Electroconvulsive Therapy (ECT)
Patient Guide
This booklet has the information you need to give an informed consent for Electroconvulsive Therapy (ECT). You learn what ECT is, the purpose of ECT, the usual results you can expect, and the risks you need to know about.

In addition to reading this booklet, you should have a discussion with your psychiatrist before signing the consent form. This booklet is not intended to replace this discussion with your psychiatrist.

The Adult Inpatient Mental Health Services staff is pleased to review this booklet with you and answer any questions you may have.

**Electroconvulsive Therapy (ECT)**

During ECT, a small, safe dose of electricity is passed through electrodes applied to the temples. The result is a brief, controlled seizure that affects the chemical activity in the brain. These temporary brain wave changes often produce relief faster than other kinds of treatment. ECT is endorsed by the Canadian Psychiatric Association and the Canadian Medical Association.

**Who Benefits From ECT**

ECT is used to treat a wide variety of mental illnesses. Patients who are severely depressed can benefit from ECT, particularly those who:
- have suicidal thoughts
- have delusions (false beliefs, paranoia, or misinterpreting reality)
- are not responding to antidepressant medication
- are having difficulty with side effects from medications
- cannot tolerate medications
- cannot take antidepressant medication for a medical reason

A person in a manic state (out-of-control, excited, restless, or aggressive behaviour) often benefit from ECT when medications are not helping. In the same way, a person in a catatonic state (very slowed down, almost statue-like) may benefit from ECT.

People who have schizophrenia may benefit from ECT when they are having severe mood symptoms like depression, or when they are in a manic or catatonic state.

ECT can safely be given to people who cannot or should not take antidepressant medication such as the elderly, people with heart conditions, or pregnant women.

**How ECT is Given**

ECT is given on Monday, Wednesday, and Friday mornings and sometimes on Tuesdays. An average series would be 8 to 12 treatments, but additional treatments may be recommended by your psychiatrist. Although each person’s response is different, you can expect to feel some improvement after the third treatment. Discontinuation of the series of ECT is based on your progress.
Risks of ECT

All procedures carried out under general anesthetic have some risk. Your doctor explains these to you in more detail. If you have a known medical condition, your risk may be increased, and additional precautions are taken. Risks increase when the doctors are unaware of an existing medical condition. A thorough physical exam will be done before you have ECT, but it is very important to tell your doctor of your complete medical history.

Managing Side Effects

Side effects may include headache, muscle aches, or nausea. These may be treated with medication. Ask the nursing staff for recommendations.

Immediately following ECT some people experience confusion. This is partly due to having received anesthetic, and partly due to the treatment itself. This side effect is very short term and improves as the anesthetic wears off completely and the person becomes alert.

Memory loss is common after ECT, and the extent varies from person to person. Memory problems may include difficulty remembering new information or loss of memories from the recent past (days or months before ECT). Improvement in these areas takes place over a period of days or weeks following ECT. Some recent memory may be permanently lost. It is important to note that most patients do not find these memory effects greatly disturbing and would consent to have ECT again, if needed. Confusion and memory loss can result from the mental illness, or as a reaction to adjusting to some medications.

Confusion, disorientation, and memory loss should not last very long. Let your doctor or nurse know and they can give you suggestions about how to manage these symptoms so that they are less troubling for you. Reducing stimuli or noise may help. Write things down if you are worried you may forget.

Avoid making any major decisions during the first few days following treatment as your memory and judgment may have been temporarily affected by your treatment.

Preparation the Night Before Treatment

You must have nothing to eat or drink after midnight the night before treatment. This includes not having any mints, gum, candy, or throat lozenges.

Avoid smoking for this same time period, as the carbon monoxide in cigarette smoke reduces the amount of oxygen in your blood, and the nicotine increases your heart rate and blood pressure.

Have a bath or shower and shampoo your hair the night before treatment. Remove makeup, nail polish, dentures, and jewelry.

Do not take any medication the morning of your treatment unless instructed to do so.
Additional Preparation for Outpatient Treatment

**Do not** drink alcohol for at least 48 hours before your treatment. Alcohol may affect your body’s response to the anesthetic.

Arrange for someone to drive you home. You should not leave the hospital unaccompanied following your treatment. Driving is to be avoided for at least 24 hours following treatment, unless otherwise advised by your doctor.

**You receive your treatment at the Regina General Hospital - Level 0D.**

**Time for Your Treatment**

Before entering the treatment room, you change into hospital pyjamas. Your blood pressure, heart rate, and temperature are taken and recorded. A staff member reviews a checklist with you to make sure you are completely ready for your treatment.

You are walked to the treatment room by a staff member where you are helped to lie down on a stretcher.

Your nurse attaches any needed monitoring equipment to you. This equipment allows the doctor to watch your heart rate, brain waves, and the oxygen level in your blood.

Your anesthetist gives you medications to make you sleep and to relax your muscles. These are given directly into a vein by intravenous (IV) in your arm or hand.

When you are completely relaxed and your anesthetist knows you are sound asleep, the treatment is given by your psychiatrist.

Your psychiatrist gives you a small, safe, controlled electrical current through electrodes on your temples. This causes a reaction in your brain that lasts for 20 to 50 seconds. Because you are asleep with anesthetic, you do not feel anything or remember receiving your treatment.

During your treatment, you are cared for by your anesthetist who gives you oxygen and continues to monitor your blood pressure, pulse, and temperature. You are in the treatment room for about 5 minutes.

Within a few minutes, the medications start to wear off and you are moved to the recovery room. You are encouraged to rest or sleep for up to 30 minutes.

**Recovering From Your Treatment**

You wake up in the Recovery Room. The Recovery Room staff check your blood pressure, pulse, and oxygen levels and continue to observe you carefully until you are fully recovered.

Only if needed, the staff suction any excess saliva from your mouth and throat or give you oxygen.

Because you might have some memory loss, be groggy, or a bit confused, the recovery staff remind you about things like where you are, that you had your treatment, and the date and time.

Once you are wide awake, breakfast may be eaten and most of your daily activities may be resumed.
Outpatient ECT Treatment Instructions

This section is specific to patients who have had Outpatient ECT ordered for them by their psychiatrist. In order to be properly prepared for your ECT treatment, please follow these additional instructions carefully.

If you are unable to keep your appointment, or if you develop a cold or other illness, please call the ECT Clinic first thing in the morning at (306) 766-4339.

Arriving at the Hospital the Morning of Your Treatment

Register at the Regina General Hospital Admitting Department as soon as you arrive at the hospital. Use the main entrance on 14th Avenue.

After registering, report to the lower level of Adult Inpatient Mental Health Services Level 0D. The admitting staff provide you with directions.

Tests, assessments, and health teaching is done prior to your first outpatient treatment and is repeated every 3 months.

Your blood pressure, pulse, and temperature are taken.

You change into a hospital gown, housecoat, and slippers. Your personal belongings are placed in a locker for safekeeping.

You are asked to use the washroom to empty your bladder.

Any pre-treatment medications that were ordered for you is given.
How to Get to the Regina General Hospital

The main entrance of the Regina General Hospital is on 14th Avenue, 3 blocks east of Broad Street.

The entrance to Adult Inpatient Mental Health Services is on the 15th Avenue side of the hospital, on the south east corner of the facility.

[Map of Regina showing the hospital location]
**Regina General Hospital Parking Map**

Visitor parking is located off 14th Avenue and 15th Avenue. Parking rates are posted on the lot kiosk.

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**Outpatient Recovery from Treatment**

The ECT staff remains with you until your ride home arrives. If you do not have ride home, staff accompany you to the entrance for pick up by a cab.

Because memory loss and confusion may persist even after you go home, it is a good idea to think about how you will manage at home ahead of time.

If you have children at home, you may want to arrange for someone else to be with you for the afternoon. You will likely want to sleep a bit in the afternoon.

Each person is different. You should not drive for at least 24 hours following your treatment, unless advised otherwise by your doctor. Some people may need to wait longer before they resume these activities.
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Manager, Inpatient Mental Health Services, Unit 1D
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Manager, Inpatient Mental Health Services, Level 0D / 4B
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Electroconvulsive Therapy Clinic (ECT) Clinic
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