

## **ELECTIVE CARIOVERSION**

### **Patient Information**

Your doctor has scheduled you for cardioversion because your heart is beating in an abnormal rhythm call **Atrial Fibrillation / Flutter**. The cardioversion procedure will attempt to return your heart to normal. If you successfully cardiovert, your heart will return to its normal rhythm and work more efficiently, reducing your chances of suffering heart failure or a stroke in the future. You will feel better because symptoms you may have had, like difficult breathing, should improve.

You will be placed on a special drug called Coumadin which is designed to “thin” your blood and decrease your chances of having a stroke. You will be given special instructions regarding this medication. You will also need to have frequent blood work called Protimes / INRs in order to determine the “thinness” of your blood. We will monitor how much of this medication you will need to take based on the results of the blood work.

Most patients scheduled for cardioversions have many concerns. The following are some of the questions most frequently asked by patients and their families. We hope the explanations will be helpful to you, but feel free to ask your nurse or doctor if there is anything else you need to know.

#### **1. What is Cardioversion?**

The procedure involves delivery of an electrical impulse to your heart. The patient care staff will place paddles or pads on your chest and back which are connected to a small machine at your bedside. When activated, it will deliver the electrical impulse to your heart. One impulse is usually effective in returning the heart to its normal rhythm. Occasionally though, one or more additional, slightly stronger impulses, are needed.

#### **2. Where is the procedure done?**

In a special procedures room, designed to provide emergency care should it be needed.

#### **3. How long does this procedure take?**

The actual procedure takes approximately 15 - 30 minutes. If this procedure is scheduled on an outpatient basis, however, you will need to arrive at the hospital approximately 1 hour prior to the scheduled time. Following the procedure, you can expect to be recovered for 2 - 3 hours until stable enough to go home. **You will need to arrange for someone to drive you home following the procedure.**

#### **4. What preparation is needed beforehand?**

You will be asked not to eat or drink anything after midnight the night before the procedure. If you are scheduled in the afternoon, you may eat a light breakfast approximately 6 hours prior to the procedure. You may also take your usual morning medications with small sips of water unless otherwise directed by your cardiologist.

You will be directed to **arrive approximately 1 hour** before the procedure is scheduled. Specific directions as to where you need to park your car will be given to you.

An intravenous line will be placed in your arm after you are admitted. A special consent form will be reviewed with you at this time if not already done in the office.

You will be taken to the special procedures area just before the procedure. The patient care staff there will attach you to a heart monitor and put special pads on the front and back of your chest.

#### **5. Who will be there during the procedure?**

A cardiologist or electrophysiologist, a nurse and possibly anesthesia or other related patient care staff will be present. Patient care staff will prepare you and monitor your blood pressure and heart rhythm during and after the procedure. There may be other people in the room to assist as needed.

#### **6. Will I be awake during the procedure?**

You will be given a sedative through your intravenous line which will make you very relaxed and drowsy for a brief period of time. Patients go to sleep during the procedure for a few minutes.

#### **7. What will I feel?**

Most patients feel nothing. You may feel chest soreness afterwards depending on how much of an electrical impulse is delivered. Frequently, however, the sedative eliminates any memory of the procedure. It is not unusual for the patient to wake and ask “Is it over?”

There are usually no after effects, except maybe a slight redness or soreness of the chest where the pads or paddles were placed. If irritation of the skin should occur, a special cream medication will be ordered for you to take home.

