

Cardioversion

A Guide for Patients and Families

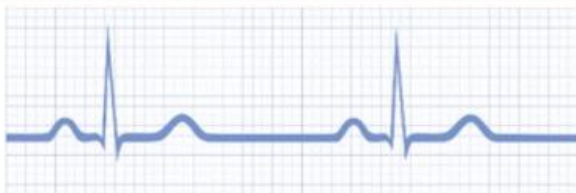
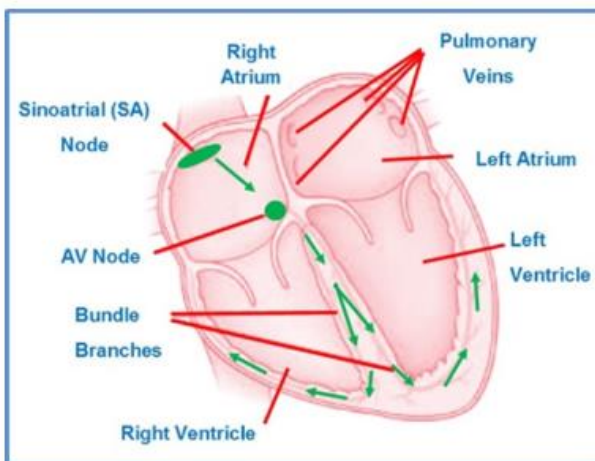
For further information please talk to your Cardiologist.

WHY DO I NEED A CARDIOVERSION?

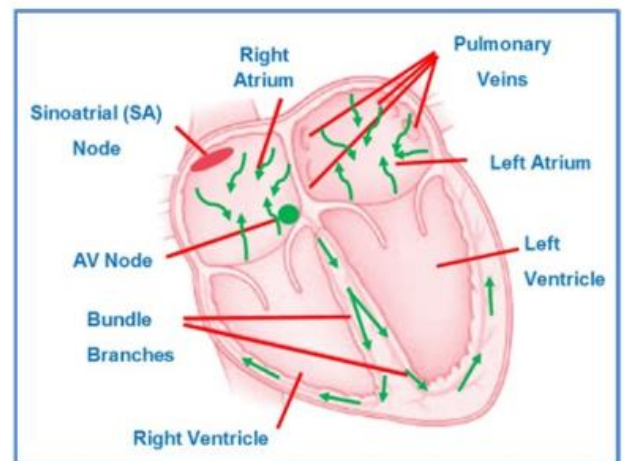
In Atrial Fibrillation (AF) or atrial flutter your top chambers (Atria) of your heart can beat irregularly and at times faster than normal. Sometimes your lower chambers (ventricles) of your heart can also beat very fast (ventricular tachycardia). This can at times make you to feel short of breath, have palpitations, get light headed or have blackouts.

PATIENT INFORMATION

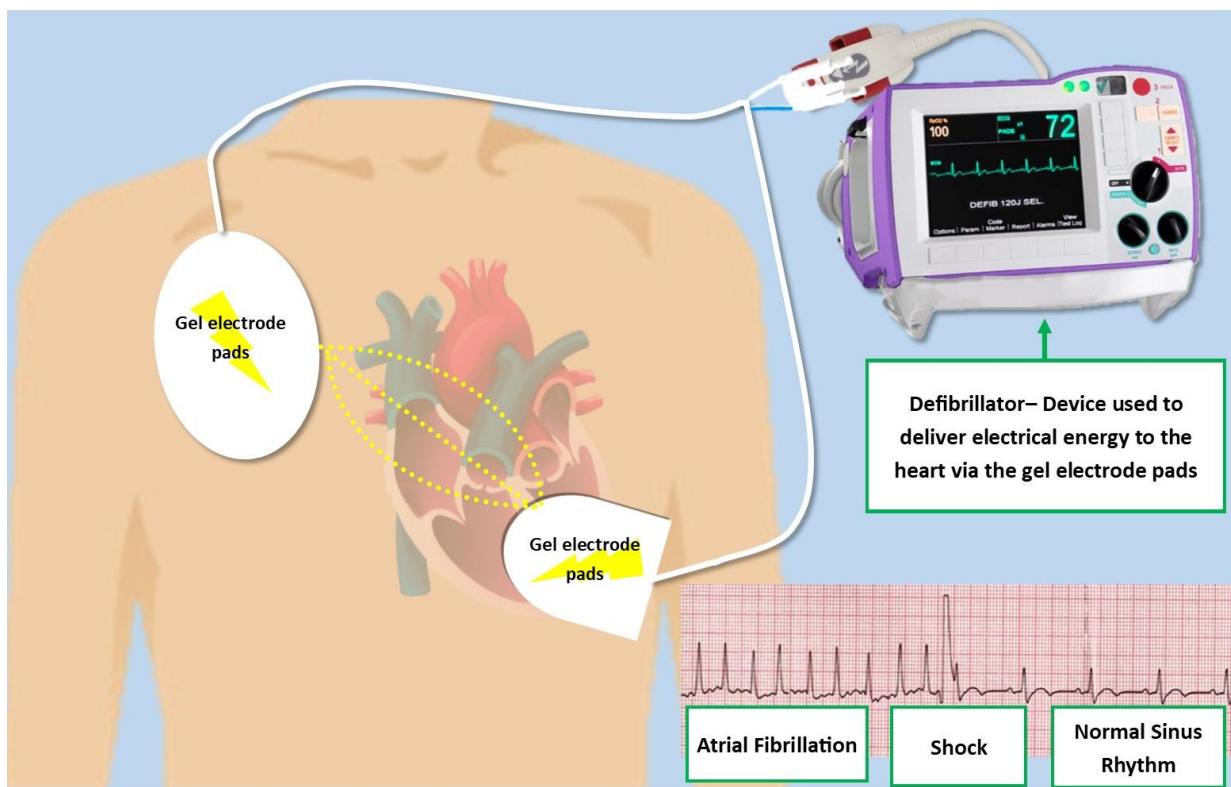
Normal Sinus Rhythm



Atrial Fibrillation



A cardioversion is a procedure that is done to return your abnormal heart rhythm (such as atrial fibrillation or atrial flutter) to normal heart rhythm (sinus rhythm). An electrical shock is sent to your heart through gel electrode pads put on to your chest. You will be given medications to make you relaxed and sleepy (sedated) for the procedure. The procedure takes only a few minutes.



WHAT ARE THE RISKS?

Your doctor has recommended you for a cardioversion as they believe the benefits to you outweigh the risk of not going ahead with the procedure. There are risks and complications related to this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Skin irritation or redness from the gel electrode pads.
- Return of atrial fibrillation within 12-24 months.
- The cardioversion may not be successful in returning you to normal sinus rhythm.

Rare risks and complications (less than 1%) include:

- If you have an underlying heart condition you may need a pacemaker.
- Stroke that may cause long term disability. To reduce this risk if you have been in atrial fibrillation for more than 2 days you will normally be on blood thinners such as warfarin for at least 3 weeks or have a transoesophageal echocardiogram (TOE) before the cardioversion to check for blood clots that might sit inside the heart chambers.
- Death as a result of a cardioversion is rare.





BEFORE YOUR PROCEDURE

- Do not eat anything 6 hours before your procedure, you may drink only clear fluids up until 2 hours before your procedure.
- If you take Empagliflozin (Glyxambi[®], Jardiamet[®], Jardiance[®]) or Dapagliflozin (Forxiga[®], Xigduo XR[®], Qtern[®]) stop taking 3 days before.
- If you take Warfarin, Dabigatran (Pradaxa[®]), Rivaroxaban (Xarelto[®]) & Apixaban (Eliquis[®]) they need to be continued.
- Please let us know if you are allergic to any medication.
- Ask any questions that you or your family may have and sign a consent form.
- Please arrange a friend or family member to take you home from hospital and stay with you for your first night at home. You cannot go home alone or in a taxi.
- You will change into a hospital gown, an ID band applied
- The healthcare team will take your blood pressure and pulse and insert an IV (intravenous) line into a vein in your arm.

ACTIVITY AFTER THE PROCEDURE

- If no other tests or care is needed you may be able to go home 2-4 hours afterwards.
- Rest on the day of your procedure in a bed or recliner chair.
- Restart your normal medication after your procedure.
- Do not make any major decision or sign any important documents for 24 hours after your procedure.
- Do not drink any alcohol or take medications that make you sleepy for 24 hours after your procedure.

DRIVING ONCE YOU ARE HOME

- Do not drive for at least 24 hours after your procedure.
- More information can be obtained from your Cardiologist or the Roads and Maritime Services.

FOLLOW UP

- Please see your local doctor in 3 days and make an appointment to see your Cardiologist in 4 weeks.

A free and confidential interpreter service is available 24 hours, 7 days a week, Ask staff to arrange an interpreter for you. AUSLAN is also available.

Carers provide care and unpaid assistance to others. They may be family members, friends or neighbours. Please notify staff if you have a carer.

All of our health facilities and grounds are 100% smoke free. For assistance to quit contact Quitline on 137 848

Off street parking is available on the hospital campus for a fee.

We welcome your feedback on this brochure as a way of continually improving our service. Send your feedback to: WSLHD-Get_Involved@health.nsw.gov.au