

BEFORE EACH TREATMENT

In the department before the treatment, you will be asked to put on a hospital gown and empty your bladder. You will be asked to remove your glasses, dentures, and hearing aids; you can bring cases from home for these valuables. The nurse will confirm your name and birth date, and apply an identification band. If you have any allergies; the nurse will confirm your allergies and apply an allergy band. If you were prescribed to take medication upon arrival in the department, you will be given these medications with sips of water. A nurse will assess your pulse, blood pressure, oxygen level, and temperature. Sticky pads, called electrodes will be placed on your chest and head to monitor your heart beat and seizure. A blood pressure cuff will be put on your arm and a device called an oximeter, will be put on your finger to check your oxygen. Oxygen will be provided to you through your nose.

DURING EACH TREATMENT

The Anesthesiologist will put a catheter (IV) in your arm/hand vein. Oxygen will continue to be provided by a face mask. The Anesthesiologist will give you a medication through the IV to make you go to sleep. Once you are asleep another medication will be given to relax your muscles. A mouth guard will be placed in your mouth to protect your teeth and tongue. The treatment will proceed once you are asleep and your muscles are relaxed; you will not experience pain or be aware that the treatment has occurred. The entire treatment process typically lasts about 5-10 minutes.

AFTER EACH TREATMENT

After the treatment you will remain in the ECT Department for 30-60 minutes, until the anesthetic and muscle relaxant wear off, you are fully awake, and stable. A RN will remain with you and will monitor your pulse, blood pressure, oxygen level, temperature, alertness, and mobility. Once you are fully awake you will be offered clear fluids to drink, the IV will be removed, and you will be assisted by the nurse to get up and dressed. It is important for you to rest for the 24 hour period following your treatment, do not drive, and have someone stay with you during that time. It is important not to make major decisions or sign important papers until ECT completion and resolution of any confusion and memory loss.

Outpatients: You can return home upon arrival of your responsible person.

Inpatients: You will be returned to your own room with a staff member from your unit in a wheelchair or on a stretcher.

STARTING TO FEEL BETTER

ECT response rates vary. Some people start to feel a little better after a few treatments, however, many people do not get the full benefit of ECT until they have had more than a few treatments. Often, family members, doctors, or nurses notice improvements before the patient.

Once you start to feel better your Psychiatrist will discuss with you what treatments are appropriate to keep you feeling well after ECT. Maintenance ECT may or may not be recommended. Follow-up care is key, and can reduce the risk of relapse of your illness symptoms.

MORE ABOUT ECT

You can find out more about ECT from the following resources:

My Health Alberta

<https://myhealth.alberta.ca/health/aftercareinformation/pages/conditions.aspx?hwid=acg6044>

The Centre for Addiction and Mental Health

<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/electroconvulsive-therapy>

If you have additional questions please write them down. You can discuss them and review any of the content offered in this booklet with your Doctor, Nurse Practitioner, Psychiatrist, or the ECT Team.

CONTACT INFORMATION

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ELECTROCONVULSIVE THERAPY (ECT)

FOR PATIENTS AND FAMILIES

MENTAL HEALTH AND ADDICTIONS PROGRAM

MARCH 2023



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THE PURPOSE OF THIS BOOKLET

Is to provide you and/or your family or support person with information about ECT.

WHAT IS ECT?

ECT is a treatment for some types of Mental Health illness that are not responding to other treatments, are severe, or are life-threatening. A small controlled electrical current is applied to the brain and causes a mild seizure which typically lasts 30-60 seconds. Medications are given before the treatment to put the patient asleep (general anesthesia), and relax the body muscles. The patient is not aware that the seizure has occurred and does not experience pain.

WHY IS ECT GIVEN?

ECT is most commonly given for Depression, but it is also used to treat other Mental Health illnesses such as Bipolar Disorder, Schizophrenia, Psychosis, and Catatonia. Outpatients and inpatients can receive ECT.

HOW DOES ECT WORK?

It is not fully understood how ECT works. Researchers believe that ECT causes helpful changes to the chemicals in the brain, much the same as medications do. The electric current is applied in two ways; unilateral, on one side of the head, or bilateral, on both sides of the head. The patient and Psychiatrist will decide on the method of treatment.

HOW OFTEN ARE ECT TREATMENTS NEEDED?

Treatment needs for every person is not the same. Most people will initially need a series of up to 9-12 treatments.

Treatments are scheduled Monday, Wednesday, and Friday. Sometimes more, or fewer treatments will be needed. The patient and Psychiatrist will decide on the number and frequency of treatments.

ECT may be needed on an ongoing basis to prevent a person from becoming unwell again. This maintenance ECT is given less often and over a longer period of time than the initial treatments.

An additional series of treatments may be recommended to a person who has experienced success with ECT in the past.

WHERE IS ECT COMPLETED?

ECT is given in the Waterford Hospital's ECT Department and in the Health Sciences Centre's Operating Room Recovery Unit. The ECT team includes a Psychiatrist, an Anesthesiologist, several Registered Nurses (RN), and a Licensed Practical Nurse. For outpatients, appointments are booked through an outpatient clinic. For inpatients, appointments are booked through the inpatient hospital unit.

DOES ECT HAVE SIDE EFFECTS?

As with any treatment, ECT can have side effects. The most common side effects of ECT are muscle and/or jaw ache, nausea, headache, confusion, and tiredness. These side effects may be caused by the anesthetic, not having had anything to eat or drink for a period of time, or the brief seizure. These side effects are usually mild and short-term, and improve/resolve without treatment or with over-the-counter medications. If you experience side effects let your Psychiatrist and the ECT Team know. Your treatment plan may need to be adjusted.

DOES ECT HAVE RISKS?

As with any treatment, ECT can have risks. A physical exam by a Doctor or Nurse Practitioner, and an assessment by an Anesthesiologist will be completed before treatments can begin. Your medical history will be reviewed, and routine Blood Tests, a Chest X-Ray, and an Electrocardiogram will often be completed. This process will determine if ECT is safe for you. It is important to discuss your complete medical, medication (including over-the-counter), and allergy histories with your Doctor, Nurse Practitioner, Psychiatrist, and the ECT Team; specifically, if you have a Cardiac Pacemaker or an Implantable Cardioverter Defibrillator, or if you have a history of smoking, vaping, Sleep Apnea (having to sleep with a breathing machine at night), respiratory problems, cardiac problems, eye problems, High Blood Pressure, increased intracranial pressure, Stroke, an inner ear implant, an adrenal gland tumor, or dental concerns (including loose teeth).

DOES ECT CAUSE MEMORY LOSS?

Some patients experience memory loss. For most patients, this gradually improves within several weeks of treatment completion. Some patients have described problems with memory that last longer, this is not common. If you experience memory loss it is important to let your Psychiatrist and the ECT Team know. Your treatment plan may need to be adjusted.

WHAT HAPPENS ONCE ECT IS RECOMMENDED?

Your Psychiatrist wants you to understand the benefits, risks, and side effects of ECT, how it is performed, and why may be an appropriate treatment for you. Your Psychiatrist will provide you with an opportunity to ask questions. Once you feel fully informed, you will be asked to sign a consent form. If you are not able to give consent, it will be requested from your substitute decision maker (SDM). At any point, you or your SDM can decide to stop treatments.

PREPARING FOR EACH TREATMENT

The night before each treatment, you must not eat or drink after midnight. Please bath or shower, wash your hair, and remove any nail polish and make-up. On the morning of your treatment, you may have sips of water with the regular medications that you have been advised to continue to take. Please remember to take any medication prescribed to be taken at home before coming to your treatment. Do not smoke or vape the morning of your treatment. You can wear your dentures, glasses (remove contacts), or hearing aids to your appointment. Wear comfortable clothing, and do not bring valuables (including jewelry) with you. Communicate to the ECT nurse upon arrival at your appointment if you have experienced a recent illness (for example, fever, cold, vomiting or diarrhea), injury (for example, fall), hospitalization, or an emergency room visit, if you have an Advance Health Care Directive, or you think you may be pregnant.