



**SETON SHOAL CREEK HOSPITAL**

# **ECT**


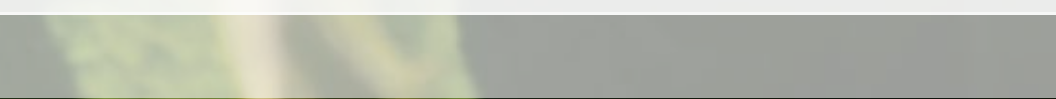
Electro Convulsive Therapy

## **PATIENT HANDBOOK**

Vance Tilton, APRN, BC

ECT Coordinator

Phone: 324-2034





## **FACTS ABOUT ECT TREATMENTS**

Electroconvulsive therapy (ECT) is a form of psychiatric therapy. During an ECT procedure, a small electrical current is applied to the scalp to produce a short, controlled seizure. These seizures may improve the symptoms of depression and some other severe psychiatric conditions.

ECT, also called Shock Therapy, is the use of direct electrical stimulation to produce a series of major motor seizures.

It is believed that biochemical changes in the body, associated with the seizure, are responsible for the effectiveness of the treatment.

In the USA, ECT treatments are typically given 2 or 3 times a week. A treatment series may begin in the hospital, although outpatient treatment is usually given. A short series generally varies from 6 to 10 treatments and long series generally can be up to 20 or more treatments, depending on the patient's specific problem and response to treatment.

When effective, ECT produces a remission rather than a cure. This means you do not have any symptoms. Improvement continues after hospital discharge.

Depending on the method of administration, ECT is often associated with at least some degree of temporary confusion and memory impairment. This is temporary.





## FREQUENTLY ASKED QUESTIONS

### **Q. Why do I have to do this?**

**A.** Because your physician believes ECT is a treatment which will help you feel better. The decision to use ECT depends on many factors including:

- Type of psychiatric disorder. ECT is used most often to treat depression (and occasionally for other severe psychiatric illnesses).
- Seriousness of the disorder. If your symptoms are severe (for example, you are at risk of harming yourself or others, or you have distressing delusions or hallucinations), your health-care provider may recommend that you try ECT.
- Response to other forms of treatment. ECT may be appropriate if medication or other forms of therapy have not helped you or if you cannot tolerate the side effects of medications.

### **Q. Why does this work?**

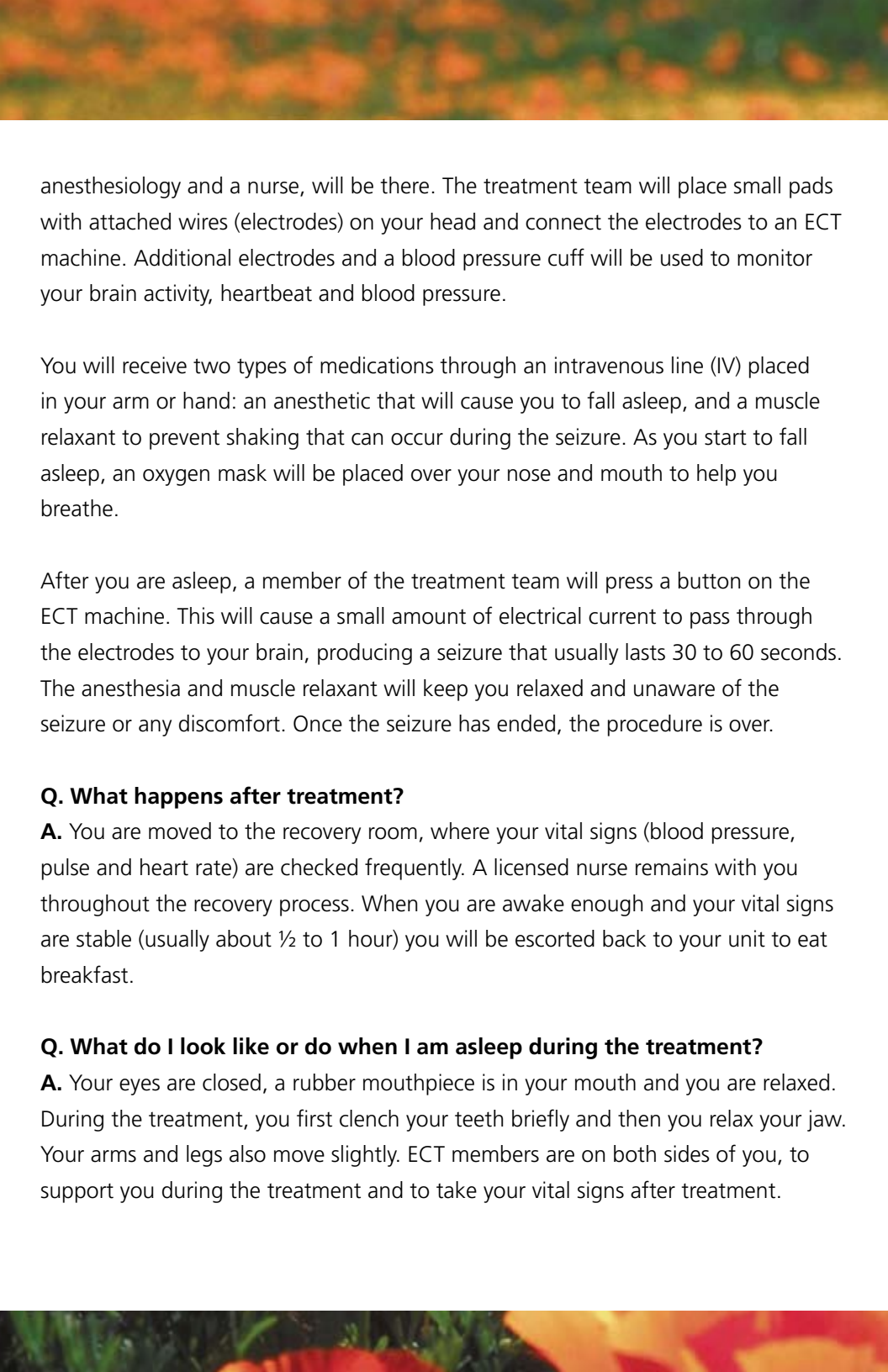
**A.** The seizure itself actually helps. No one knows exactly how ECT helps treat depression or other conditions. Many chemical aspects of brain functioning are altered during and after a seizure. Research suggests that when ECT is given regularly, the chemical changes build upon one another and reduce the symptoms of some psychiatric conditions.

### **Q. What happens during treatment?**

**A.** After you arrive for treatment, you will go to a preparation area. You will be asked to empty your bladder and remove most jewelry, eyeglasses and removable dentures or partial plates. A member of your health-care team may give you a brief physical examination and check your temperature, pulse, breathing rate and blood pressure.

You will then lie down on a wheeled cart and be taken to a treatment room. Members of the treatment team, including a physician, staff members from





anesthesiology and a nurse, will be there. The treatment team will place small pads with attached wires (electrodes) on your head and connect the electrodes to an ECT machine. Additional electrodes and a blood pressure cuff will be used to monitor your brain activity, heartbeat and blood pressure.

You will receive two types of medications through an intravenous line (IV) placed in your arm or hand: an anesthetic that will cause you to fall asleep, and a muscle relaxant to prevent shaking that can occur during the seizure. As you start to fall asleep, an oxygen mask will be placed over your nose and mouth to help you breathe.

After you are asleep, a member of the treatment team will press a button on the ECT machine. This will cause a small amount of electrical current to pass through the electrodes to your brain, producing a seizure that usually lasts 30 to 60 seconds. The anesthesia and muscle relaxant will keep you relaxed and unaware of the seizure or any discomfort. Once the seizure has ended, the procedure is over.

### **Q. What happens after treatment?**

**A.** You are moved to the recovery room, where your vital signs (blood pressure, pulse and heart rate) are checked frequently. A licensed nurse remains with you throughout the recovery process. When you are awake enough and your vital signs are stable (usually about ½ to 1 hour) you will be escorted back to your unit to eat breakfast.

### **Q. What do I look like or do when I am asleep during the treatment?**

**A.** Your eyes are closed, a rubber mouthpiece is in your mouth and you are relaxed. During the treatment, you first clench your teeth briefly and then you relax your jaw. Your arms and legs also move slightly. ECT members are on both sides of you, to support you during the treatment and to take your vital signs after treatment.



**Q. How many ECT treatments will I have?**

**A.** That depends on your physician's assessment of your response after each treatment. Most people who receive ECT have six to 12 treatments over several weeks. The effects of ECT often are not immediate, but many people begin to notice improvement in their symptoms after two or three treatments. The number of treatments you receive will depend on your response to ECT and your rate of improvement.

After completing an initial course of ECT, you may need ongoing treatment to help keep your symptoms from returning. This may include medication, counseling and/or receiving ECT less frequently (called maintenance or continuation ECT). Some people receive maintenance ECT treatments for a year or more. Your health-care provider will recommend appropriate follow-up treatment.

**Q. Why is my memory fuzzy?**

**A.** The seizure causes forgetfulness about events immediately surrounding the treatment time. But this comes back over time.

**Q. Will my memory be impaired permanently?**


**A.** Any memory loss from ECT usually begins to clear in 1 to 3 weeks after the ECT series is completed.

**Q. How long does the treatment last?**

**A.** From the time you get to the treatment room until you are taken to the recovery room is usually 10 to 15 minutes.

**Q. Does the treatment hurt?**

**A.** ECT treatment is given when you are anesthetized. Thus, discomfort during the actual procedure is unlikely. However, after treatment you may experience some of the side effects listed.





**Q. What can I expect to feel like after the treatment?**

**A.** You may have a headache after the first treatment. You may also experience some temporary nausea, weakness or muscle (legs, jaw) soreness. There is usually some grogginess on awakening.

Common side effects that may occur after an ECT treatment include:

- Headaches
- Muscle aches
- Nausea
- Drowsiness
- Confusion
- Memory lapses

These side effects usually last for only a few hours. Confusion and memory lapses usually affect only events that occur immediately before, during or shortly after the treatment.

Other more serious side effects (such as memory loss, elevated blood pressure, rapid pulse, heart attack, stroke or death) can occur but are very uncommon. Talk with your health-care provider if you have concerns about the side effects or risks of ECT.

**Q. Is an ECT treatment safe?**

**A.** Yes, ECT is considered a safe procedure for those persons in late teens to very old, including women who are pregnant.

**Q. What if I cannot come for one of my treatments?**

**A.** If you are an outpatient and cannot come for your treatment on the day it is scheduled, call the ECT staff at the number listed on page 13.





**Q. What if I do not think I need my scheduled treatment?**

**A.** For your recovery, it is important to follow your health-care provider's recommendations. As with prescribed medication, you should not change your treatment schedule unless you discuss it with your health-care provider.

*You may receive ECT as either an inpatient while in the hospital, or as an outpatient.*

## **INSTRUCTIONS FOR HOSPITALIZED ECT PATIENTS**

You should not have anything to eat or drink the night before your treatment, from midnight until after your treatment is over.

About 30 to 45 minutes prior to your ECT treatment, your nurse will take your blood pressure, pulse and respirations. You should empty your bladder prior to treatment. Pajamas or a gown with a robe or other loose clothes are appropriate to wear the morning of your treatment. You should remove your dentures and contacts, if you wear them. Dentures can be put in place immediately after recovery.

5 to 10 minutes prior to your treatment, an ECCT nurse will come to the unit, pick up your chart and escort you to the ECT room on the fourth floor, where your physician will be waiting.

When possible, and if notified the day before you start your ECT series, an ECT nurse will visit you to explain the procedure and answer your questions. When that is not possible, a nurse on your unit will be available for questions.



If you have any questions or concerns about the ECT procedures please ask your physician, your nurse or request to talk with the ECT nurse. There is a space provided on the back of this pamphlet to jot down any questions you might want to ask.

ECT can affect your reaction time and judgment. Therefore:

- Do not drive a vehicle or operate heavy equipment during a course of ECT treatment.
- Do not drive a vehicle or operate heavy equipment for the first 24 hours after a maintenance ECT treatment.

**DO NOT DRIVE A CAR OR OPERATE ANY TYPE OF MACHINERY WITHOUT CONSULTING YOUR PHYSICIAN FOR HIS/HER INSTRUCTIONS.**

**No driving is recommended during a treatment series.**







## **INSTRUCTIONS AND INFORMATION FOR OUTPATIENT ECT TREATMENT**


Please do not eat or drink anything after midnight the night before your treatment.

When you arrive at the hospital the morning of your treatment, please stop at the Switchboard, located at the desk at the front entrance of the hospital, on the first floor.

Bring your insurance card and arrive 45 minutes before your scheduled treatment time.

Have a friend or family member accompany you to and from the hospital, as you will probably be drowsy after the treatment. **YOU MAY NOT DRIVE AFTER THE TREATMENT.**

Any questions you may have concerning your treatment may be directed to Shoal Creek Hospital, (324-2000), ECT Coordinator (324-2034), the Nursing Supervisor, or your physician.



# QUESTIONS/ NOTES



**Seton Shoal Creek  
Hospital**

A member of the Seton Family of Hospitals

HEALING FOR LIVES IN CRISIS