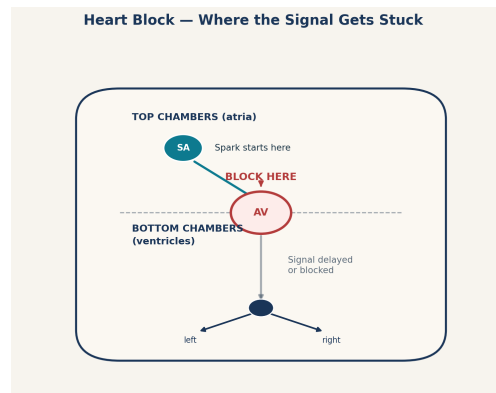


Understanding Heart Block (AV Block)

When the heart's signal is delayed or blocked on its way down

In heart block, the electrical signal from the top of the heart is slowed or blocked before it reaches the bottom. Some types are harmless. Others are an emergency. This guide explains the difference.



Online: <https://go.riasalimd.com/av-block-guide>

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Names & Terms You Will Hear

Term	Meaning
AV Block	Short for atrioventricular block. The signal between the top chambers (atria) and bottom chambers (ventricles) is delayed or blocked.
Heart Block	The everyday name for AV block. It does NOT mean a blocked artery or a heart attack — it means an electrical signal is held up.
First-Degree Block	The signal gets through, just slower than normal. Usually harmless.
Second-Degree Block	Some signals get through and some do not. Split into Mobitz I (milder) and Mobitz II (more serious).
Third-Degree (Complete) Block	No signals get through. The bottom of the heart runs on a slow backup rhythm. This is dangerous and usually needs a pacemaker right away.
Mobitz I (Wenckebach)	A second-degree pattern where the gap grows beat by beat until one beat is dropped, then the cycle repeats. Usually milder.
Mobitz II	A second-degree pattern where the gap stays the same, then a beat drops with no warning. More serious — usually needs a pacemaker.
PR Interval	The time on an ECG from the top-chamber spark to the bottom-chamber beat. When it is too long, that is first-degree block.

Fainting or a very slow pulse can be an emergency.

If you or someone near you faints suddenly — especially with no warning — **call 911 right away**. A blackout from heart block (a Stokes-Adams attack) can lead to cardiac arrest. Do not drive to the ER. Call 911.



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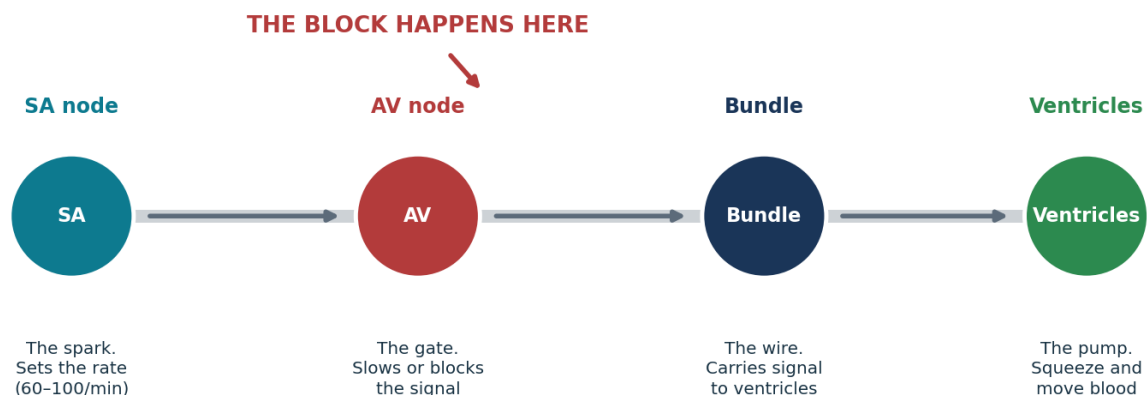


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What Is Heart Block (AV Block)?

- The heart runs on its own electricity. A spark starts at the top (the SA node), travels to a gate in the middle (the AV node), then down to the pumping chambers.
- In heart block, that signal is slowed or stopped at or below the AV node. The medical name is AV block (atrioventricular block).
- There are THREE degrees, from mild to severe. The degree tells you how much of the signal is getting through and how dangerous it is.
- FIRST-DEGREE: the signal just runs slow. Every beat still gets through. This is usually harmless and often needs no treatment at all.
- SECOND-DEGREE: some signals get through and some do not. There are two kinds — Mobitz I (usually milder) and Mobitz II (more serious).
- THIRD-DEGREE (COMPLETE) BLOCK: no signals get through. The bottom of the heart runs on its own slow backup rhythm (about 20–40 beats a minute). This is dangerous.
- Heart block does NOT mean a blocked artery or a heart attack. It is an electrical problem, not a plumbing problem — though a heart attack can sometimes cause it.

How the Heart's Signal Travels — and Where It Gets Blocked



The heart's signal travels from the SA node (the spark) to the AV node (the gate), then down the bundle to the ventricles (the pump). In heart block, the signal is slowed or stopped at the AV node or just below it.



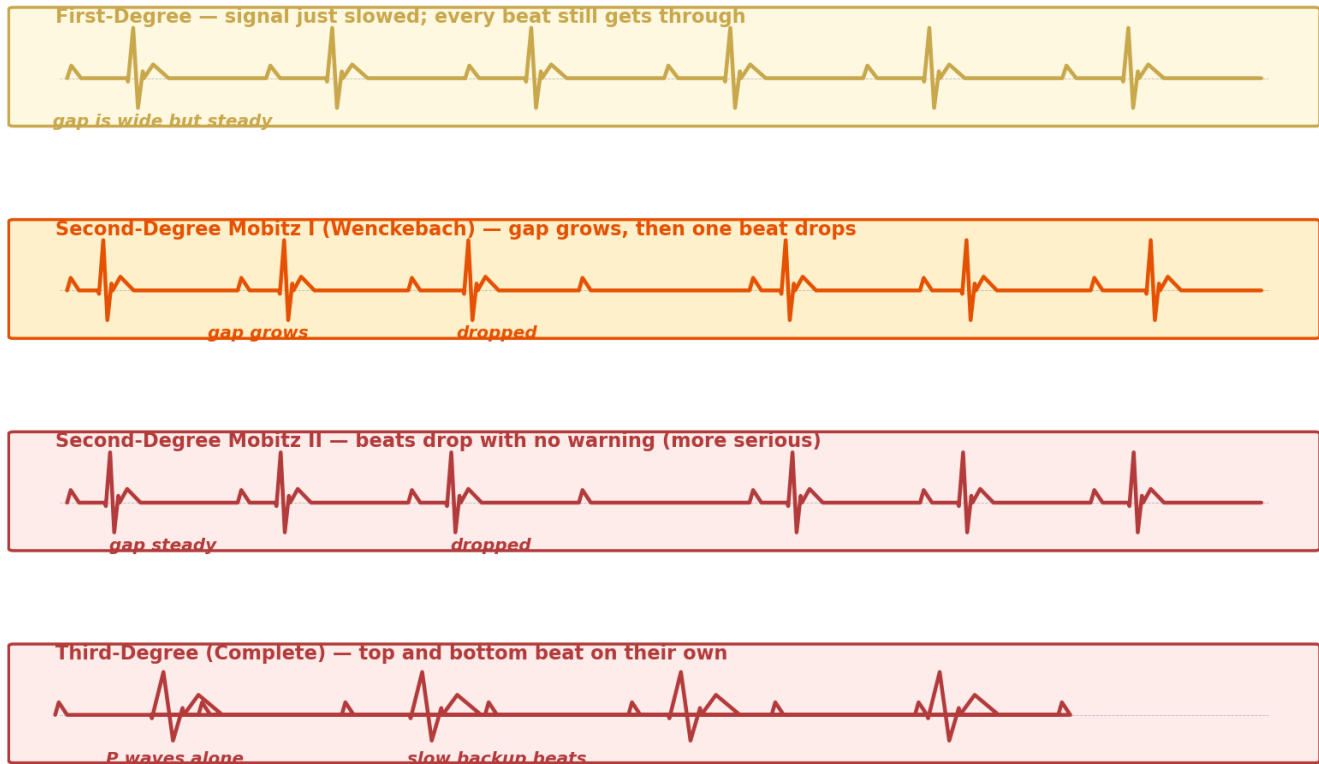
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The Three Degrees of Heart Block — Side by Side



The three degrees side by side. First-degree only slows the signal. Mobitz I lets the gap grow until a beat drops. Mobitz II drops beats with no warning. In complete block the top and bottom beat on their own.

The Degrees of Heart Block — What Happens and What It Means

Degree	What Happens	How Serious	Usual Treatment
First-Degree	Signal slowed; every beat still gets through	Low — usually harmless	Often none; watch and recheck
Second-Degree Mobitz I (Wenckebach)	Gap grows beat by beat, then one beat drops	Lower — often mild	Watch; pacemaker if symptoms
Second-Degree Mobitz II	Gap steady, then a beat drops with no warning	High — can worsen suddenly	Pacemaker usually needed
Third-Degree (Complete) Block	No signals get through; slow backup rhythm only	Emergency — heart can stop	Urgent pacemaker



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First-Degree Block — Signal Just Slowed

- Every signal still gets through to the pumping chambers — it just takes a little longer than normal. On an ECG the PR interval is over 200 ms.
- Most people have no symptoms at all and find out only from a routine ECG.
- It is usually harmless and needs no treatment — most people never get worse.
- Common, gentle causes include older age, being very fit, or a heart medicine that slows the signal a bit.
- Your doctor may simply note it and check an ECG now and then to be sure it stays stable.



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Second-Degree Block — Some Beats Drop

- Here some signals get through and some do not. There are two types, and the difference matters a lot.
- MOBILZ I (Wenckebach): the gap between the top and bottom beat grows a little with each beat, until one beat is dropped — then the cycle starts again. This is usually the milder type.
- MOBILZ II: the gap stays the same size, then a beat suddenly drops with no warning. This is the more serious type.
- Mobitz I with no symptoms is often just watched. Mobitz I that causes dizziness or fainting may need a pacemaker.
- Mobitz II usually needs a pacemaker, because it can turn into complete block at any time — even during sleep or surgery.



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Third-Degree (Complete) Block — An Emergency

- No signals get through at all. The top and bottom of the heart beat completely on their own, out of step with each other.
- The pumping chambers fall back on a slow backup rhythm — only about 20 to 40 beats a minute. That is often too slow to feel well or stay awake.
- Symptoms include severe tiredness, near-fainting, fainting, confusion, and shortness of breath. Some people collapse only when they are active.
- This is a medical emergency. Without treatment, complete block can lead to cardiac arrest.
- Treatment is an urgent pacemaker. In the hospital, atropine or temporary pacing keeps the heart beating until the pacemaker is placed.
- When complete block comes from a heart attack on the bottom wall, it may clear in a few days. From other causes, it usually needs a permanent pacemaker.



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Why It Matters

- The degree decides the danger. First-degree block is often nothing to worry about. Complete block can be life-threatening.
- A very slow heart cannot pump enough blood to the brain. That causes dizziness, extreme tiredness, and fainting. A fall during a faint can cause serious injury.
- Mobitz II and complete block can come on suddenly and without warning — during sleep, exercise, or surgery. They usually need a pacemaker.
- Some causes can be fixed. Stopping a medicine, treating a thyroid problem, or treating Lyme disease can bring the heartbeat back to normal.
- When a pacemaker is needed, it works well. Most people feel much better within days — energy they thought they had lost to aging often comes right back.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Older age	Over many years the heart's wiring can wear out and scar. This is the most common cause of complete heart block.
Heart attack	A heart attack can damage the AV node or the wiring below it. Block from a heart attack can be temporary or permanent.
Medicines	Beta-blockers, diltiazem, verapamil, digoxin, and amiodarone all slow the signal. Always tell your doctor every medicine you take.
After TAVR or valve surgery	A new valve sits right next to the wiring. TAVR causes new heart block in some patients; a few need a pacemaker after.
Lyme disease	Lyme carditis can cause heart block, sometimes complete block. It usually clears with antibiotics, so a pacemaker may be avoided.
Thyroid or potassium problems	Low thyroid hormone or a high potassium level can slow the signal. Fixing them often restores a normal heartbeat.
Other heart wiring disease	A bundle branch block, especially a left bundle branch block (LBBB), can come before complete block in older adults.
Infections and infiltration	Some infections, and diseases like sarcoidosis or amyloidosis that build up in the heart, can block the wiring.



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Treatment Options

- FIRST, find and fix the cause. If a medicine is the problem, your doctor may stop or lower it. Treating thyroid disease, high potassium, or Lyme can fix the block.
- FIRST-DEGREE block usually needs no treatment — just a note in your chart and an occasional ECG to make sure it is not getting worse.
- MOBITZ I that causes no symptoms is often just watched. Mobitz I that causes dizziness or fainting may need a pacemaker.
- MOBITZ II and COMPLETE (third-degree) block almost always need a PACEMAKER. This is a strong, Class I recommendation in the 2018 ACC/AHA/HRS guideline.
- In an emergency, a medicine called atropine or temporary pacing pads on the chest keep the heart beating until a permanent pacemaker can be placed.
- Our pacemaker guide explains the device, the procedure, and recovery: go.riasalimd.com/pacer-icd-guide
- A small leadless pacemaker placed inside the heart, with no chest cut and no wires, is an option for some patients: go.riasalimd.com/leadless-pacer-guide
- Sometimes the rhythm is recorded with a Holter or event monitor first, to catch block that only happens now and then and to match it to your symptoms.

Related guides:

Pacemakers & ICDs: go.riasalimd.com/pacer-icd-guide

Leadless Pacemaker: go.riasalimd.com/leadless-pacer-guide

Bradycardia & Heart Block: go.riasalimd.com/bradycardia-guide

Sick Sinus Syndrome: go.riasalimd.com/sss-guide

Left Bundle Branch Block: go.riasalimd.com/lbbb-guide



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Keep a simple log of your pulse and any spells of dizziness or near-fainting; bring it to every visit — patterns help your cardiologist decide what to do.
- Stay hydrated. Being dry can make a slow heart rate feel worse.
- Bring a full list of your medicines to every visit. Many common heart and blood-pressure drugs slow the signal, and the dose may need adjusting.
- If you have complete block or a pacemaker, wear a medical alert bracelet and carry your device ID card — it matters in an emergency, before surgery, and when traveling.
- Do not stop a prescribed heart medicine on your own, even if you think it is slowing your pulse. Call the office first so the change is done safely.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Permanent pacemaker	Small procedure risk (about 1–2%): bruising, infection (under 1% in the first year), a lead that shifts in the first weeks, or a rare nick of the lung.	Stops the symptoms of a slow or blocked heartbeat. Life-saving in complete block. Most people feel much better within days.	Watchful waiting if the block is low-grade and the cause is reversible. A leadless pacemaker (no chest cut, no wires) for some patients.
Fixing the cause (stop a drug, treat thyroid or Lyme)	Stopping a drug may affect blood pressure or rhythm control. Thyroid treatment takes time. Antibiotics can cause allergy or stomach upset.	No procedure needed if it works. Lyme-related block often clears with antibiotics. Drug-caused block often reverses within days of stopping the drug.	A pacemaker if the block does not clear after the cause is treated. Lowering a drug dose instead of stopping it (sometimes enough).
Watchful waiting (first-degree or mild, no symptoms)	Small chance the block quietly worsens. Mobitz II can turn into complete block without warning, so this is not used for Mobitz II.	Avoids a procedure when the block is harmless. Right for first-degree block and for Mobitz I with no symptoms.	Heart-rhythm monitoring to track the pattern. A pacemaker if symptoms start or the block worsens.
Emergency atropine or temporary pacing	Atropine works only briefly and can cause a fast rate, dry mouth, or confusion. Temporary pacing pads or a wire are short-term only.	Works in minutes in the hospital. Keeps the heart beating safely until a permanent pacemaker can be placed.	A permanent pacemaker is the lasting fix. A medicine drip (isoproterenol) is a second-line bridge.



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Common Misconceptions

Myth	Reality
Heart block means a blocked artery or a heart attack.	No. Heart block is an electrical problem — the signal is held up. A blocked artery is a plumbing problem. They are different, though a heart attack can sometimes cause heart block.
Heart block means the heart has stopped.	No. The heart still beats. In heart block the signal is delayed or some beats are dropped. Only complete block with no backup rhythm can stop the heartbeat.
All heart block is dangerous and needs a pacemaker.	Not true. First-degree block is usually harmless and needs no treatment. Mobitz II and complete block are the types that usually need a pacemaker.
First-degree block always turns into complete block.	Usually not. Most people with first-degree block never get worse. Mobitz II is the type that can progress without warning.
If I feel fine, my heart block cannot be serious.	Not always. Some people with complete block feel fine at rest but faint with activity. That is why a fainting spell should never be ignored.
A pacemaker means I can't exercise, travel, or use my phone.	Most people live normally with a pacemaker. Phones, microwaves, and airport scanners are safe. Just avoid long, close contact with strong magnets.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Fainting and injury	A sudden pause in the heartbeat can cause a blackout (a Stokes-Adams attack). A fall during a faint can cause a head injury, a broken bone, or a car crash.
Cardiac arrest	If complete block has no backup rhythm, or the backup fails, the heart can stop. The risk is highest in the first days of new complete block.
Worsening heart failure	A heart beating only 30–40 times a minute cannot pump enough blood. This can lead to fluid buildup, shortness of breath, and tiredness.
Block that comes and goes	Some block happens only now and then — during sleep, with certain drugs, or with exercise. It can be missed unless the rhythm is recorded over time.
Block after a procedure	New heart block can appear after a TAVR or valve surgery. Patients are watched closely afterward, and some need a pacemaker.



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Points to Know

If you remember nothing else, remember these key points.

- The degree of block decides the danger. First-degree is usually harmless; complete (third-degree) block is an emergency.
- Mobitz II and complete block almost always need a pacemaker — do not wait for symptoms to get worse before acting.
- Many causes are reversible: a medicine, a thyroid problem, a high potassium level, or Lyme disease. Finding the cause can avoid a pacemaker.
- A fainting spell or a very slow pulse with dizziness should be reported the same day — it can be a sign of dangerous heart block.
- Pacemakers are safe and reliable. Most people feel better within days, and the battery lasts many years.
- Tell every doctor and your anesthesia team about your heart block or pacemaker before any surgery, procedure, or MRI scan.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- CALL 911 — You faint, pass out, or someone cannot wake you normally. A blackout from heart block (a Stokes-Adams attack) is an emergency.
- CALL 911 — Chest pain, severe shortness of breath, or no pulse. Do not drive yourself to the hospital.
- CALL US TODAY — Your pulse is very slow (under about 40–45) AND you feel dizzy, weak, or short of breath.
- CALL US TODAY — A new spell of near-fainting, sudden severe tiredness, or feeling like your heart is skipping or pausing.
- CALL US TODAY — You have a pacemaker and feel a very slow or irregular pulse, or near-fainting. The device may need a check.
- CALL US THIS WEEK — New or worsening ankle swelling, or trouble doing daily things that used to be easy.
- CALL US BEFORE — Any planned surgery or MRI. The team needs to know about your heart block or pacemaker.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association — Conduction Disorders](#) - Plain-language AHA page on heart block and other conduction problems.
- [Cleveland Clinic — Heart Block](#) - Covers the degrees of block, which need a pacemaker, and what to expect.
- [Mayo Clinic — Heart Block \(Bradycardia\)](#) - Mayo's overview of first-, second-, and third-degree AV block.
- [MedlinePlus — Heart Block](#) - NIH/NLM hub with safe definitions and when to seek care.
- [Bradycardia & Heart Block Guide — go.riasalimd.com/bradycardia-guide](#) - Our broader guide on slow heart rate and the heart's conduction system.
- [Pacemakers & ICDs Guide — go.riasalimd.com/pacer-icd-guide](#) - Dr. Ali's guide to pacemakers — the main treatment for serious heart block.
- [Sick Sinus Syndrome Guide — go.riasalimd.com/sss-guide](#) - When the heart's natural pacemaker (the SA node) fires too slowly.
- [Left Bundle Branch Block Guide — go.riasalimd.com/lbbb-guide](#) - A wiring delay below the AV node that can precede complete block.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [American Heart Association — Conduction Disorders \(Heart Block\)](#) *[Patient Education]*
Plain-language overview of AV conduction disorders, first/second/third-degree block, and the symptoms that signal danger.
- [Cleveland Clinic — Heart Block](#) *[Patient Education]*
Covers the degrees of AV block, which are benign vs which need a pacemaker, and what patients can expect.
- [MedlinePlus — Heart Block](#) *[Patient Education]*
NIH/NLM hub used for safe definitions and triage of AV block symptoms.
- [Mayo Clinic — Heart Block \(Bradycardia\)](#) *[Patient Education]*
Mayo overview of first-, second-, and third-degree AV block, symptoms, and causes in plain language.
- [2018 ACC/AHA/HRS Guideline on Bradycardia and Cardiac Conduction Delay](#) *[Guideline]*
Authoritative basis for grading AV block, identifying high-grade/complete block, and Class I pacemaker indications for Mobitz II and complete block.
- [StatPearls \(NCBI\) — Second-Degree Atrioventricular Block](#) *[Reference]*
Reference for distinguishing Mobitz I (Wenckebach) from Mobitz II, level of block, and why Mobitz II is higher-risk.
- [StatPearls \(NCBI\) — Third-Degree \(Complete\) Atrioventricular Block](#) *[Reference]*
Reference for complete heart block, escape rhythm rates (20-40 bpm), and pacemaker urgency.
- [AHA Scientific Statement — Lyme Carditis and High-Degree AV Block](#) *[Reference]*
Basis for Lyme carditis as a reversible cause of AV block that usually resolves with antibiotics, often avoiding a permanent pacemaker.
- [AHA — TAVR and Conduction Disturbances \(Permanent Pacemaker\)](#) *[Reference]*
Basis for new conduction disturbance and pacemaker need after TAVR and valve surgery.
- [Heart Rhythm Society — Patient Resources \(Bradycardia & Pacing\)](#) *[Patient Education]*
HRS patient hub for arrhythmias, pacing guidelines, and device information.



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, AHA, MedlinePlus, and the 2018 ACC/AHA/HRS Bradycardia and Conduction Guideline. Ours adds: a heart-wiring cover diagram marking the block point; a side-by-side ECG strip comparing all three degrees; a danger-coded degree table; per-degree deep dives (green/amber/red); and plain-language coverage of reversible causes (medicines, Lyme carditis, after TAVR).

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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