



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Advice following an episode of syncope

Information for patients, relatives and carers

① For more information, please contact:
The staff at your consultation

or

The Syncope Clinic
Telephone: 01904 726525
York Hospital, Wigginton Road, York, YO31 8HE

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Introduction

SYNCOPE (sin-co-pee) is a medical term for a blackout that is caused by a sudden lack of blood supply to the brain.

There are a number of potential causes of syncope, some that can be easily diagnosed and managed. Other causes may require more in-depth investigations. You will be referred to a specialist syncope clinic in order to determine the cause. Syncope does not usually last long, and an individual will regain consciousness within a few seconds (although it may feel like minutes if you are a witness).

It is reported that around 40% of the UK population will experience syncope at some point during their lives.

Witness Description Form

If your episode of syncope was witnessed, you may have been given a witness description form. You should get this form completed and have it available for your clinic appointment. This will be very helpful to the healthcare professional that assesses you. It may be that a diagnosis can be made based on the witness description or you may need further investigations.

What investigations might be undertaken?

- Electrocardiogram (ECG) – tracing of the heart rhythm
- Blood pressure (BP) while sitting and standing
- Ambulatory ECG – a heart monitor fitted for 24 hours or more which you go home with and return at the end of the recording period.
- Echocardiogram – an ultrasound scan of the heart
- Implantable loop recorder (ILR) – a monitor that is implanted under the skin
- Tilt table testing – a test where you lie on a table that adjusts your body position from lying to standing while monitoring BP and ECG.
- MRI scan – a brain scan showing the structure of the brain
- EEG – a test to monitor your brainwave pattern

Driving

You **must not drive** unless specific advice has been given to the contrary. You will receive further instructions regarding driving at your appointment.

Safety

Until you are assessed in the syncope clinic you should:

- Shower rather than bathe
- Not perform any tasks at heights
- Avoid open water and open fires

What can I do if I feel faint?

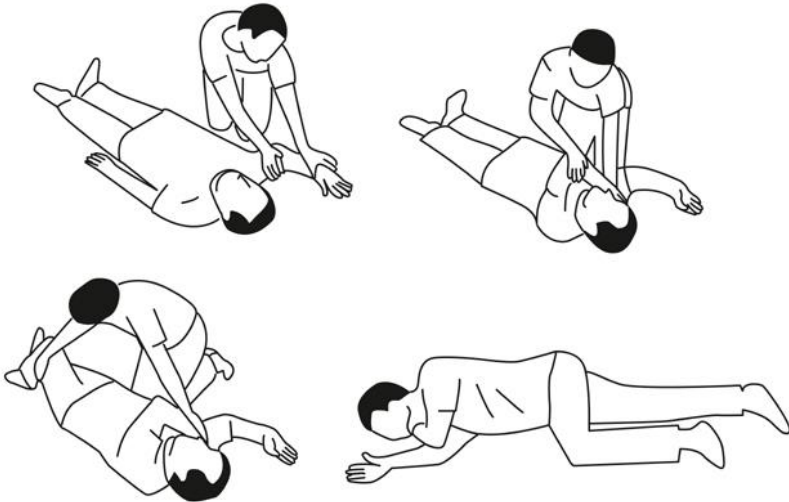
- Lie down flat and lift legs in air, perhaps against a wall
- Drink water
- Take deep breaths

What should my family/friends/colleagues do if I have another blackout?

- Protect the person from injury
- Cushion their head
- Place them in the recovery position
- Stay with them until recovery is complete
- Be calm and reassuring
- If possible, elevate the person's feet above their head.
- Encourage the person once they start to feel better to get up slowly. If they sit or stand up too quick the symptoms often return, and the person can begin to feel unwell again

The Recovery Position

Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.



Don't...

- Restrain the person
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered

Call an ambulance if...

- The person is injured
- You believe the person needs urgent medical attention

Common causes of syncope

Reflex syncope

Reflex syncope is one of the most common forms of syncope and may be more commonly known as vasovagal syncope. This is a transient condition which is caused by a dysfunction of the system in your body which regulates blood pressure and heart rate.

Both blood pressure and heart rate, (sometimes one but not the other) can fall to very low levels thus reducing blood supply, oxygen and essential nutrients to the brain and other vital organs. This can cause dizziness, visual disturbances and loss of consciousness. These symptoms are most likely to be a problem when upright (due to gravity further lowering blood pressure), but other factors such as food, heat, exercise, sight of blood and emotional stress can bring it on.

A good description by a witness, keeping a diary of events and a consultation at the syncope clinic with a healthcare professional who is fully aware of the condition and takes a detailed history will likely lead to a correct diagnosis.

Situational syncope

Brushing syncope:

Hair grooming syncope most commonly occurs in young women who experience nausea, light headedness, sweating, and visual disturbances before fainting. Research suggests that the pulling of the hair or scalp has an effect on a particular nerve in the head that triggers the faint.

Carotid Sinus Hypersensitivity (CSH):

CSH is common in older adults and increases in prevalence with age. It is more common in men who have high blood pressure or coronary heart disease.

The Carotid Sinus is a part of the major artery supplying blood to the head. Any movement that causes stimulation of the area, i.e. turning the head, looking up or even a tight collar can cause syncope in people who have CSH. Simple techniques such loosening your collar and avoiding turning your head or neck too far will help reduce your chance of syncope.

Cough syncope:

In cough syncope, sudden syncope occurs due to heavy coughing. A burning or tingling of the back of the throat may precede the cough. Straining when you cough can raise the pressure in your chest area. This may lower the amount of blood being returned from your legs to your heart. In some people the reduced blood flow to the heart leads to a fall in blood pressure and increases your chance of fainting.

Orthostatic Hypotension syncope:

Orthostatic Hypotension is an excessive lowering of blood pressure when moving to an upright position.

Some people may experience symptoms of syncope when they stand up from a sitting position or when they sit up from a lying position.

Fainting is caused by the change of posture and becoming upright, where gravity pulls blood down towards your lower body and legs. As a result, there is a lack of blood supply to the brain which results in loss of consciousness. To prevent orthostatic syncope, ensure that if you have been sitting or lying for long periods of time you stand up slowly, particularly in the morning when your blood pressure is likely to be lower.

Postprandial syncope:

Postprandial syncope simply means 'after a meal'.

In some people, eating will cause a fall in blood pressure after finishing a meal. This occurs due to the inability of the body to adjust for the concentration of blood around the digestive organs after a meal.

Symptoms may be subtle with a slight dizziness or weakness when standing after eating. If syncope occurs after a meal it is advised to eat small regular meals and avoid large carbohydrate (bread, pasta) meals. Sitting with legs slightly raised after a meal will also avoid blood pooling in the legs and increase blood pressure.

Micturition syncope

Micturition syncope occurs in response to urination or emptying of one's bowels. It is caused by a sudden drop in blood pressure during these functions that reduces the supply of blood to the brain resulting in syncope.

If syncope occurs while emptying one's bowels it is advised to use laxatives to treat constipation. If syncope occurs while urinating, men are advised to urinate in the sitting position.

Swallow syncope

Swallow Syncope is rare. Patients who have swallow syncope may experience a drop in blood pressure and lowered heart rate in response to the action of hot food/fluids passing from the throat to the stomach. The body is not able to compensate for this increase in pressure, which decreases the flow of blood to the heart.

Cardiac syncope

Episodes of syncope may be cardiac if the heart is failing to pump enough to send its freshly oxygenated blood to the brain. Cardiac syncope usually occurs without warning (no preceding symptoms prior).

This is typically secondary to either a structural abnormality of the heart or an abnormal heart rhythm that alters the way the heart beats. Abnormal heart rhythms are the more common cause. However, structural abnormalities in the heart can also cause abnormal heart rhythms so they are often seen together.

A heart may be beating too slow, too fast or irregular to cause an episode of syncope. This can be determined with a heart monitor. The period of monitoring will depend on how often you are experiencing symptoms. A structural abnormality of the heart can be diagnosed with a scan of the heart, this is called an echocardiogram. The healthcare professional assessing you in the syncope clinic will determine if this is necessary.

Psychogenic syncope

Psychogenic syncope is a medical term for an episode of syncope that can look like reflex syncope or an epileptic seizure but is not related to either. With psychogenic syncope, people lose some control of their body in ways such as:

- Jerking movements of your arms or legs
- Losing control of your bladder or bowel
- Going blank or absent
- Feeling out of touch with your surroundings
- Inability to remember the syncope

Psychogenic syncope can be difficult to diagnose. It is most often seen in young adults due to stress or anxiety. It can happen numerous times in one day and episodes can last longer than other forms of syncope. Sometimes episodes of psychogenic syncope are related to an upsetting or frightening experience, or some are due great loss or change. These experiences may be recent or in the past.

Long term prevention advice - reflex syncope

Situations to avoid

- Avoid sitting or standing for long periods of time, for example on a bus, check-out queue or church, particularly in warm weather or hot environments.
- If you do have to stand still, then clench and unclench your calves or rock forward on the balls of your feet to encourage blood flow.
- If seated for long periods of time, for example while flying, raise your heels and squeeze your calf muscles frequently, fidgeting can be beneficial.
- Avoid lifting heavy objects or any type of strain on the body. This activity can send messages to slow down your heart rate and therefore lower your blood pressure.

Fluid intake

- Increase the amount of water you drink. Try to drink three to four pints (1.5 - 2.0 litres) of water in the first few hours of the day, then enough to keep your urine clear.
- If your urine is yellow, you need to drink more.
- Check with your doctor about fluid intake if you have other medical conditions such as heart failure or kidney problems.

Diet

- Eat regular meals, including breakfast.
- Eat small meals often and avoid meals with large quantities of carbohydrates (bread, pasta, pastry).
- Increase your salt intake (only after discussion with your doctor, and never if you are being treated for high blood pressure).
- Many people have taken away the message that the less salt you eat, the healthier you will be. This is now changing, as evidence is starting to emerge that cardiovascular mortality, from hearts attacks, strokes and heart failure, is higher if you take too much **or** too little salt.
- Caffeine may worsen syncope in some patients; you should try avoiding or limiting your intake of caffeine-containing drinks (coffee, tea and cola-type drinks) to see if this helps your symptoms.
- Avoid excess alcohol. Alcohol will make your symptoms worse. You may find that you can tolerate a small drink but avoid drinking large amounts.

Exercise

- Improve muscle tone in your legs with regular exercise, this helps to return blood to your heart.

Medications

- Ensure you receive a regular review of your medications. Low blood pressure can be a side-effect of some medications.
- Once prescribed, medications should be reviewed at least once a year to ensure they are not the cause of the problems.

Posture

- Avoid sudden changes in posture.
- Bending or stooping suddenly may make your symptoms worse.
- Try to pause in between changes in position.

Clothing

- Try to keep cool and wear loose layers of clothing which can be easily removed if you become hot.
- Wear high leg support tights during the day but remove them before bed. Support tights prevent blood from pooling in your legs.

Useful Information

Cardiorespiratory Department at York Hospital

The cardiorespiratory department is on the first floor in the outpatient area. Enter the hospital through the main entrance. Turn left on entering and go to the end of the patient waiting area. Turn left again and a staircase will be facing you, go up the stairs to the first floor and have a seat in the waiting room as detailed on your letter. If you cannot use the staircase go alongside the stairs and you will find a lift to take you to the first floor. The clinic's telephone number is 01904 726525. To change an appointment, you can ring the office telephone number.

If you require hospital transport, please ring the patient transport service on 0845 056 7060.

York wheels can provide transport for a small charge, please ring 01904 630080.

The Driving Licence Authority (DVLA)

The Driving Licence Authority requires you to let them know if you have had a pacemaker fitted.

Telephone: 0300 790 6806

(8.00am. to 5.30pm. Mon – Fri) &

(8.00 am. to 1pm. Saturday)

Write: Drivers' Medical Group, DVLA,
Swansea SA99 1TU

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr Hayes, Consultant, Cardiology Department,
York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 726525

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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