Electroconvulsive Therapy (ECT)  
Inpatient Guide

What is ECT?
ECT is a treatment that uses a small electrical current to stimulate the brain and cause a seizure.

Why do I need ECT?
ECT is used most often to treat serious depression. Sometimes, it is helpful for mania, acute schizophrenia, Parkinson’s disease, and some other disorders.

How does ECT work?
A number of theories exist but it is still not clear how ECT works. A number of factors are probably involved. It is a very useful treatment for people who are very depressed. This includes people who are possibly thinking about taking their own life, or those who are not doing well on antidepressant medicine. ECT tends to work more quickly than medicine. About 85% of depressed people who are given ECT get completely or almost completely better.
Is ECT safe?
Compared with many other health care treatments (such as medicine for various illnesses, dental extractions), ECT is very safe. There are some side effects (explained in the side effects section). The chance of death with ECT is estimated to be the same as that reported for minor surgery, which uses general anesthetic.

The ECT equipment we use is modern and up to date. We have a great work area and a well-organized ECT team. Both have drawn positive comments from experts in the field.

How is ECT given?
About one week before starting your ECT treatments, you will meet with a medical doctor who will check your health records as well as your recent lab test results, chest X-ray, and EKG (electrocardiogram). This check is to rule out any physical illness or disease which would stop you from having the treatment, or to make sure that pre-existing illness is well controlled.

You will also meet with your psychiatrist to talk about the medicine you take each day. He/she will tell you which medicines should and should not be taken before your ECT treatment.

You will meet the nurses who will care for you on the day that you come for your first ECT session. If you have any more questions about ECT, you can ask any of the ECT nurses or doctors.
A doctor (anesthetist) will recheck your health record to make sure there are no reasons why we cannot do the ECT.

In the treatment room, the nurses will put 3 small sticky pads on your chest. This lets the doctors watch over your heart during the ECT.

The anesthetist will put you to sleep by injecting medicine into a vein.

Another set of sticky pads are attached to your head once you are asleep. These pads let the staff watch the effect of the electric current on the brain. Two small metal discs, which are coated with a special gel, are used to give the treatment. When the anesthetist says you are ready, the psychiatrist passes a small, measured electrical current through these discs. **You will not feel anything during your ECT treatment.**

**What happens?**

The electrical current will cause you to have a very mild seizure – twitching of your toes and jaw muscle. Again, you will not be able to feel this. The equipment we use to watch you will tell our staff about every reaction you may have. We can spot a seizure that is so mild that little visible twitching can be seen. The seizure normally lasts between 20 and 120 seconds.

After the seizure, the anesthetist will continue to give you oxygen until you start to breathe on your own and wake up. You are then watched closely by a team of nurses in the recovery room until you are ready to return to your unit.
What are the side effects?
You may feel sleepy or confused for a few hours after each treatment.
You may also have some short term muscle aches and headaches.
Most people will have a bit of confusion when waking up after the treatment. This most often gets better in about 30 to 90 minutes. During the course of treatment you may notice some trouble forming new memories or retrieving past memories, most often from the time before your treatment. When the treatments end or are spaced out into a planned ongoing program these problems become less and any that do stay are around the time of the ECT treatment. Very rarely some people will have gaps in memory for events long in the past. While important to the person, most still think the treatment is very helpful in treating their resistant depression.
In the past, at times, broken bones and dislocations would happen during ECT. This is very unlikely to happen with modern techniques and the use of muscle relaxing drugs.

How many treatments will I need?
The need for ECT changes for everyone. Your psychiatrist will explain why you need ECT. He/she will suggest a number of treatments. You or a relative will be asked to give your written consent. You may or may not need the number of treatments advised. This will depend on your progress.
Your treatment may be cancelled if you go through any of the following:

• Recent (within the last 4 weeks) heart attack or stroke/mini-stroke (TIA)
• Breathing problems like a flare-up of asthma or COPD
• Heart failure
• Irregular heartbeat
• Chest pain that does not go away easily
• Fever over 38.5°C
• Signs of flu-like fever, new cough, sore throat, muscle or joint pain

Where can I get more information?
You can ask your psychiatrist or a member of the nursing staff for more information about ECT.

Getting ready for your ECT
We know that many people having ECT for the first time may be nervous about their treatment. We try to provide all the information you need to understand the treatment and what to expect.
On the day before your ECT:
- **Do not** eat or drink after midnight.
- Talk to your doctor about what medicine you **should** and **should not** take before your treatment.

***Morning medicines should be taken with ONLY A SIP OF WATER***

On the day of your ECT:
- A nurse will check your temperature, blood pressure, and pulse. The nurse will make sure that you are wearing a hospital identification bracelet. You will change into a hospital gown, and your own housecoat and slippers. You can keep on your shorts or pants and underwear.
- Dentures, eyeglasses, and/or jewelry will be taken off and put in a locked cupboard. Rings will be taped to your fingers to keep them safe.
- When called for, we will take you to the lower floor of the Mount Hope building to the ECT treatment waiting room.
- After your treatment, you will spend 30 minutes in the recovery room and then we will bring you back to your hospital unit by wheelchair.
- Once back on the unit, your blood pressure will be checked again, you will get a light breakfast, and you will rest until you feel ready to get dressed.

**PLEASE NOTE:**
The hospital is not responsible for loss or damage to personal property or belongings.