



PACIFIC COAST
CARDIOLOGY
& RESEARCH

PATIENT PRE-TEST INSTRUCTIONS:

Electrical Cardioversion

1. Nothing to eat or drink at least 8 hours prior to the procedure.
2. You will not be able to drive for 24 hours after the procedure
3. Be sure to make arrangement in advance for someone to pick you up after the procedure.

***YOU SHOULD NOT STOP ANY MEDICATIONS WITHOUT CONTACTING YOUR PRESCRIBING DOCTOR. USE THE FOLLOWING LIST IN ORDER TO SPEAK WITH YOUR DOCTOR:

Commonly Used Beta Blockers: Blocadren (timolol), Coreg (carvedilol), Inderal (propranolol), Lopressor (metoprolol), Tenormin (atenolol), Toprol –XL (metoprolol), Trandate (labetalol), Visken (pindolol), Bystolic.

Caffeinated Food and Beverages: Coffee including “decaffeinated”, teas, cocoa and any food containing cocoa (chocolate), and soft drinks.

Electrical Cardioversion

What is cardioversion?

Cardioversion is a procedure in which an electrical shock is delivered to the heart to convert an irregular or fast heart rhythm (called an arrhythmia) to a normal heart rhythm. During cardioversion, your doctor uses a cardioverter machine to send electrical energy (or a “shock”) to the heart muscle to restore the normal heart rhythm.

Cardioversion can be used to treat many types of fast or irregular heart rhythms. The most common irregular heart rhythms that require cardioversion include atrial fibrillation and atrial flutter. Life-saving cardioversion may be used to treat ventricular tachycardia (a rapid, life-threatening rhythm originating from the lower chambers of the heart).

Why is the cardioversion procedure needed?

Your doctor may recommended that you have a cardioversion procedure to restore your heart rate and rhythm to normal, so you heart can pump as it should. Sometimes, irregular heart rhythms can cause symptoms including:

A pounding or fluttering in your chest

Shortness of breath

Chest discomfort

Dizziness or extreme fatigue

These symptoms are signs that your heart is not pumping enough blood to your body. Even if you barely notice your symptoms, irregular heart rhythms that are left untreated can lead to more serious problems, such as a heart attack or stroke.

If your doctor recommends that you have a cardioversion procedure, please ask him to talk with you about the specific risks and benefits of the procedure.

Where is the procedure performed?

In most cases, the cardioversion procedure takes place in the Hospital Electrophysiology Lab.

Before the Procedure

Should I take my medications?

Continue to take all of your medications as prescribed on the day of the procedure, unless you have been given other instructions.

If you need to take medications the morning of the procedure, please only drink small sips of water to swallow them.

When you call for your procedure time, please ask the nurse for specific guidelines about taking anticoagulants (“blood thinners”), such as Coumadin (warfarin) on the day of the procedure.

If you have diabetes, ask the nurse how to adjust your diabetes medications or insulin before the procedure.

Can I eat before the procedure?

Eat a normal meal the evening before your procedure. However, do not eat, drink, or chew anything after 12 midnight before your procedure. This includes gum, mints, water, etc.

If you must take medications, take them with only small sips of water. When brushing your teeth, do not swallow any water.

What should I wear?

Wear comfortable, easy-to-fold clothes when you come to the hospital. You will change into a hospital gown for the procedure.

Please leave all jewelry (including wedding rings), watches and valuables at home.

What should I bring?

Bring a complete list of your medications. Also bring a one-day supply of your prescription medications. Do not take these medications without first talking with the doctor or nurse.

Please bring a responsible adult who can drive you home after the procedure. The medication you'll receive during the procedure will make you drowsy, so it is unsafe for you to drive. You will not be able to drive for 24 hours after the procedure.

What happens before the procedure?

Before the procedure begins, a nurse will help you get ready and you will change into a hospital gown. You may keep your clothes in a locker or you may give them to a family member.

You will lie on a bed and the nurse will start an intravenous (IV) line in a vein in your arm or hand. The IV is used to deliver medications and fluids during the procedure.

EKG patches and adhesive cardioversion pads will be placed on your chest, and sometimes, on your back. Men may have their chest hair shaved if necessary.

Cardioverter: Attached to one sticky patch placed on the center of your back and one on your chest. This allows the doctor and nurse to pace your heart rate if it is too slow, or deliver energy to your heart if the rate is too fast.

Electrocardiogram or EKG: Attached to several sticky electrode patches placed on your chest. Provides a picture on the monitors of the electrical impulses traveling through the heart.

Blood pressure monitor: Connected to a blood pressure cuff on your arm. Checks your blood pressure throughout the procedure.

Pulse Oximeter monitor: Attached to a small clip placed on your finger. Checks the oxygen level of your blood.

During the Procedure

Will I be monitored?

The nurse will connect you to several monitors that allow the healthcare team to check your heart rhythm and blood pressure during the procedure (see Monitors Used During the Procedure above). You are continually monitored during the procedure.

Will I be awake during the procedure?

No. You will receive a medication through your IV to make you fall asleep during the procedure.

What happens during the procedure?

While you are asleep, the doctor will use the cardioverter machine (defibrillator) to deliver specific amounts of energy to your heart through the cardioversion patches. The shock interrupts the abnormal electrical rhythm and restores a normal heart rhythm.

Although the procedure only takes a few seconds, several attempts may be needed to restore the normal heart rhythm.

You may need to have a special test called a transesophageal echocardiogram (TEE) before the cardioversion to evaluate the blood flow across your heart. During this test, you will swallow a narrow tube with a camera at the tip so the doctors can get a closer view of your heart.

If a TEE is recommended, you will receive more information about how the procedure is performed.

How long does the cardioversion procedure last?

The procedure itself lasts only a few minutes. However, the preparation and recovery time for the procedure may add a few hours to your appointment. Please plan to stay at the hospital for 4 to 6 hours for your appointment.

After the Procedure

Will I have to stay in the hospital?

No. In most cases, you will go home the day of the procedure.

What should I expect during the recovery?

You will gradually wake up after the procedure.

Once you are fully awake, the doctor will tell you if the cardioversion successfully converted your heart rhythm to normal. Your doctor will discuss your medications, other treatment

options and when to return for follow-up appointments. Be sure to ask the doctor if you should continue taking your previous medications.

You will be taken to a recovery area where you will be offered something to eat and drink. Your family may visit you in this area. An EKG may be performed. Your doctor will tell you when you can go home.

How will I feel after the procedure?

During the first few days after the procedure, you may feel tenderness on your chest wall where the cardioversion pads were placed. You will be given a tube of hydrocortisone cream to help relieve skin discomfort on your chest; apply as needed.

The doctor will tell you what over-the-counter medications you can take for pain relief. Please tell your doctor or nurse if your symptoms are prolonged or severe.

The sedation given during the procedure may make you feel drowsy; therefore you should not drive or operate machinery until the day after the procedure.

Will I be able to drive myself home?

No. For your safety, a responsible adult must drive you home. In general, you can resume driving the day after the procedure.

Managing your condition

Cardioversion is only one part of a comprehensive treatment program. It is also important for you to take your medications, make dietary changes, live a healthy lifestyle, keep your follow-up appointments, and be an active member of your treatment team.