



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer-care@salisbury.nhs.uk](mailto:customer-care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

Author: Jo Jones  
Role: Lead Nurse for Cardiology  
Date written: December 2007  
Last reviewed date: August 2017  
Review date: August 2020  
Version: 1.5  
Code: PI0288

## **DC Cardioversion** (page 1 of 3)

We have arranged for you to have a DC Cardioversion. If you have any queries regarding this procedure please contact the Cardioversion Nurse on ext 4219 or 4305.

Relatives or friends may stay with you during the day. If they are not staying, please ensure they come to the Day Surgery Unit with you and arrange to collect you later.

### **Why am I having this procedure?**

Your heart is beating in an irregular rhythm known as atrial fibrillation or atrial flutter, this is caused by a fault in the hearts electrical circuit. Some people feel no symptoms from this while others may have feelings of palpitations, breathlessness or light-headedness.

With these rhythms there is also a small risk of a clot of blood forming in the heart. The clot may then travel through the arteries and cause a blockage elsewhere in the body. A serious example of this is when the clot travels to the brain and causes a stroke. Restoring the heart to a normal rhythm reduces this risk and may also improve the symptoms. It will be necessary to take an anticoagulant to thin the blood and prevent clots from forming.

### **Is there an alternative treatment?**

An alternative to DC Cardioversion would be to control your heart rate with medication. This means that your heart will still have an abnormal heart rhythm and it will be necessary for you to stay on warfarin as well as other medications that control your heart rate. This will have been discussed with you during your previous outpatient appointment and many people live with an irregular heart rhythm for many years without complication.

### **What is DC Cardioversion?**

DC Cardioversion (Direct Current Cardioversion) is a procedure used to try and restore the heart to a normal rhythm (known as sinus rhythm) by delivering a controlled electrical impulse to the heart. This may be better than long term drug treatment to control the heart rate in some selected individuals. If you have any metal plates or pins in your body or a pacemaker you can still have a cardioversion procedure. We will ask you details about this at your pre-assessment appointment.

This procedure is performed under a general anaesthetic via two

**Cardiology Department**  
**01722 336262 ext 4305 or 4219**

small pads that are placed on the chest and back. Once you are asleep an elective shock is delivered through the pads into the heart to try and reset the electrical circuit. It is a very short procedure and you should be awake and back on the ward eating and drinking within 20 - 30 minutes.

## **What are the potential risks and complications?**

There is a less than 1% risk of a stroke and this is why we insist on warfarin (INR) levels being greater than 2, for a minimum of four consecutive weeks leading up to the cardioversion date. If you are taking dabigatran, rivaxaban or apixaban you should have been taking these drugs for at least three weeks. There is also a small risk of a slow heart rate, muscle aches and minor skin injuries where the pads were attached following the procedure. This will be explained to you during your pre-admission appointment. When you understand these potential risks you will then be asked to sign a consent form.

There is a chance that the procedure will be unsuccessful. If this happens you will be asked to continue with all your current medication. We will send you an appointment to be seen in the outpatient department 6 weeks after the procedure. At this time, further procedures or changes in medication will be discussed with you.

## **Preparation before your admission**

Two days before your cardioversion you will be asked to attend the cardiac assessment unit. This will ensure that you are prepared for the procedure. If you have been taking warfarin you will have a further INR check and the nurse will check that your INR results have been over 2 for the previous 4 weeks. **If your INR falls below 2.0 in the four weeks before your cardioversion the procedure will be postponed.** If you are taking one of the newer anticoagulants (dabigatran, rivaroxaban, apixaban) the nurse will confirm with you that you have not missed any doses in the week before your procedure. If you have missed doses then your cardioversion will be deferred. An electrocardiogram (ECG) will be recorded. This is to confirm you are still in an abnormal rhythm. The nurse will explain the procedure fully and give you the chance to ask questions.

You will be given a date and time to attend the Day Surgery Unit for the procedure.

If you have been taking DIGOXIN you must stop this for 48 hours (2 days) before your cardioversion.

If you are diabetic **please do not take your diabetic medication or insulin on the morning of your cardioversion but please bring it with you.** NB if you are diabetic and take either Lantus or Levemir insulin in the morning it is important that you take your normal dose. We advise you to bring a snack/sandwich with you to take with your diabetic medication after the procedure. Please speak to a member of the diabetes team if you have any concerns about your diabetic medication and this procedure. Their number is 01722 425176 - please leave a message on the answer machine. Do not forget to leave your telephone number and a diabetes nurse will call you back.

All other medication can be taken on the morning of the procedure.

Cardiology Department  
01722 336262 ext 4305 or 4219

## **On the day of the procedure**

Please arrange for a relative or friend to bring you to hospital and take you home afterwards. Someone must be with you overnight after the cardioversion.

You should not eat on the morning of the procedure. You may take your medication with a glass of water before 8:15am.

## **What happens in hospital?**

When you arrive at the Day Surgery Unit, a nurse will escort you to your bed where you will be asked to change into a hospital gown and remove any jewellery.

You will then be reviewed by the anaesthetist before the procedure.

When all preparation is complete, you will be taken to an anaesthetic room where the anaesthetist will give you an injection which will make you fall asleep very quickly. The electric shock is given while you are asleep, the anaesthetist and nurse will look after you until you are fully awake again.

## **What happens afterwards?**

Before you go home you will have an ECG recorded to confirm that your heart is back in a normal rhythm. You will be told about any changes in your medication before you go home and a follow up appointment will be made for you approximately six weeks later.

You may feel tired for the rest of the day – this is the effect of the anaesthetic and is nothing to worry about.

Your chest area may feel sore for a couple of days. Some patients say it feels like sunburn, others describe a bruised feeling. This is quite common and can be helped by simple pain killers if required.

If the cardioversion has corrected your heart rhythm then you may notice an improvement in symptoms of fatigue, palpitations and breathlessness.

You will be asked to stay on your anticoagulant drug until you are seen in outpatients six weeks after the procedure.

If you feel unwell after the procedure after you get home you should make an appointment to see your GP. It may be necessary to review your heart rate control drugs if your pulse is slow or you feel dizzy.

## **Are there any restrictions after the procedure?**

You should not drive or operate machinery for 24 hours.

You should not drink alcohol in the evening after the procedure.