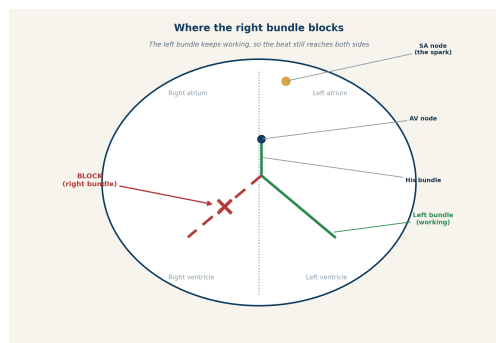


Understanding Right Bundle Branch Block (RBBB)

Usually a harmless finding, and the few times it is not

Most people with RBBB have a normal heart and stay that way.



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

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Names & Terms You Will Hear

Term	Meaning
RBBB	The usual abbreviation for right bundle branch block.
Complete RBBB	The full pattern on the ECG, with a QRS of 120 milliseconds or more.
Incomplete RBBB	A partial version, with a QRS between 110 and 120 milliseconds. It is common in young people and athletes and is usually a normal variant.
Bundle branch	One of the main electrical wires that carries each beat from the center of the heart out to the pumping chambers.
Fascicle	A smaller branch. The left bundle splits into two fascicles, so there are three wires in total below the AV node.
Bifascicular block	RBBB plus a block in one of the two left fascicles. Two of the three wires are affected.
Isolated RBBB	RBBB with no other heart problem found. This is the most common situation and the most reassuring one.
Right ventricular strain	Pressure or stretch on the right side of the heart. It can produce RBBB, which is why a new RBBB sometimes points to a lung or right-heart problem.

The short version. If your heart is structurally normal and you have no symptoms, right bundle branch block has not been shown to shorten life, needs no treatment, and places no restriction on your activity. The rest of this guide covers how we confirm that, and the specific situations that are handled differently.



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What Is Right Bundle Branch Block (RBBB)?

- Your heart has three main electrical wires below the AV node: the right bundle, and the left bundle which splits into two fascicles.
- In RBBB, the right bundle does not conduct normally. The beat reaches the right ventricle by a slower route through the muscle instead.
- The signal still gets everywhere. It just arrives a little late on the right, which is what widens the QRS on your ECG.
- RBBB is found in roughly 0.2 to 1.3 percent of people. Most are found by accident on an ECG done for some other reason.
- Most people with RBBB have no symptoms from it at all. RBBB itself does not cause chest pain, breathlessness, or palpitations.
- This matters because RBBB and left bundle branch block are often explained together, but they do not carry the same outlook. RBBB is generally the more reassuring of the two.



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Why It Matters

- The single most useful thing to know: when RBBB is found in someone with a structurally normal heart, it has not been linked to a shorter life.
- In a large study of people without cardiovascular disease, isolated RBBB was not associated with excess mortality.
- In community studies where people were free of high blood pressure and heart disease at the start, complete RBBB showed no excess mortality, while complete left bundle branch block did.
- That said, RBBB is not meaningless. In people who already have heart disease, RBBB is associated with worse outcomes, roughly double the mortality of no bundle branch block in referral populations.
- The honest reading is that RBBB is a marker of whatever else is going on, not usually a problem in its own right. This is why the first step is checking whether anything else is going on.
- For comparison, left bundle branch block in the same referral studies carried more than five times the mortality of no bundle branch block. The two findings are not equivalent.



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The answer depends on the rest of your heart

A structurally normal heart

No high blood pressure.
No known heart disease.
A normal echo.

**Isolated RBBB has not been
linked to a shorter life**

A heart with other disease

Known coronary disease,
a weak pump, or valve
disease already present.

**RBBB is a marker of that
disease, not the cause**

What RBBB means depends on the rest of your heart. In a structurally normal heart it has not been linked to a shorter life. Alongside existing heart disease it acts as a marker of that disease rather than a problem of its own.



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Isolated RBBB in a Normal Heart — the Common Picture

- This is where most people with RBBB land, and it is genuinely reassuring.
- It usually turns up on an ECG done for something else entirely: a pre-op check, an insurance physical, a routine visit.
- There are no symptoms from the RBBB itself.
- The exam is normal, and the echocardiogram shows a structurally normal heart.
- In this situation, studies of people without cardiovascular disease have not found isolated RBBB to shorten life.
- No treatment, no restriction, and generally no repeat testing are needed. Keeping the ECG on file for future comparison is the one useful step.



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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
Getting older	The electrical wires stiffen with age. RBBB becomes more common in later decades and is often just that.
Being an athlete or young and healthy	Incomplete RBBB is common in trained athletes and young people. In that setting it is usually a normal variant, not disease.
High blood pressure or coronary disease	Not a cause of RBBB so much as the company it keeps. When RBBB appears alongside these, the other condition is what matters.
Lung disease or high pressure in the lung arteries	Strain on the right side of the heart can produce RBBB. This is one of the settings where the finding is a genuine clue.
A hole between the upper chambers (atrial septal defect)	Long-standing extra flow through the right side commonly produces an RBBB pattern, sometimes as the first hint of the defect.
After a valve procedure, especially TAVR	A pre-existing RBBB is one of the main things that raises the chance of needing a pacemaker after a TAVR.
A sudden large blood clot in the lung	Acute right heart strain can produce a new RBBB. New RBBB with sudden breathlessness is a reason to be seen urgently, not later.



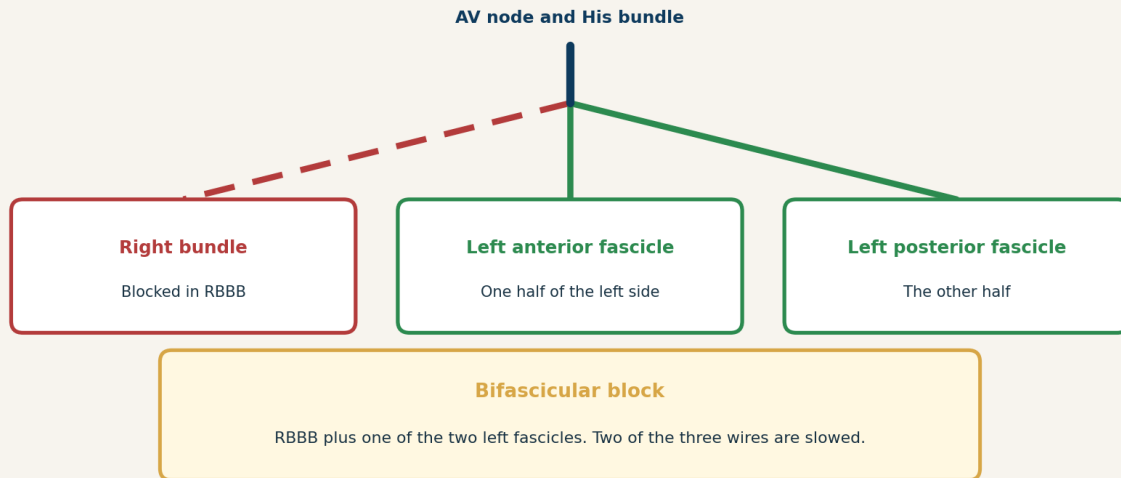
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Three wires run below the AV node



Three wires run below the AV node: the right bundle and the two left fascicles. Bifascicular block means RBBB plus one of the left fascicles, so two of the three are affected. This is the term most often misread as more serious than it usually is.



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Treatment Options

- RBBB by itself needs no treatment. There is no pill and no procedure for the conduction pattern on its own.
- The work is in the checking, not the treating. The question is whether anything else is present.
- Expect a careful history and exam focused on fainting, breathlessness, and family history of sudden death or unexplained young deaths.
- An echocardiogram is commonly done once, to confirm the heart is structurally normal. If it is, that is usually the end of the workup.
- If your ECG is normal apart from RBBB, you feel well, and your echo is normal, no further testing or restriction is generally needed.
- Your ECG should be kept on file. The most useful future comparison is whether the pattern changes, and that needs a baseline to compare to.
- No activity restriction applies to isolated RBBB. You do not need to avoid exercise, caffeine, or anything else because of this finding.

When RBBB needs more than reassurance

Your situation	What it usually means	What we do
RBBB alone, normal heart, no symptoms	The common, reassuring picture	Confirm with one echo, then no routine follow-up needed
Bifascicular block, no symptoms	Low rate of progression to complete block	Watch, no pacemaker on this basis alone
New RBBB with chest pain or sudden breathlessness	Could reflect an acute problem	Urgent evaluation, not a routine visit
Bifascicular block WITH fainting, or alternating right and left block	Real risk of progressing to complete block	Pacemaker discussion after other causes are excluded



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What Bifascicular Block Actually Means

- Three wires carry the beat below the AV node: the right bundle, and the left bundle's two fascicles.
- Bifascicular block means the right bundle plus one of the two left fascicles are affected. Two of three.
- The name sounds alarming, and it is the term patients most often misread as meaning imminent danger.
- Without symptoms, chronic bifascicular block progresses to complete heart block at a low rate, and is not by itself a reason for a pacemaker.
- Fainting is what changes this. Bifascicular block with unexplained fainting carries roughly a 17 percent per year risk of progressing to complete block, and a pacemaker is recommended once other causes are excluded.
- An ECG that alternates between right and left bundle branch block is a separate and more urgent situation, because complete block can occur abruptly.
- This is the single reason to report fainting rather than dismiss it.



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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 copy of the ECG that showed the RBBB. A future doctor comparing to it is far more useful than a described memory of it.
- Tell any new doctor you have RBBB, so a future ECG is not misread as a new change.
- Mention it before any valve procedure, particularly TAVR, since it affects the pacemaker discussion.
- Report fainting rather than explaining it away. That is the one symptom that changes the plan.
- Tell us about any family history of sudden unexplained death at a young age.
- Otherwise, live normally. Isolated RBBB is not a reason to change anything.



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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
Reassurance and a one-time echocardiogram	A small chance of an incidental finding that leads to more testing. The visit and scan take time.	Confirms the heart is structurally normal, which is what makes RBBB reassuring. For most people this single test settles the question for good.	No testing at all, reasonable in a young person with a completely normal exam and no symptoms. Or fuller testing if symptoms are present.
Loop recorder (a long-term monitor)	A small implanted device, or a wearable patch. Records rather than treats.	Useful when there has been fainting and the cause is unclear. Can catch an intermittent complete block that a single ECG would miss.	Going straight to a pacemaker when the suspicion is high enough. Or standard monitoring if fainting has not occurred.
Pacemaker	An implanted device with the usual procedural risks and long-term follow-up.	Recommended when bifascicular block occurs with unexplained fainting and other causes have been excluded, and when the ECG alternates between right and left bundle branch block.	A loop recorder first, to document whether a block is actually the cause of the fainting before committing to a device.
No workup at all	Risks missing one of the specific conditions RBBB can point to, such as a septal defect or a right-heart problem.	No cost, no testing, no incidental findings.	A focused history, exam, and a single echocardiogram, which is what most people need and no more.



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Common Misconceptions

Myth	Reality
Bundle branch block means part of my heart is dead or damaged.	It does not. It describes how the electrical signal travels, not the health of the muscle. In most people with RBBB the heart muscle is completely normal, which is exactly what the echocardiogram confirms.
RBBB and LBBB are basically the same thing.	They are not, and this is the most important correction in this guide. In people without heart disease, RBBB has not been linked to a shorter life, while left bundle branch block has been. Advice written about one does not transfer to the other.
I need a pacemaker because a wire is blocked.	Almost never for RBBB alone. A pacemaker enters the conversation when bifascicular block occurs together with unexplained fainting, or when the ECG alternates between right and left bundle branch block. Isolated RBBB with no symptoms is not a pacemaker indication.
Bifascicular block means I am about to go into complete heart block.	Usually not. Chronic bifascicular block without symptoms progresses to complete block at a low rate and is not by itself a reason for a pacemaker. What changes that is fainting, which raises the yearly risk substantially.
I should stop exercising.	No. Isolated RBBB carries no activity restriction. Incomplete RBBB is actually common in trained athletes as a normal variant of a well-conditioned heart.
My RBBB will turn into LBBB or get worse over time.	RBBB does not convert into LBBB. What matters over time is whether new symptoms appear or the ECG pattern changes, which is why keeping a baseline ECG on file is worth doing.



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Myth	Reality
Since RBBB is usually harmless, a new one can be ignored too.	This is the one place the reassurance does not apply. A newly appeared RBBB, especially with chest pain or sudden breathlessness, needs prompt evaluation. A long-standing unchanged RBBB and a brand-new one are different situations.



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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
Progression to complete heart block	Uncommon from isolated RBBB. The risk is meaningfully higher with bifascicular block accompanied by fainting, where progression runs at roughly 17 percent per year if no other cause of the fainting is found.
Bifascicular block during an acute anterior heart attack	A specific high-risk setting. There the risk of complete heart block runs as high as 30 percent. This is why it is watched closely in the hospital.
Looking like another diagnosis	An RBBB pattern can resemble the Brugada pattern. It can also accompany ARVC. Both are separate conditions. This is why we read the whole ECG, not the RBBB label alone.
Pointing to a right-heart or lung problem	A new RBBB can accompany a large clot in the lung, high pressure in the lung arteries, or a hole between the upper chambers. The RBBB is the clue; the underlying condition is what needs treatment.
Needing a pacemaker after a valve procedure	A pre-existing RBBB raises the chance of needing a pacemaker after TAVR. This is planned for in advance rather than being a surprise.



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When RBBB Is a Clue to Something Else

- A sudden new RBBB with breathlessness can accompany a large clot in the lung. This is an emergency evaluation, not a routine one.
- Long-standing high pressure in the lung arteries strains the right side and can produce RBBB.
- A hole between the upper chambers, an atrial septal defect, commonly produces an RBBB pattern and is sometimes found this way.
- The Brugada pattern can resemble RBBB on the ECG but is a distinct condition with its own implications, including family screening.
- ARVC, a condition affecting the right ventricle, can accompany RBBB-like findings.
- A pre-existing RBBB raises the chance of needing a pacemaker after a TAVR, which is why the team asks about it in advance.
- In each case the RBBB is the signpost, not the destination. The underlying condition is what gets treated.



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Points to Know

If you remember nothing else, remember these key points.

- RBBB with a structurally normal heart has not been linked to a shorter life. For most people this is the whole story.
- RBBB and left bundle branch block are not the same. Their outlooks differ, and advice about one does not transfer to the other.
- RBBB itself causes no symptoms. Symptoms mean something else is going on and should be reported.
- An echocardiogram is usually done once to confirm the heart is structurally normal. If it is, that generally settles it.
- Fainting changes the plan. It is the single most important symptom to report.
- Bifascicular block without symptoms is not by itself a reason for a pacemaker.
- A new RBBB is different from a long-standing one, especially with chest pain or sudden breathlessness.
- Keep a copy of your ECG. The comparison matters more than the finding.



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RBBB in Athletes and Young People

- Incomplete RBBB, with a QRS between 110 and 120 milliseconds, is common in trained athletes.
- In that setting it generally reflects a normally adapted, well-conditioned heart rather than disease.
- It does not by itself disqualify anyone from competition or training.
- What still warrants attention in a young person is fainting during exertion, a family history of sudden unexplained death, or an ECG with findings beyond the RBBB.
- Complete RBBB in a young athlete is less common than the incomplete form and is usually worth one echocardiogram to confirm a normal heart.
- If you are an athlete and this was found on a screening ECG, bring the tracing to the visit rather than the report alone.



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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.

- Fainting, or nearly fainting. Call us the same day. This is the symptom that most changes what we do about RBBB.
- Sudden shortness of breath, especially with chest pain or a fast heartbeat. Call 911, since a new RBBB in this setting can accompany a clot in the lung.
- Chest pain or pressure. Call 911, particularly if you have been told your RBBB is new.
- New or worsening breathlessness with activity, or new leg swelling. Call us this week.
- Palpitations that are frequent, sustained, or come with lightheadedness. Call us this week.
- A family member with unexplained sudden death at a young age, if you have not already told us. Call us so we can discuss whether further testing applies.
- Before any valve procedure, particularly TAVR. Remind the team about your RBBB.

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Fainting is the one symptom that changes everything. RBBB by itself does not cause you to pass out. If you faint, or nearly faint, tell us rather than explaining it away as heat, standing up too fast, or a skipped meal. With bifascicular block, fainting is what turns watchful reassurance into a pacemaker discussion.



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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.

- [Our Left Bundle Branch Block \(LBBB\) guide](#) - The companion guide. Worth reading if you want to understand why the two are treated differently.
- [Our Bradycardia and Heart Block guide](#) - Where conduction problems are covered more broadly, including pacemaker indications.
- [Our Heart Block \(AV Block\) guide](#) - What complete heart block is, the outcome bifascicular block is watched for.
- [Our Pacemakers and ICDs guide](#) - What a pacemaker is and when one is recommended.
- [Our Loop Recorder guide](#) - The long-term monitor used when fainting needs explaining.
- [Our Echocardiogram guide](#) - The single test that most often settles whether RBBB is isolated.
- [Our Brugada Syndrome guide](#) - A separate condition whose ECG pattern can resemble RBBB.
- [Our ARVC guide](#) - A right-ventricular condition that can accompany RBBB-like ECG findings.
- [Our Pulmonary Embolism guide](#) - A clot in the lung, one cause of a sudden new RBBB.
- [Our Atrial Septal Defect \(ASD\) guide](#) - A hole between the upper chambers that commonly produces an RBBB pattern.
- [Our Post-TAVR Recovery guide](#) - Why a pre-existing RBBB matters for the pacemaker discussion after TAVR.
- [Our Abnormal EKG guide](#) - What to do when an ECG comes back with an unexpected finding.
- [Cleveland Clinic — Bundle Branch Block](#) - Plain-language patient page covering both bundle branch blocks.
- [American Heart Association — Conduction Disorders](#) - Where bundle branch blocks sit among conduction problems generally.
- [Mayo Clinic — Bundle Branch Block](#) - Symptoms and when evaluation is warranted.



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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.

- [Mortality in Patients With Right Bundle-Branch Block in the Absence of Cardiovascular Disease. J Am Heart Assoc 2020;9:e017430 \[Primary Study\]](#)
The core evidence for this guide. In people free of cardiovascular disease, isolated RBBB was not linked to excess mortality.
- [What Should Be Done With the Asymptomatic Patient With Right Bundle Branch Block? J Am Heart Assoc 2020;9:e018987 \[Editorial\]](#)
Companion editorial on the exact patient this guide is for: the well person whose RBBB was found by accident.
- [Right Bundle Branch Block — StatPearls, NCBI Bookshelf \[Reference\]](#)
Source for the prevalence range, the complete versus incomplete definition, and the standard causes list.
- [Are right and left bundle branch block similarly associated with increased risk of mortality? Am J Med 2001 \[Primary Study\]](#)
Direct RBBB versus LBBB mortality comparison. Used for the honest framing that RBBB carries some signal when heart disease is already present.
- [Mortality analysis of complete right and left bundle branch block in a selected community population \[Primary Study\]](#)
Community data: complete RBBB showed no excess mortality where people were free of hypertension and heart disease at entry. Complete LBBB did.
- [Bifascicular Block — LITFL ECG Library \[Reference\]](#)
Source for what bifascicular block means anatomically, and the up to 30 percent progression risk during an acute anterior heart attack.
- [Syncope and Bifascicular Block: Who Needs a Pacemaker? Rev Esp Cardiol \[Peer Reviewed\]](#)
Source for the roughly 17 percent per year progression to complete block when fainting accompanies bifascicular block.
- [Randomized Pragmatic Trial of Pacemaker Versus Implantable Cardiac Monitor in Syncope and Bifascicular Block. JACC Clin Electrophysiol 2022 \[Primary Trial\]](#)
Randomized evidence on pacemaker versus monitor in fainting with bifascicular block. Explains why a loop recorder is sometimes chosen first.
- [Cleveland Clinic — Bundle Branch Block \[Patient Education\]](#)
Plain-language patient page on both bundle branch blocks. Used for wording only, not for any statistic here.
- [American Heart Association — Conduction Disorders \[Patient Education\]](#)
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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and the American Heart Association. Those pages cover RBBB and LBBB together. Ours splits them, because the outlooks differ. It adds a diagram of the three wires, a plain explanation of bifascicular block, a tiered table of when RBBB needs more than reassurance, and the conditions RBBB can point to.

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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