

What about post-procedural care?

It is important that you are fully awake following your procedure, this will take at least two hours. Once you are awake you will be provided with a hot drink and snack box. Once you are fully recovered you will be discharged home.

It is vital that you continue to take your Warfarin or Apixiban/Rivaroxiban/ Dabigatran/Edoxaban until you attend for your outpatient appointment in 4-6 weeks. You should have your INR test the week following your cardioversion, the week after that and one just prior to your outpatient's appointment if you are taking warfarin.

Due to the sedation it is important that you don't drive or operate machinery for at least 24 hours after the procedure. We also recommend that you do not make any important decisions or sign any legal documents.

Reference sources

- www.heartrhythmcharity.org.uk
- www.atrialfibrillation.org.uk
- www.bhf.org.uk
- Atrial Fibrillation: From Bench to Bedside (Contemporary Cardiology) by Andrea Natale and Jose Jalife

Additional information

If you require more information regarding your irregular heart rhythm or your cardioversion The British Heart Foundation web site is a good source of information: www.bhf.org.uk

Useful contacts

If you have any concerns in the 24 hours following your procedure please contact the CCU on **01483 571122** ext **6397 / 4016**.

If you have any concerns after this period please contact your GP. If you have any concerns prior to your admission date call RSCH Cardiac Day Ward ext **6326** Monday to Friday.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm
Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

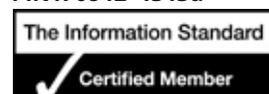
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Author: Laura Greswell

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Cardioversion

Cardiac Department



Patient information leaflet

What is a cardioversion?

Cardioversion is a procedure performed to try and correct an abnormal heart rhythm, (e.g, Atrial Fibrillation, Atrial Flutter). This is achieved by using a machine called a defibrillator which passes a brief electrical current to your heart via two pads attached to the front and back of your chest. This treatment interrupts the electrical activity and encourages the heart to return to a normal rhythm. You will be given sedation so you will be asleep while the procedure is carried out.

What preparation is needed?

When you were diagnosed with an irregular heart rhythm you would have been commenced on a drug called Warfarin or Apixiban /Rivaroxiban/ Dabigatran/ Edoxaban. This thins your blood and reduces the risk of blood clots forming. You will have been treated on anticoagulants for at least one month in preparation for cardioversion. Leading up to the day of your DC cardioversion it is very important that you have not missed a dose of your Apixiban/Rivaroxiban/ Dabigatran/Edoxaban. If you have been on Warfarin you should have weekly blood tests, called an INR level. This tells us how thin your blood is. You will be required to have had at least three consecutive INR levels above 2 before you attend pre-assessment clinic. If the INR level falls below 2 during this time your procedure can not go ahead and you should telephone Cardiac admissions on: **01483 571122 ext 2163**

Pre-assessment Clinic

One week before you attend your cardioversion you will be asked to attend a pre-assessment clinic. Please bring with you your warfarin book and a list of any

medications you are currently taking. We will perform an electrocardiogram (ECG) to check your heart rhythm, screen you for MRSA, we will also check your blood pressure, discuss any relevant medical history and explain the procedure to you. Please feel free to ask any questions or discuss any concerns with us at this time. As you will be having sedation on the day of your cardioversion you will need to arrange for a responsible adult to collect you and to stay with you for 24 hours. If this is not possible please inform us at the pre-assessment clinic as we will need to book you a bed for an overnight stay.

What happens on the day of the procedure?

On the morning of your procedure you should have a light breakfast (tea and toast) before 0600hrs, it is advisable not to take any water tablets e.g furosemide, bendroflumethiazide, bumetanide, spironolactone, eplerenone etc. but you may take any other daily medications unless specified otherwise at pre-assessment.

Please report to The Cardiac Day Ward at 08.00hrs. This is situated on Level B opposite main x-ray. We will perform another ECG to confirm your heart rhythm and a blood test to check your INR level if you are on warfarin. If your heart rhythm is normal or your INR is below 2 it will not be possible to carry out the cardioversion safely and another appointment will be made for you. A Doctor will come and explain the procedure and any risks involved, they will then ask you to sign a consent form. It is important not to use moisturisers on your body as this may stop the electrodes sticking

to you. Please also remove make up and nail varnish. We suggest you bring your own dressing gown and slippers with you.

Are there other treatment options?

Atrial fibrillation can also be treated with medication to control the rate that your heart works at. These drugs include, Beta blockers, examples of these are, Bisoprolol, Atenolol, Carvedilol. Channel Calcium antagonists such as, Verapamil or Diltiazem. Digoxin can be used in combination with one of the above mentioned drugs in less active people. Amiodarone is often used in AF often after all other medications have been tried but found to be inadequate, this is because it has significant side effects.

Catheter Ablation is another treatment option, this is a more invasive treatment where the abnormal sources of electrical impulse are terminated by a radiofrequency impulse.

You can speak to your Cardiologist in more detail about these other options. More information can be found at:

- www.atrialfibrillation.org.uk/patient-information/catheter-ablation.html
- www.heartrhythmcharity.org.uk/www/76/0/Atrial_fibrillation

Are there any risks associated with cardioversion?

Cardioversion is normally very successful and any side effects rare. Following the procedure you may experience a bruised feeling in your chest or some skin irritation around the site of the pads, this can be relieved by taking two Paracetamol as instructed.