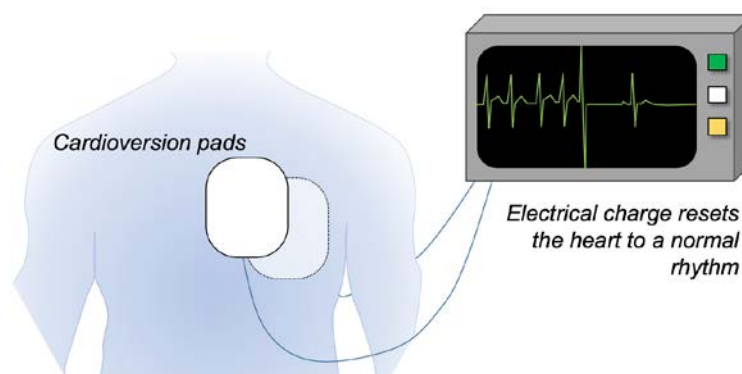


Electrical Cardioversion

Procedure Information Sheet

Your doctor has recommended a procedure called **electrical cardioversion**. Please take some time to read this information sheet and discuss any questions or concerns you may have with a medical professional.



What is electrical cardioversion?

Some types of abnormal and often irregular heart rhythms (such as atrial fibrillation or atrial flutter) can be difficult to treat with medication and can leave people with ongoing symptoms (such as tiredness, breathlessness or palpitations – the awareness of the heart beating). As an alternative treatment, your doctor may recommend using a carefully delivered burst of electricity to reset or “cardiovert” the heart back into a normal heart rhythm. The whole procedure lasts 10-15 minutes.

How is cardioversion performed?

Cardioversion is usually performed as a day-case procedure under a light general anaesthetic. Most patients who undergo cardioversion will be advised to take **blood thinning medication** for the weeks before and after the procedure which is **very important** to reduce the risk of stroke due to blood clots forming in the heart. On occasion, a **transoesophageal echocardiogram** (a special heart scan using an ultrasound probe that you swallow) may also be performed to make sure there are no clots in the heart. If you have any further questions, please discuss this with your doctor. You will be advised not to eat or drink anything for 6 hours before the procedure, although medications can still be taken with a small amount of water.

Before the procedure, a small plastic tube (cannula) will be placed into a vein to allow medications to be given. You will be closely monitored by medical staff throughout your procedure. They will take regular readings of your blood pressure and oxygen levels. Two cardioversion patches are applied onto the chest (see image above). In some cases, hair over these areas may need to be shaved to allow the pads to stick properly. These are then connected to the defibrillator box.

You will be given medications either to heavily sedate you or to put you to sleep very briefly with a light general anaesthetic. If an anaesthetic is used, this will be given and monitored by a specialist doctor (anaesthetist). An electrical charge is then administered across the heart to reset the heart into a normal rhythm. Being sedated or given an anaesthetic means you will not experience any pain or discomfort. Sometimes a single electrical charge is not successful in reverting the heart back to

normal and a second or third charge may be given. In a small number of patients (~1 in 10), even after multiple charges it is not possible to reset the heart rhythm.

What are the risks of the procedure?

In recommending this procedure, your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding.

Common risks and complications (more than 5 people in 100) include:

- Skin irritation or redness from the adhesive patches
- Recurrence of the abnormal heart rhythm. This may happen quite quickly or in some cases over the next weeks, months or years.

Rare risks or complications (less than 1 person in 100) include:

- Requiring a pacemaker device. This is usually due to an underlying heart condition.
- A reaction to the sedation or anaesthetic. Trained medical personnel will be present to treat any adverse reaction.
- A blood clot in the lung.
- A stroke. This can cause long-term disability. Taking blood thinning medication before and after the procedure reduces this risk considerably
- Death as a result of this procedure is extremely rare.

What happens after the procedure?

Following the procedure, you will be transferred back to a ward to allow the sedation to wear off, or if an anaesthetic has been given this will be reversed with further medication.

It may take some time for the effects of the sedation or anaesthetic to wear off and you may not drive for 24 hours after the procedure or longer if you still feel the effects of the anaesthetic. If your doctor has advised that you may be discharged on the same day as the procedure you will need a friend or relative to take you home. It is advisable to have someone stay with you for the first 24 hours if you have had a general anaesthetic in case you become unwell. You should also continue to take your usual medications (including any blood thinners) unless told otherwise by the medical staff.

What happens next?

Your doctor will speak to you about the procedure and answer any questions you may have. You will also be asked to sign a written consent form to confirm you are happy to have the procedure.