



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Elective Cardioversion

Information for patients, relatives and carers

① If you have any questions or would like more information, please contact:

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(answer phone out of hours)

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What is a cardioversion?

Cardioversion is a procedure used to correct some of the common irregular or fast heart rhythms. Examples are atrial fibrillation or atrial flutter. Cardioversion involves the use of a controlled electric shock, given under a short general anaesthetic.

Irregular heart rhythms can often be controlled by drug treatment, but your consultant has decided that treatment by cardioversion may be a better way to control your abnormal heart rhythm.

Will it hurt? Will I be aware of the shock being passed?

No. The anaesthetist is present to give you an anaesthetic and make sure you are fully asleep during the procedure, whilst the electric shock treatment is given. A machine called a “defibrillator” gives the shock. Your chest may feel slightly sore afterwards, but simple painkillers and pain relief cream will be given if needed.

What are the risks involved?

Serious damaging or life-threatening complications are very rare. The care given to you follows a specific 'pathway' which minimises risk. Using a defibrillator for cardioversion is very safe: the 'shock' is timed to be given at the most appropriate moment.

A skilled team of doctors and nurses and other health care professionals, who are involved in this type of procedure regularly, will care for you. If problems arise, we will be able to assess them and deal with them appropriately

Most patients don't encounter any problems at the time of cardioversion, and it is considered to be a safe procedure, however occasionally complications can arise. These include:

- **Stroke:**
Less than one in 500 chance of experiencing a stroke immediately or shortly after the procedure.
- **Risk of general anaesthetic:**
Less than one in several thousand risk surrounding the use of this type of anaesthetic.

- **Skin reaction:**
10-15 in 100 chance of a skin reaction. Some people can experience a minor redness and soreness. This can be treated with cream and/or paracetamol and usually lasts for around 48hrs.
- **Unsuccessful:**
There is a 10 in 100 chance it may not work on the day. If it is unsuccessful then you will be able to discuss the long term plan with your consultant cardiologist at your clinic appointment.
- **Slow heart rate or low blood pressure:**
There is a 2 in 100 chance that following the procedure either or both of these may occur. If this is the case a drip to increase the blood pressure and drugs to speed the heart up may be used. This may mean you have to stay in hospital for a longer period.

If you have any questions about the cardioversion or the anaesthetic the cardiology team or the anaesthetist will be pleased to discuss these with you when you come in.

You should also be given another leaflet called “What you need to know when coming into hospital for surgery” that has detailed information on anaesthetics and their side effects.

What are the benefits of having cardioversion?

Cardioversion is a simple safe procedure. If successful, it is hoped that some of the symptoms of Atrial fibrillation may subside. Your medication will be reviewed by your consultant and in some cases, this may be reduced but this is decided on an individual basis.

Will it work?

Occasionally the procedure will not work. Sometimes the effects of the treatment are short term i.e.: the heart may slip back into an irregular rhythm later on.

Are there any alternatives?

Generally the alternatives involve medical treatment i.e. taking tablets. You can discuss options with your consultant cardiologist at your clinic review.

Where will the procedure be done?

You will be admitted to the Day Unit. Cardiology nurses and medical staff from the Coronary Care Unit, and the Anaesthetic Department may all be involved in your care. A senior cardiology nurse will take responsibility for making sure you are prepared and treated safely.

The procedure itself will take place on the day unit, and usually you will be discharged home on the same day.

Relatives and carers please contact the Day Unit reception regarding picking up times or for any queries you may have.

Day Unit reception number: 01904 726663

What do I need to do before coming into hospital?

If you are taking warfarin, you will need your **warfarin level checking weekly for four weeks before the cardioversion**. This is usually done at through your GP but sometimes the hospital. This is to make sure the clotting level in the blood is kept well controlled, and your warfarin dose is adjusted as needed. If your blood levels are low this may require postponing the treatment and is done in the interests of your safety.

If you are not taking Warfarin, you will be prescribed one of the alternative anticoagulant drugs such as Rivaroxaban, Dabigatran, Apixaban or Edoxaban. It is vital that you **do not miss any doses**. Please contact Claire Gardiner on 01904 725829 if you do miss a dose to discuss.

Although you have been given a date for the cardioversion, you may be called in before this at short notice. This allows the hospital to make the best use of the facilities available. Of course if this is not convenient, please say so.

What about breakfast on the day?

On the day of admission if your procedure is in the afternoon, you may have an early small light breakfast such as cereal or toast with tea or coffee, and no more food after that. Please do not have a heavy cooked breakfast. You may then drink clear fluids (water, black tea or black coffee) up to two hours before the procedure but avoid fizzy drinks and chewing gum. This is because you will have a general anaesthetic. If you do not follow the instructions below this may jeopardise your suitability for the anaesthetic and your procedure may be cancelled, delayed or postponed.

Instructions for fasting:

Morning list:

- Nothing to eat after midnight.
- Water/clear fluids only to drink up until 6am on the day of admission.

Afternoon list:

- Breakfast before 8am.
- Water/clear fluids until 12 midday on the day of admission.

If you are a **diabetic** and are taking any medication this will be discussed over the telephone prior to you coming into hospital. Please contact Claire Gardiner on 01904 725829.

You will need to organise a lift into hospital, as you should not drive home after the procedure. It is essential that someone accompanies you home after discharge from hospital and that there is someone to look after you at home for the first night.

The anaesthetic may make you drowsy and affect your judgement and reflexes for one or two days afterwards so you should not:

- Drive
- Work Machinery
- Make important decisions
- Undertake any activity that requires skill or judgement for **at least** 24 hours following the cardioversion.

What should I bring with me?

Please bring toiletries, and **dress**ing gown, nightwear and **slippers**. Very occasionally you may need to stay in hospital overnight. A book or newspaper may help to pass the time.

Bring all medicines you are taking in their original containers and your yellow 'Warfarin' booklet if you have one.

Your Tablets

If you are taking DIGOXIN tablets, you **should not** take this on the day before or the morning of your cardioversion.

Take all other tablets as usual unless previously discussed

What will happen when I arrive at hospital?

On arrival a nurse will greet you and check your personal details, blood pressure and pulse. An electrocardiogram (ECG) will be performed. This records the rhythm of your heart. A small plastic drip tube will be put into your arm, and you will have some blood tests.

After being told about the cardioversion, the nurse will check that you understand what will happen and are happy to go ahead. Please feel free to ask any questions.

You will be asked to sign a consent form for the procedure (FYCON155-1: Elective Cardioversion), so if you use reading glasses, please bring them with you. This consent form indicates that you give permission for this procedure to take place and that you understand what is to be done. A copy will be kept in your patient notes, and you will be given a copy for your own records.

You will then have to wait a couple of hours until the blood tests are returned, and the team organised for the procedure. Having blood tests on the day means there is a short wait for the procedure, but it avoids a pre procedure appointment at the hospital. You may walk around the ward / hospital during this time but please let the nurse know if you want to leave the ward.

Very occasionally, following ‘on the day’ blood tests it may be necessary to postpone the procedure and rearrange it for a later date. The medical team will make this decision and you will be kept informed if this is the case.

The procedure is performed by a specially trained nurse who works with the anaesthetist.

Staff Involved	Equipment Needed
The trained nurse caring for you, and his/her assistant	The anaesthetic machine
The anaesthetist and his/her assistant	Heart monitor/defibrillator (electric shock machine)
	Blood pressure monitor
	Oxygen masks and monitor

How long will I be under anaesthetic?

Usually no more than a few minutes. When you wake up you will have an oxygen mask on and be connected to a heart monitor. The nurse will carry out regular checks on your heart rhythm, blood pressure, pulse and breathing.

You may feel drowsy for a short while.

How quickly will I recover?

You can eat and drink once fully awake, generally within an hour.

Most patients go home the same day, about three hours after the procedure, subject to feeling well and the nurse caring for you is happy with your recovery.

The actual time you are discharged depends on the scheduled time of your procedure and this will be decided on the day. If you are on a morning list it will be in the afternoon. An afternoon list means you will be discharged late afternoon/early evening.

Further advice

It is essential that you continue taking Warfarin and all other tablets as prescribed after your cardioversion, unless told otherwise by your consultant.

Tablets will be reviewed at your next clinic appointment in about three months.

If you have any questions about the cardioversion please contact Claire Gardiner, telephone 01904 725829 answerphone out of hours or email claire.gardiner4@nhs.net. Alternatively, if you need to speak to someone out of hours contact the Coronary Care Unit on 019040 726030

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Cardiology Specialist Nurse Claire Gardiner,
York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 726030 or email
claire.gardiner4@nhs.net

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Claire Gardiner, Cardiology Specialist Nurse
Date first issued	October 2002
Review Date	October 2027
Version	5 (issued October 2024)
Approved by	Cardiology MDT
Linked consent form	FYCON155-1 Elective Cardioversion v3
Document Reference	PIL 65 v5
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