

Patient information

Elective DC Cardioversion

Cardiology Department

Your doctor has suggested that you undergo a procedure known as DC (direct current) cardioversion.

What is a DC Cardioversion?

DC Cardioversion is a procedure to return an irregular heart beat, called **atrial fibrillation**, back to a regular rhythm called **sinus rhythm**. This is done by applying an electric current to your chest. Cardioversion has a success rate of approximately 80%; that is in eight out of ten cases a normal heart rhythm is restored.

What are the benefits of having a DC Cardioversion?

- You should experience a reduction in symptoms, for example less breathlessness and palpitations.
- A reduction in medication.
- The risk of having a stroke is reduced.

What are the risks of having a DC Cardioversion?

This procedure is performed regularly in hospital. However, problems can occur, but this is very rare – about 1 in 100 cases.

Risks include:

- Stroke
- Heart rhythm disturbances.

Every effort is made to reduce any risks to a minimum. Close monitoring of your heart allows us to treat any rhythm disturbances. The blood thinning medication you are taking significantly reduces the risk of stroke.

If you are worried about any of these risks, please speak to your family doctor (GP) or the lead nurse clinician-contact details on final page.

The anaesthetist will assess you for your suitability for anaesthetic drugs.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Pre Assessment Clinic

Prior to your cardioversion, you will be asked to attend a clinic appointment usually on a Monday afternoon. This visit will last about 30 minutes during which time you will have the opportunity to ask any questions you may have regarding the procedure. You will also have a heart tracing (ECG) and be asked to give your written consent for the procedure.

Day of your cardioversion

This usually occurs on a Wednesday afternoon. You will be required to starve from 8am that morning and asked to attend ward 3B early afternoon. Soon after arrival you will be assessed by the anaesthetist at which point you will have the opportunity to ask any questions regarding your anaesthetic.

What happens during the procedure?

You will be given a short acting anaesthetic, which will last for five to ten minutes. During this period special pads are placed on your chest and you are given a carefully controlled electric shock. Your heartbeat will be carefully monitored before, during and after this procedure.

What happens after the procedure?

You will feel slightly drowsy although this usually only lasts for a short time. When you are fully awake you will be offered a snack and a drink. You will know straightaway if the procedure has been successful.

You may find that your chest is sore for a couple of days painkillers, such as Paracetamol can be taken if needed.

Your nurse clinician will talk with you about what happens next and what medicine you will need to continue taking, any follow up arrangements will be discussed and a letter will be sent to your family doctor (GP) containing all this information.

Important

It is necessary that you have someone to collect you from hospital and an adult to be with you overnight on the Wednesday of your procedure. This is due to anaesthetic guidelines

As you have been given an anaesthetic, it is important that for 24 hours after the procedure you must not:

- travel alone
- drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle
- operate machinery (including domestic appliances such as a kettle)
- climb ladders
- make important decisions, sign any business or legal documents
- drink alcohol
- return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**:

- take it easy for the rest of the day, avoid strenuous activity
- take your medications as usual
- let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

If you have any worries, concerns, questions, or require further information, please contact

The Cardiac Nurse Practitioners

Tel: 0151 706 3242 or 0151 706 2000 bleep 4909

Text phone number: 18001 0151 706 3242 or 18001 0151 706 2000 Bleep 4909

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