Right Bundle Branch Block

- Broad QRS
- M-shaped QRS pattern in V1 – V3 ("RSR" waves)
- Wide S-wave in lateral leads (Lead I, V5-6, aVL)

- There will also be T wave inversion in the anterior leads
- There may be an extra R wave in the anterior leads (R'), or there may just be a broad slurred QRS.
- The depolarization of the right ventricle is delayed
- The left ventricle activates normally: the early part of the QRS remains unchanged
- Axis is unchanged because left ventricular activation is normal.

INCOMPLETE Right Bundle Branch Block
- Normal QRS duration, but RSR pattern in the anterior leads
- This is a normal variant

Causes of Right Bundle Branch Block
- Acute pulmonary embolism
- Right ventricular hypertrophy / cor pulmonale
- Ischaemia
- Myocarditis or cardiomyopathy
- Congenital septal defect

Consequences of Right Bundle Branch Block
- Independent predictor of increased mortality in patients with coronary artery disease
- Dyssynchronous left ventricle: thus, decreased ejection fraction

Management options for Right Bundle Branch Block
- In absence of other conduction abnormalities, with normal ejection fraction: do nothing.
- Isolated RBBB is very rarely a problem.
- If LVEF is poor (<35%) or there is some other heart block, or the patient has episodes of syncope, go with a PERMANENT PACEMAKER.
- These people typically don't respond as well to pacing, as do the LBBBs

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