Additional Notes



DC Cardioversion Information

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This leaflet is to help you understand your DC cardioversion procedure.

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What is a DC cardioversion?

Direct current (DC) cardioversion is a procedure that will attempt to correct an irregular heart rhythm. DC cardioversion is performed under a short general anaesthetic or sedation. Adhesive pads are placed on the chest and an electric shock is delivered via these pads while you are anaesthetised or sedated, in an attempt to restore normal heart rhythm.

Why do I need a DC cardioversion?

You have an irregular, non-life-threatening, heart rhythm disturbance, originating in the top chambers of the heart. This irregular heartbeat may be causing symptoms such as palpitations, breathlessness, dizziness, or fatigue. DC cardioversion aims to restore normal heart rhythm. We can then assess whether the abnormal rhythm is causing your symptoms.

Your doctor has asked us to arrange an appointment for you to come in as a day case for the procedure. You will receive a separate letter through the post to let you know the date of the appointment. We occasionally have last minute cancellations, so you may get a phone call asking you to come in at short notice.

Please could you telephone **0300 019 6232** to let us know of any booked holiday dates, so we do not book your DC cardioversion while you are away.

You should receive a follow-up appointment approximately four to six weeks after your DC Cardioversion procedure.

Contact

The Cardioversion Coordinator can be contacted on **0300 019 6232** between 9am-2pm Monday - Friday.

Please note this is not an emergency number and is only available during the hours stated.

Outside of these times, you can leave a message on our answerphone system with your full name, hospital number, and contact details and we will get back to you as soon as possible.

What will happen before the procedure?

You will need to come into hospital for a pre-clerking assessment with a cardiac specialist nurse practitioner and also have an electrocardiogram (ECG) and blood tests performed. The blood tests are to check whether you are safe to go ahead with the procedure. If there are any problems with these results we will contact you. This may result in postponing your procedure or arranging for you to take different medication prior to having DC cardioversion. If the ECG shows that your heart is in a normal rhythm, you will not need DC cardioversion.

The DC cardioversion procedure will be explained to you and you will be required to sign a consent form. Any questions you may have about the procedure can be answered at this time.

What will happen on the day of your admission?

When you arrive at the Day Surgery Unit, you will be asked to put on a gown, have your blood pressure checked, and another ECG will be performed. The DC cardioversion procedure will be performed in one of the theatres. You will normally only need to stay in hospital for two to four hours after your DC cardioversion.

What will the procedure involve?

After admission, you will have your vital signs observed and the cardiac specialist nurse will accompany you to theatre, where monitoring equipment will be attached to your body. An anaesthetist will put a small needle into the vein in the back of your hand and then give you an anaesthetic. While you are asleep, one or more small electric shocks will be given via adhesive pads on your chest, to try and revert your heart rhythm to a normal sinus rhythm.

Related Risks

The risks with this procedure are very small. If you have an existing clot in your heart, the main risk is that the electric shock may cause this clot to move out of your heart and consequently lead to a stroke. This risk is extremely low, provided anticoagulation is maintained for an appropriate period before and after the cardioversion.

After the procedure

You will wake up slowly after your general anaesthetic. You may have slight tenderness or redness similar to mild sunburn around the chest area, which can last for up to four days. This can be relieved by using moisturising cream. Sometimes the DC cardioversion can result in a slower heartbeat and lower blood pressure. Usually these return to their normal levels within two hours. If there is any concern, we will keep you in hospital overnight for observation, or change your medication if required.

You will be seen by the nurse or doctor to check you are fit to go home. You are advised not to drive or exert yourself for 24 hours after the procedure.

You will need to arrange to be accompanied by a responsible adult after you have been discharged and they will need to stay at home with you overnight, or remain with you for the 24 hours following the procedure.

The nurse or doctor will review your medication. If you are taking Warfarin, continue with your Warfarin tablets and regular blood tests until you are seen by the doctor in the outpatient clinic. If you are taking a DOAC, you must also continue taking this medication until you are advised otherwise. Do not stop taking the anticoagulant without speaking to your GP or specialist. Stopping these medications will increase your risk of a stroke.

What do I need to do before the procedure?

Before the procedure you will have started taking an anticoagulant drug. This may be either Warfarin or one of the new oral anticoagulants (DOACs) such as Rivaroxaban, Apixaban, Dabigatran or Edoxaban. This is to help prevent blood clots from forming in the heart, a complication that can sometimes occur in patients with an irregular heartbeat. This complication can put you at risk of a stroke.

- If you take Warfarin, you will not receive an appointment until your blood clotting levels are within safe limits, this could take several weeks. Therefore, please ensure that you attend regular weekly blood tests.
- If you are on Warfarin and also taking a drug called Amiodarone, please inform the Warfarin clinic.
- If you are on a DOAC you must take this medication as prescribed for at least 3 weeks prior to the DC cardioversion and not miss any doses.