recommended for you because you did not get better with anti-depressant medication. It can also help if you could not tolerate anti-depressant medication because of the side effects, or because you have responded well to ECT in the past. It can also help if you feel so
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overwhelmed by your depression that you cannot function at all.

If you are not sure why you are being given ECT, don’t be afraid to ask. It is sometimes difficult to remember things when you are depressed, so you may need to ask several times.

What are the benefits, risks, side effects and alternatives?

Benefits
The main benefit of ECT is the speed of recovery from a depressive episode when compared to drug treatment alone. Although you may not feel any improvement straight away, you may notice an improvement in your mood after three to four treatments. This varies enormously and you will only be given as much treatment as you need to get better.

Risks
ECT is amongst the safest procedures performed under a general anaesthetic; the risk of death or serious injury with ECT is slight - about one in 50,000 treatments. Complications occur very rarely.

Side effects
Some patients may be confused just after waking from the treatment, but this generally clears within an hour or so.

Your memory of recent events may be upset and dates, names of friends, public events, addresses and telephone numbers may be temporarily forgotten. In most cases this memory loss goes away within a few days or weeks, although some patients continue to experience memory problems for several months. ECT may have some long-term effects on memory for some people.

Some people have a headache or feel sick when they wake, but the medical staff can alleviate these symptoms with medication, should this happen. Occasionally people may experience some muscle aches following treatment. If this happens, inform the ECT staff so that they can alter your medication during your next treatment.

Alternative treatments
Depression may be managed with anti-depressant medication, counselling
and psychotherapy, either alone or in combination.

Catatonia can be treated with medication such as benzodiazepines or barbiturates.

Acute manic episodes may be treated with medication such as Lithium, anti-psychotics or anti-convulsants.

**Will I have to give my consent? Can I refuse to have ECT?**

At some stage before the treatment, you will be asked by your doctor to sign a consent form for ECT. If you sign the form, you are agreeing to have a course of treatment under a general anaesthetic, but you are free to withdraw this consent at any time. Before you sign the form, your doctor will explain what the treatment involves and why you are having it. The doctor will be able to answer any questions you may have. Your consent will be checked verbally each time you attend for treatment. Withdrawal of consent to ECT will not in any way alter your right to continued treatment with the best alternative methods available.

It is possible for ECT to be given without your consent, but for this to happen you must be detained in hospital under the Mental Health Act and your doctor must get an independent doctor’s second opinion. Your mental capacity will also be assessed by the doctors; if you have capacity (even if detained under the Mental Health Act) your consent will be needed to continue with ECT.

**Advocacy Service**

There is an independent advocacy service which can support people in making the decision about having ECT. They cannot solve your problems, but they can make sure you are involved in the decision making process and that you get a chance to say what you think you need. They can be contacted on 01226 218900.
Are there any risks in not having ECT as recommended?

If you choose not to accept your doctor’s recommendation to have ECT, you may experience a longer and more severe period of illness and disability than might otherwise have been the case. The alternative is drug therapy, which also has risks and complications, and drug treatment is not necessarily safer than ECT.

Where will I have the treatment?

ECT is given in a purpose built suite at The Woodlands Hospital for older people services. A new suite will soon be built on the Rotherham General Hospital site in the new mental health unit for older people. If you wish, you can visit the department before your treatment starts to meet and talk with the staff. They will be glad to answer any questions and show you around. Talk to your nurse about arranging this with the ECT staff.

A member of staff known to you from your ward will remain with you throughout your treatment and will make any necessary arrangements for transport to the department.

What preparation will I need?

You will need to have a full medical examination by your doctor and a blood sample will be taken to make sure you are in reasonably good health. If you are aged 45 or over or have an existing heart condition, an electrocardiogram (ECG) will also be taken to check your heart. If you already have a medical condition, further medical tests may be needed and your doctor may wish to discuss this with another specialist.

Because you will be having a general anaesthetic, you must not have anything to eat or drink from 3.00 am on the morning of the treatment. You may be given some of your medications (only specific ones as requested by the anaesthetist) with a sip of water before attending the suite for treatment. Ask your nurse to find
out if you need to take any of your medications before your treatment. You should always take inhalers for breathing problems before treatment.

You will be able to wear your day clothes throughout the procedure, although they do need to be loose so that we can access your chest for the placement of heart monitoring equipment. Please remove any makeup or nail varnish before treatment and make sure your hair is clean and free of styling products.

It is recommended that if possible, you do not bring valuables to the ECT suite, although lockers are available. You should keep dentures, hearing aids and spectacles on until just before the treatment.

What will happen when I arrive in the ECT department?

When you arrive you will be greeted by one of the ECT nurses. These are qualified nurses who have had additional training in ECT. You will be asked to wait for a short while in the waiting area until the doctors are ready for you. There may be other patients and their escorts also waiting in this room. You will then be shown into the pre-treatment room where ECT staff will help to get you ready for your treatment. You will be made comfortable on a chair bed and the ECT staff will ask you some questions to check you have not had anything to eat or drink and have removed makeup and nail varnish. They will also check the condition of your teeth and will talk to you about consent.

The consultant psychiatrist and anaesthetist will introduce themselves and may ask you additional questions. Dentures, spectacles and hearing aids will be removed at the last minute possible. Once the doctors have checked your notes and are ready, you will be taken on your chair bed into the treatment room.

The anaesthetic procedure

An experienced anaesthetist and technician will cover your hair with a hat to keep it clean. They will place a lightweight, clear plastic mask on
your face to deliver oxygen. While you are filling your lungs with oxygen, the anaesthetist will attach three monitoring devices:

1. Sticky pads to your arms/chest to watch your heart throughout your treatment.

2. A cuff on your arm to measure your blood pressure.

3. A clip on one finger to watch the amount of oxygen in your blood.

The ECT nurse will apply a further set of sticky pads behind your ears to monitor your treatment.

The anaesthetist will place a small plastic tube called a cannula in one of your veins and secure this with a dressing. The anaesthetist will then open the port of the cannula and give you the drugs needed to make you go to sleep. When the anaesthetist is certain that you have gone to sleep, the psychiatrist will begin your treatment.

You will wake up a few minutes later in the recovery room, next door to the treatment room. An experienced recovery nurse will care for you and carefully monitor your breathing, oxygen levels, blood pressure and pulse. You must tell the recovery nurse if you begin to feel unwell following treatment. When the recovery nurse is satisfied with your condition, he or she will leave you in the care of your escort nurse to recover fully.

Once you have completely recovered from your anaesthetic, you will move into the rest room where you will have a drink and some breakfast. The doctors and nurses will decide when you are well enough to return to your unit or ward. You will usually be in the department after treatment for at least an hour.

Once back in your unit or ward, the staff there will take over your care. If you experience any problems they will be able to help you.
Home leave after ECT

Your doctor will discuss with you when it is appropriate for you to begin spending time at home. If it is decided after assessment by your psychiatric doctor that you can go home in the afternoon of the day you had ECT, you must have a responsible adult with you for the 24 hours following ECT. You should not drive during an episode of depression unless your doctor and the DVLA agree it is safe to do so. You should not ride a bike or operate machinery, and refrain from drinking alcohol for the 24 hours following ECT. You should not sign any legal documents in the 24 hours following ECT. You will need to rest for the remainder of the day and should not take part in any strenuous activities.

Do not take tranquillisers or sleeping tablets for 24 hours after ECT, without discussing this with your doctor first.

If you are an outpatient having ECT (this must be agreed by your consultant psychiatrist), your community psychiatric nurse (CPN) or others involved in your care should escort you to and from treatment, as discussed with and agreed by your doctor and the ECT staff. There should also be a responsible adult present in your home so that you are never alone for the first 24 hours following ECT.

You will need to be seen by your psychiatrist every week to assess your progress and prescribe your next two treatments if they are needed. You may also need to have blood tests and physical examinations to ensure that you are physically well enough to continue with the ECT.

Most people feel able to resume their normal activities within 24 hours of receiving ECT.
Sources of information for this leaflet.

‘The use of electroconvulsive therapy’
– The National Institute for Clinical Excellence (NICE) – April 2003

‘The Handbook of ECT’ – The Royal College of Psychiatrists – 2005

‘Anaesthesia Explained’ – The Royal College of Anaesthetists – October 2002

‘Guidelines for Anaesthesia for ECT’

‘ECT Clinical Guidelines’ – Nicola Woolhouse, Rotherham, Doncaster and South Humber NHS Foundation Trust, June 2009.

‘A Fact sheet for you and your family’
– Prepared by the Royal College of Psychiatrists’ Special Committee on ECT

Who can I contact for more information?

ECT Lead Clinician: Tracy Houghton
ECT Department
The Woodlands
Oakwood Hall Drive
Rotherham
S60 2UD.

Reception: (01709) 447011.

Useful websites and telephone numbers

National Institute for Health and Clinical Excellence
www.nice.org.uk
020 7766 9191

MIND
www.mind.org.uk
01482 224729

Rethink
www.rethink.org
0845 456 0455

NHS Direct
www.nhsdirect.nhs.uk
0845 4647

Carers
http://www.direct.gov.uk/en/
CaringForSomeone/index.htm