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Atrial Flutter or AFib?

Two upper-chamber rhythms that often travel together. How to tell them apart, and why typical flutter can usually be cured.

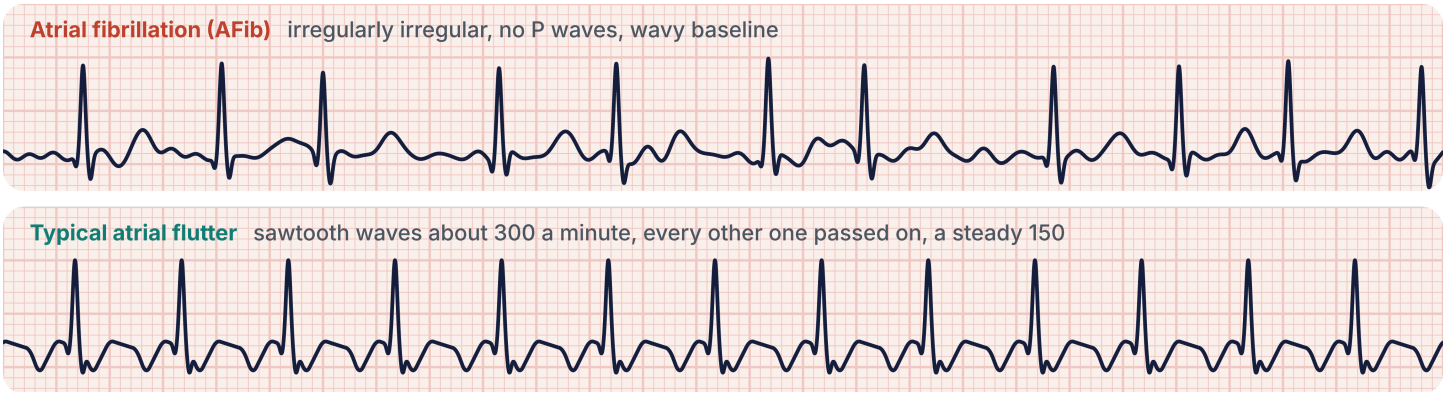
150
beats a minute, a steady rate that points to typical flutter

~95%
of typical flutter cured by one ablation that takes about an hour

70–80%
about how often AFib ablation works at a year when episodes come and go

WHAT'S HAPPENING

One is chaos, the other is a loop



In AFib, hundreds of disorganized signals sweep through the upper chambers, which quiver with no coordinated beat. The AV node, the relay to the lower chambers, lets only some through, so the pulse is irregular and often fast. In typical flutter, one large electrical loop circles the right upper chamber around a strip of tissue called the cavotricuspid isthmus. It fires about 300 times a minute, the AV node usually passes every other signal, and the pulse sits near 150.

THE BIGGEST DIFFERENCE

Typical flutter is one of the most curable rhythms

Typical flutter ablation
A catheter places a line of small burns across the isthmus to break the loop. It takes about an hour, and success is around 95%. Flutter comes back in 5 to 10% of people over the years.

AFib ablation
It takes two to four hours, and recovery is longer. Success at one year is about 70 to 80% when episodes come and go and 50 to 60% when AFib persists, and many people need more than one procedure.

Ask about ablation

If you've been told you have typical atrial flutter, have a serious conversation with your cardiologist about ablation as a first-line option. Stroke protection follows the same rules for flutter and AFib.

STROKE PROTECTION AND WHEN TO CALL ARE ON THE BACK

STAYING SAFE

Stroke protection, treatment and when to call

STROKE PROTECTION

same rules for flutter and AFib

Why clots form	Blood can pool and clot in the left upper chamber, especially in a pouch called the left atrial appendage. A clot that breaks loose can travel to the brain and cause a stroke.
Your score	The CHA2DS2-VASc score counts heart failure, high blood pressure, age, diabetes, a prior stroke, blood vessel disease and female sex. A blood thinner is recommended at 2 or more in men or 3 or more in women, and reasonable to consider at 1 in men or 2 in women. Being a woman does not by itself call for one.
The tradeoff	With high blood pressure, diabetes and age over 65, the yearly stroke risk without a blood thinner is about 4 to 6%. A blood thinner such as apixaban, rivaroxaban, dabigatran or edoxaban brings that to around 1%, with a major bleeding risk of roughly 1 to 2% a year. If bleeding risk rules out blood thinners, the Watchman device can seal off the appendage.
After flutter ablation	The blood thinner usually continues based on your stroke score, because about 30% of people develop AFib within five years.

TREATMENT BEYOND ABLATION

Rate control	Beta blockers such as metoprolol, or calcium channel blockers such as diltiazem or verapamil, slow the pulse. The usual goal is a resting rate below 110.
Cardioversion	A brief, controlled shock under sedation resets the rhythm. Before the vast majority of his cardioversions, Dr. Rasch first checks for a clot with a heart ultrasound passed down the esophagus (a TEE).
Rhythm drugs and lifestyle	Drugs such as flecainide, sotalol or amiodarone help hold a normal rhythm, and the right one depends on the structure of your heart. Weight loss, blood pressure control, sleep apnea treatment, less alcohol and regular exercise can cut AFib recurrence, sometimes by half.

WHEN TO GET HELP

during a known or suspected fast rhythm

Call 911	Chest pain, severe shortness of breath or fainting, alone or together.
Call the same day	Palpitations that keep going, a heart rate stuck around 150 for hours, new shortness of breath at rest or with light activity, nearly fainting, or a sense the rhythm has changed.
Book a visit in 1 to 2 weeks	Palpitations that come and go, mild tiredness that may be rhythm-related, or follow-up after a known rhythm event.

STUCK AT 150?

A heart rate locked at 150 is a classic sign of typical flutter. If it stays around 150 for hours, get a same-day evaluation with an EKG, and call 911 if you faint or have chest pain or trouble breathing. Weeks of a fast rate can weaken the heart, which usually recovers once the rhythm is treated.

READ THE FULL ARTICLE

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atrial-flutter-vs-afib

For education only, not a substitute for advice from your own physician. Sources include the 2023 ACC/AHA/ACCP/HRS, 2019 AHA/ACC/HRS and 2020 ESC AFib guidelines, the 2015 SVT guideline, the 2017 HRS ablation consensus, EAST-AFNET 4, Da Costa (2020), LEGACY, CARDIO-FIT and PREVAIL.

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