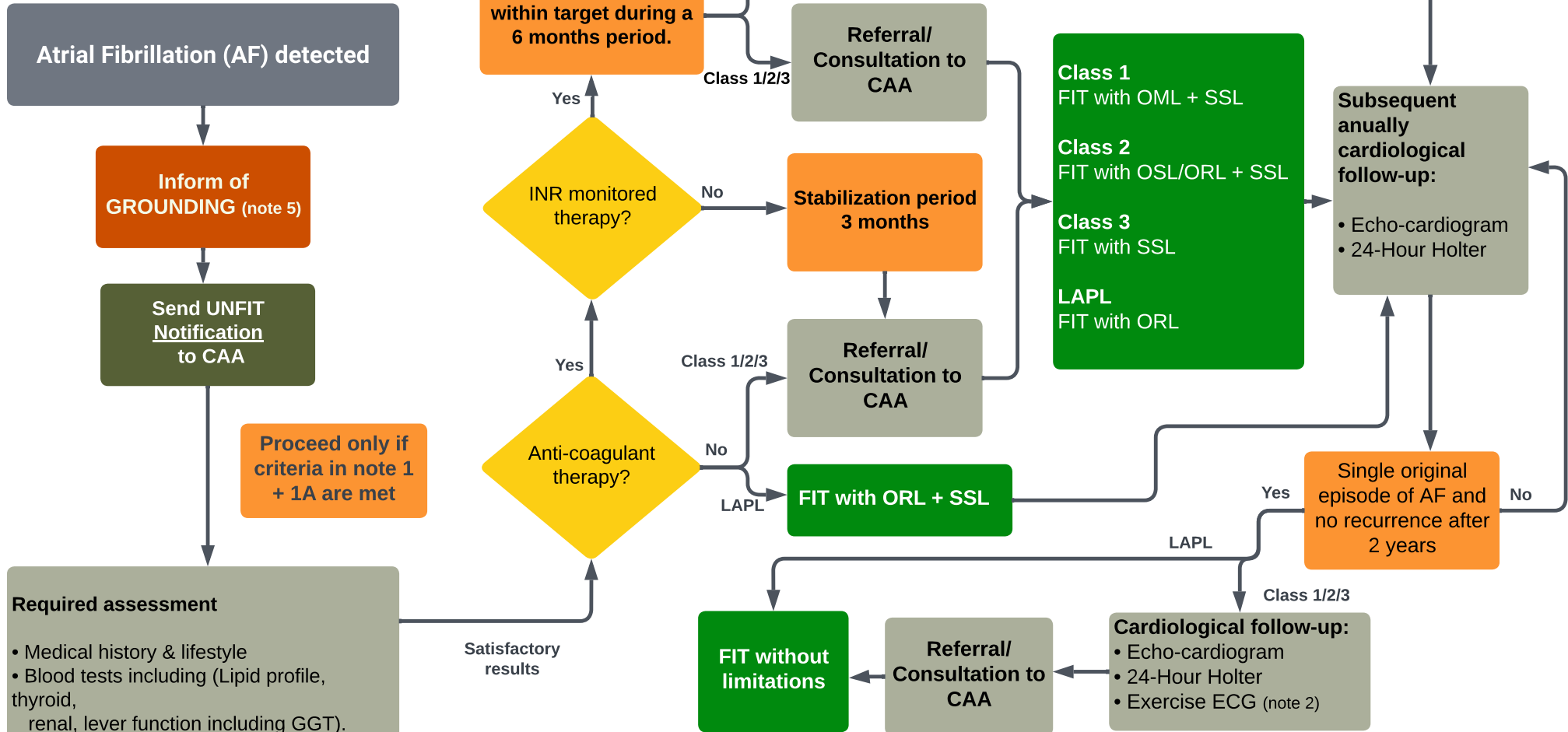


Atrial Fibrillation



Required assessment

- Medical history & lifestyle
- Blood tests including (Lipid profile, thyroid, renal, lever function including GGT).
- Blood pressure

Cardiology review:

- Symptoms and rate control (note 1)
- Resting ECG
- Echo-cardiogram
- Exercise ECG (note 2)
- 24-Hour Holter (note 3)
- CVD risk assessment (note 4)
- Follow-up plan/further examination needs

NOTES

(1) No significant symptoms and adequate rate control if paroxysmal persistent or permanent.
 (1A) Acceptable treatment for rhythm control includes Sotalol, Bisoprolol, Digitalis, Diltiazem and Verapamil. Others may be acceptable in consultation with CAA. Risk assessment needed from specialist. Following initiation or change in medication to achieve compliance with criteria (Note 1), flying may resume **after 3 months** if there is no further recurrence or if clinical criteria (Note 1) are satisfied during recurrences.
 (2) Minimum 9 minutes duration of test with no significant abnormality of rhythm or conduction, nor evidence of ischemia. For Class 1/2/3 METS ≥ 10 must be achieved.
 (3) Detailed description of sinus pauses duration and RR interval,
 (4) Assessment of Stroke and or Cardiac event Risk (in %)
 (5) Grounding min. 1 month. Assessment below can proceed if in this period if 1 and 1A are achieved. For initial applicants with atrial fibrillation/flutter, a fit assessment should be limited to those with a single episode of arrhythmia which is considered to be unlikely to recur.

PROVIDE DOCUMENTATION FOR ALL STEPS