<u>DC Cardioversion</u>
Patient Information Leaflet





Electrical Cardioversion

This information sheet aims to provide some of the important information about electrical cardioversion. If you would like more details or do not understand then the doctor or nurse will be happy to explain things to you in more detail.

What is electrical cardioversion?

Electrical cardioversion is a procedure offered to some patients with an abnormal heart rhythm. Abnormal heart rhythms are caused by a disturbance in the normal electric signals in the heart. Electrical cardioversion aims to restart the heart in its normal rhythm by re-setting the electricity of the heart.

What happens during electrical cardioversion?

Sticky pads will be placed on your chest. You will then be given oxygen and medication to cause a sleep-like state. Once the medication has taken effect, an electric current will be given to the heart. This aims to restart the heart in its normal rhythm. Sometimes it can take 2 or 3 attempts to achieve this.

The cardioversion procedure itself takes less than 5 minutes. However, the medications given to make this a comfortable experience may take longer to wear off so you may not be fully aware for a while afterwards.

Why am I being offered electrical cardioversion?

You will be offered electrical cardioversion if you are a suitable candidate, with a good chance that the procedure will be successful. It can be offered if the abnormal heart rhythm is a new rhythm or if you have a lot of symptoms of this. Most people feel better when the heart is beating in its normal rhythm.

In the long-term, the risk of stroke is lower when your heart is in normal rhythm.

Is it safe?

Generally, electrical cardioversion is a safe procedure. However, with all procedures there are some potential risks.

The most common complication is some skin irritation or discomfort

DC Cardioversion Information Leaflet			Version 1	Page 1 of 2
Document:	Published Date:	Review Date:	Author:	
PI0007	04/01/2018	01/01/2019	Dr Beth Harrison	

from the sticky pads. Many people experience this. This is not serious and can be easily treated with simple painkillers.

Electrical cardioversion works in about 8 out of 10 people. However, there is a risk that cardioversion will not be successful and the heart will remain in the same abnormal rhythm. If this occurs then your doctor will discuss other treatment options with you.

A small number of people have a reaction to the drugs that are used during the procedure. Most reactions to the drugs used are minor, for example nausea, and easily treated. Serious reactions to medication, for example a life-threatening allergic reaction, are rare and estimated to occur in less than 1 in 10000 people. Most people make a full recovery from these with the right treatment.

There is a very small risk that the heart could be shocked into a more dangerous rhythm. This is so rare that there is no data available about how often it occurs.

The best thing is to balance the benefits against the risks: your doctor can help you with this.

What happens afterwards?

We will monitor how you are for a couple of hours after the procedure. The majority of patients are able to get home following this with follow up from their GP.

Can I drive home?

No. You are advised not to drive for 24-48 hours after sedation as the medication used can remain in your body for this length of time and affect your memory, concentration and reflexes.

Are there any alternatives to electrical cardioversion?

There may be an option to attempt to re-set the heart to its normal rhythm using medication. The medications used for this generally take a few hours to be effective. You may require a short hospital admission for this. These medications can have side-effects and are not suitable for everyone. They are successful in around 8 out of 10 people at restoring the heart to its normal rhythm.

If it is not possible to re-set the rhythm of the heart to normal, then other medication can be prescribed which help to control the speed at which the heart is beating.

DC Cardioversion Information Leaflet			Version 1	Page 2 of 2
Document:	Published Date:	Review Date:	Author:	
PI0007	04/01/2018	01/01/2019	Dr Beth Harrison	