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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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# DAY CASE CARDIOVERSION

## Coronary Care Unit



## Summary

We hope that this information has helped prepare you for your cardioversion. If you have any further questions or concerns please do not hesitate to contact us.

## About this booklet

This information has been put together by Arrhythmia Specialist Nurses and the Surrey Heart and Stroke Network. It is based upon a leaflet developed by St. George's Hospital NHS Trust.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## Following the procedure

It is advisable to rest for the remainder of the day. Due to the effects of the anaesthetic drugs, please refrain from drinking alcohol, driving and operating heavy machinery for 24 hours following the procedure. You should eat and drink as normal. We strongly recommend that you are escorted home and someone stays with you overnight. We request that they collect you from the **Cardiac Unit**. Contact: **01932 722262**

A follow-up appointment will be made for you and a discharge letter will be sent to you in the post. A copy of this discharge letter will be sent to your GP.

Unless otherwise instructed, following your cardioversion, you will need to continue taking **all** of your medications, **including your anti-coagulation medications**, these will be reviewed at your follow-up appointment.

## **General Information**

### Cash and valuables

Please do not bring large amounts of cash or valuable items with you. Whilst we make every effort to look after your belongings, the hospital cannot be held responsible for any losses.

### Car parking

Parking is available within the hospital for which an hourly rate is charged. Please call if you would like to know the current charges.

# Day Case Cardioversion

## Introduction

This information booklet has been created to enable us to answer any questions that you may have prior to and after cardioversion. It is very important that you read all the information, as it relates to your pre-admission preparation, as well as the care and treatment that you will receive in hospital.

If you have any questions, please contact **the Arrhythmia Specialist Nurses, Patricia Little and Lisa Galley on: 01932 726496 or call the Hospital on 01932 87200 and Bleep 5159, Monday – Friday, 9.00am – 5.00pm**. Please note messages left at the weekend will not be picked up until the next working day. **You can also contact the Cardiac Nurses on Birch Acute Cardiac Unit (BACU) on: 01932 723246**

**We are here to help.**

## Why am I having the procedure?

During your recent appointment with the hospital Consultant, it was discussed with you that you might benefit from cardioversion therapy for your heart rhythm disturbance – atrial fibrillation, atrial flutter or atrial tachycardia.

## **What is Atrial Fibrillation / Flutter / Atrial Tachycardia?**

Atrial fibrillation, atrial flutter and atrial tachycardia are conditions which disturb the normal electrical conduction of the heart, which may cause an irregular heartbeat. You may be aware of a 'thumping' in your chest, or your heart beating erratically and may be accompanied by feelings of tiredness, shortness of breath and/or dizziness. Not everyone experiences these symptoms. This is because your heart is having insufficient time for its normal function.

## **Treatment for Atrial Fibrillation, Atrial Flutter and Atrial Tachycardia**

The treatment for these rhythm disturbances is drug therapy and/or cardioversion or ablation. Your Consultant may have prescribed drugs to try to regulate your heart rate and also anti-coagulation drugs such as Warfarin or Direct oral anti-coagulants (DOACs) such as Rivaroxaban, Apixaban, Edoxaban or Dabigatran, that thins the blood.

In some instances, drug therapy is sufficient but some patients benefit from cardioversion.

## **What is Cardioversion?**

Cardioversion is a procedure that aims to reset the heart into a normal rhythm. Sticky pads will be placed, one on the front of your chest and another on your back. You will then have a short acting anaesthetic. An electric impulse will be delivered through the sticky pads once you are asleep.

- Missed DOAC dose in the 4 weeks leading to the cardioversion.
- Your blood pressure is too high, increasing the chance of problems with the anaesthetic. If this occurs your medication may need adjustment, and another date will be arranged for you.
- Blood glucose levels are too high.
- You have a chest infection.
- The Anaesthetist has deemed it unsafe to proceed.

If, however, the procedure can go ahead, it will be fully explained by one of our Arrhythmia Specialist Nurses and the details of your consent form outlined. Please discuss any questions you may have with the nurses.

An Anaesthetist will also see you prior to the procedure. You will then have a small needle inserted into the back of your hand. This is for the administration of a short acting anaesthetic drug and sedative. A nurse will remain with you throughout the procedure in the cardioversion room.

You will be asleep for approximately 5-10 minutes during the cardioversion and will be drowsy for a short time on return to the recovery room.

Once awake, you will be offered water, tea and sandwiches. You will be monitored to ensure you fully recover from the sedation and your heart rhythm and blood pressure will be monitored. Before you go home an ECG will be recorded to confirm your heart rhythm.

## **On the day of admission**

**Do not have anything to eat from 7am, you can have water, black tea/coffee up to 11.30am on the day of admission.** Please take all your usual morning medications with your breakfast, unless told not to do so at pre-assessment.

**Do not take Digoxin on the morning of the procedure. You will be advised regarding your diabetic medication or insulin at your pre-assessment visit. If you have any questions regarding your medications, please ring the Arrhythmia Nurses on 01932 726496.**

**Please report to the Cardiac Unit at St Peter's Hospital which is on the 3rd floor at 12.30pm.**

You may bring a friend or relative to accompany you, but it is not recommended that they stay for the duration of your procedure. You will be met by one of the Arrhythmia Specialist Nurses who will show you to your bed area and prepare you for your cardioversion.

The procedure will take place in the theatre.

We aim to perform the procedure after 1.30pm and you should be ready for discharge home by 5.00 - 5.30pm.

## **Occasionally the procedure cannot go ahead as planned.**

This may be because:

- Your heart rhythm has returned to normal so cardioversion is no longer necessary.
- If on Warfarin, INR less than 2.0 or missed INR test.

## **Does Cardioversion always work?**

Cardioversion is not always successful at regulating your heart rhythm and you may need further treatment to keep you in a normal rhythm. However, your Consultant feels that this is an appropriate treatment for you. If there is anything you would like to discuss further, please call: **01932 726496 or 01932 872000 Bleep 5159.**

## **Is there any alternative treatment for Cardioversion?**

If you would like information on any alternative treatments, please discuss these with your Consultant.

## **Are there any risks involved in this treatment?**

There are risks with any procedure; these will be discussed with you prior to your procedure before you sign your consent form.

## **What are the potential benefits of this treatment?**

Restoration of the heart to a normal sinus rhythm.

## Preparation for Cardioversion

### Before Cardioversion

If your blood is too thick at the time of the procedure it could possibly cause complications afterwards. To prevent this, blood thinning treatment is required for at least six weeks prior to the procedure.

### **Warfarin**

You may already be on Warfarin for an existing heart condition or your Doctor may have recently started you on it in preparation for the cardioversion. In order for us to ensure you are ready for your procedure, please could you start having your INR checked once a week, aiming for INR results above 2.0 over at least 4 consecutive weeks. Please inform anti-coagulant clinic if you are due for cardioversion.

Sometimes the next appointment in your yellow book or yellow form may be more than one week away. If this happens please organise for your blood to be tested **each week** regardless. Without these weekly INRs we will not be able to proceed with your cardioversion, leading to delays in your treatment.

**Please continue with your weekly blood tests until after your cardioversion.**

### **Direct Oral Anti-coagulants (DOACS)**

**If you are taking Rivaroxaban, Apixaban, Edoxaban or Dabigatran please ensure that you take every single dose as prescribed, as missed doses will lead to inadequate anticoagulation and will delay your procedure.**

**You do not need weekly blood tests if you are on these drugs.**

You will need to be on these drugs for at least 4 weeks prior to your cardioversion and continue after the procedure. If you miss a dose please inform the Arrhythmia Nurses as your procedure will need to be put back a month as your blood will not be thin enough to proceed with the cardioversion. Do not stop taking these drugs unless under medical advice.

***Continue to take any other medication as you usually would.***

### **Pacemakers and Internal Cardioverter Defibrillators (ICD)**

Please inform the Arrhythmia Nurses if you have a pacemaker or an ICD.

### **Pre-assessment visit**

You will be required to attend for pre-assessment. This will take approximately 30 minutes. Prior to your pre-assessment appointment please attend the **ECG Department on Level 2** and have an ECG. During your pre-assessment you will have bloods taken and your medications will be reviewed. **Please bring a list of your current medications and your previous INR results if you are taking Warfarin.**

If you have diabetes, please inform the nurse at your pre-assessment. You will be given specific instructions regarding fasting and therapy – particularly insulin.