

## Advice for patients on discharge following DC Cardioversion

Please read this information COMPLETELY.

You have undergone a procedure whereby you have been given an intravenous anaesthetic, therefore, it is important you follow the following advice.

### When you are discharged:

- For 24 hours, don't do anything that requires attention to detail. It takes time for the medicine's effects to completely wear off.
- For your safety, do not drive or operate any machinery that could be dangerous. Wait until the medicine wears off and you can think clearly and react easily.
- You should rest for the remainder of the day and you may resume normal activities the day after
- You may resume normal diet
- You may experience a sore throat: this will ease in 1-2 days' time
- Take your medicines exactly as prescribed. Contact your GP if you think you are having a problem with your medicine.
- Anticoagulation should be continued for a minimum of 4 weeks following DC Cardioversion. This should be continued until you are reviewed in clinic unless your GP advise otherwise.
- If your chest is sore, this is due to the electrical current passing through your chest causing a slight irritation or a slight reddening of the skin on the chest that might sting like sunburn for a day or two. Unless you are allergic, please take regular, simple painkillers - paracetamol is advisable (provided you have no known problems with paracetamol).
- **You must have a responsible adult to collect you from Cardiac**

### Angiography suite

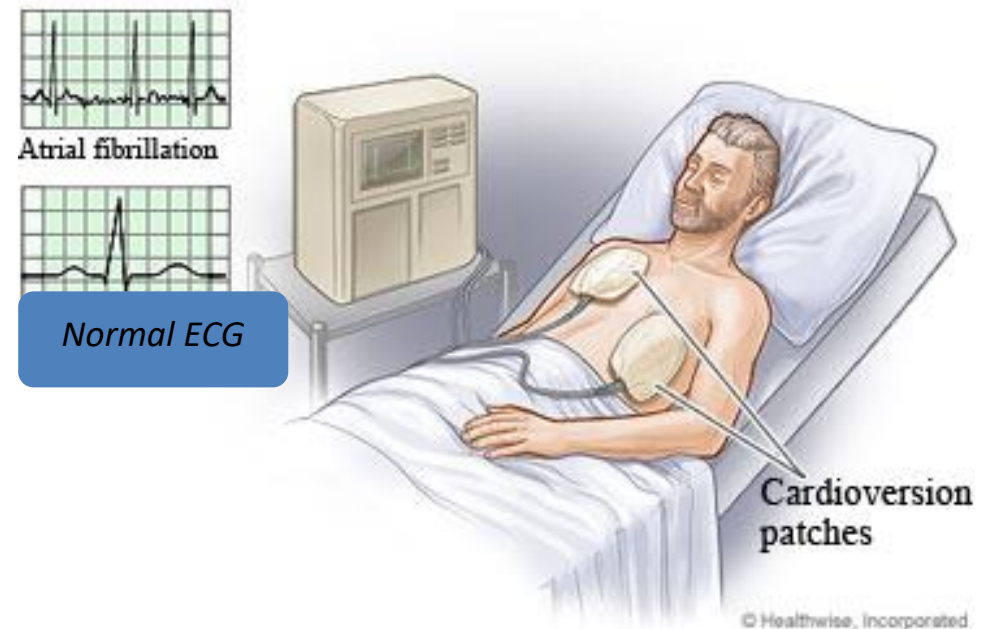
**For queries following your procedure please contact 01733 673793 (Angiography Unit) between 8-5PM Monday to Friday, outside of these hours please contact your GP**



**North West Anglia**  
NHS Foundation Trust

## Elective DC Cardioversion

### Pre & Post Procedure Information



## Please read this leaflet and keep it in a safe place as it contains important information

### What is Cardioversion?

Cardioversion is a procedure offered to patients who have an abnormal heart rhythm called atrial fibrillation or atrial flutter.

This is caused by disorganised electrical activity in the two chambers (the atria) at the top of the heart which as a result do not contract properly. The purpose of cardioversion is to restore the electrical activity in these chambers to normal, by giving the heart an electrical shock

During the cardioversion procedure:

- You will be given a short-acting general anaesthetic or deep sedation so you will be asleep throughout the procedure.
- You will be attached to a cardiac monitor, and two large sticky pads will be stuck on your chest and back and these will be connected to a defibrillator.
- Once you are asleep, a synchronised shock from the defibrillator will be administered to the chest wall through the sticky pads, aiming to revert the abnormal heart rhythm back to normal.
- The defibrillator monitors your heart rhythm throughout the procedure so the staff can see straight away if the cardioversion was successful.
- We usually limit the amount of attempts to restore a normal rhythm to a maximum of three shocks.

Depending on your underlying condition there is about a 90% chance that this procedure will return your heart rhythm to normal at the time. If unsuccessful, you usually remain in your current rhythm. Whilst the procedure has a high chance of success on the day, unfortunately there is no guarantee that it will remain in normal rhythm. Depending on your underlying condition and your drug treatment there is a possibility that even if successful you may revert to your original rhythm within hours, days or weeks after the procedure. If this happens then decisions have to be made by your doctor as to what is the best treatment going forwards. This may be another attempt at Cardioversion but if there is little chance of long term success, then it is likely that the decision will

be to control the rate of the irregular heart rate whilst protecting you from the risk of stroke with anticoagulants.

### Anticoagulation

Anticoagulants keep blood clots from forming, in particular, they are prescribed for Atrial Fibrillation/Flutter patients because the irregular heartbeat can cause blood to collect in the heart and form a clot that can travel to the brain, cutting off the oxygen and blood supply causing a stroke. Cardioversion of atrial fibrillation (AF) carries a moderate risk of thromboembolism in patients who have been in AF. Therefore patients with AF will be prescribed an anticoagulant- either a DOAC or Warfarin prior to being referred for Cardioversion.

#### Direct –Acting Oral Anticoagulants (DOAC)

- **Apixaban** (Eliquis)
- **Dabigatran** (Pradaxa)
- **Rivaroxaban** (Xarelto)
- **Edoxaban** (Savaysa)

Therefore prior to having a DC Cardioversion it is **very important** that you are taking one of the above medications for **at least 4 weeks without missing a dose**, you will be asked to sign a disclaimer to confirm that you have done this, if you miss any doses then your procedure will be cancelled.

### Warfarin

Patients on warfarin should have an INR greater than 2 for at least 4 weeks before cardioversion. On occasions, it may be necessary to cancel the procedure at short notice if your blood tests are not right. This is done purely for safety reasons. However, we will endeavor to book the procedure again for you as quickly as possible. You can ring the arrhythmia nurses on 01733 673788/ 3834 with your INR results each week to ensure that our records are up to date, and your procedure is booked as soon as possible. **If you have any questions prior to the procedure then you can contact the Arrhythmia Nurses on 01733 673788/ 3834**

MONTH.....CALENDAR MONTH 1

| DAY | DAY | DAY | DAY   | DAY | DAY | DAY |
|-----|-----|-----|-------|-----|-----|-----|
| 1   | 2   | 3   | 4     | 5   | 6   | 7   |
| 8   | 9   | 10  | 11    | 12  | 13  | 14  |
| 15  | 16  | 17  | 18    | 19  | 20  | 21  |
| 22  | 23  | 24  | 25    | 26  | 27  | 28  |
| 29  | 30  | 31  | NOTES |     |     |     |

ENTER THE DAY OF THE WEEK IN THE TOP COLUMN AND TICK EACH DAY YOU TAKE YOUR DIRECT-ACTING ORAL ANTICOAGULANTS (DOAC)

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| DAY | DAY | DAY | DAY   | DAY | DAY | DAY |
|-----|-----|-----|-------|-----|-----|-----|
| 1   | 2   | 3   | 4     | 5   | 6   | 7   |
| 8   | 9   | 10  | 11    | 12  | 13  | 14  |
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