

# Electrical cardioversion

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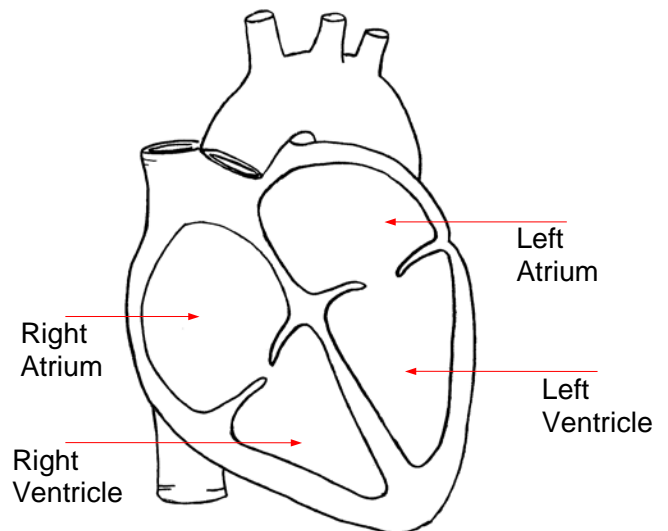
## What is electrical cardioversion?

Electrical cardioversion is a procedure in which an electrical shock is applied to the heart through the chest wall. The shock is given at a specific time during the heart's rhythm. It is carried out in a monitored setting.

## Why is it done?

Your heart is divided into 4 chambers: the left atrium, the right atrium, the left ventricle and the right ventricle as shown in the picture. The top chambers are beating faster than normal, irregular or both. Your heart rhythm is called atrial fibrillation or atrial flutter.

Electrical cardioversion is done to return your top chambers to a normal rhythm (heart beat). Your doctor may have tried to change your heart rhythm with medication before doing the electrical cardioversion. Talk to your doctor or nurse about your heart rhythm problem.



## How is it done?

Electrical cardioversion is done using paddles or pads. Two paddles or pads will be placed on your chest. An electrical shock is sent to your heart through these paddles or pads to restore a normal rhythm.

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## Why do I have to take blood thinner medication before the electrical cardioversion?

Blood thinner medication helps prevent blood clots from forming in the heart. This helps prevent a stroke.

If you are on warfarin, your INR will be checked before the cardioversion.

## How do I get ready for an electrical cardioversion?

### Before the electrical cardioversion:

- You are asked to sign a consent form by your cardiologist.
- You may be asked to stop certain medications before your electrical cardioversion. Your doctor will discuss this with you.

**Make arrangements for someone to drive you home after your procedure.**

### If you are coming from home:

- You will be given an appointment for the Pre-op Clinic where you will have:
  - bloodwork
  - an electrocardiogram, called an ECG
  - information about when to stop eating and drinking, and the time to come to the hospital before your procedure
- Bring all of your medications in their original containers from the Pharmacy to the Pre-op Clinic.

### If you are in the hospital:

- These tests will be done in the hospital:
  - bloodwork
  - an electrocardiogram, called an ECG

### During the electrical cardioversion:

- The nurse puts you on a cardiac monitor to watch your heart rhythm.
  - An intravenous (IV) is started if you do not already have one.
  - If you have a hairy chest or back, the area may be clipped to improve the skin's contact with the pad or paddles used for the electrical cardioversion.
  - An oximeter is put on one of your fingers. This measures the amount of oxygen in your blood during the procedure.
  - A blood pressure cuff is put on your arm.
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- Oxygen is given to you by a mask.
- An anesthesiologist will give a medication through your IV to make you sleep. You are asleep for a short while, about 5 to 10 minutes. You will not feel the shock and will not have any memory of the procedure.
- There may be a number of people present during the cardioversion. This includes your cardiologist, anesthesiologist, nurses and resident doctor.

## How long does the electrical cardioversion take?

The electrical cardioversion takes a few minutes. After the electrical cardioversion, you will be monitored for up to 2 hours. You can then go home or will be taken back to your clinical unit if you are in the hospital. If you go home after the electrical cardioversion, arrange for someone to drive you.

## How effective is electrical cardioversion?

Electrical cardioversion is effective 9 times out of 10. Sometimes atrial fibrillation or atrial flutter can come back because of your heart condition.

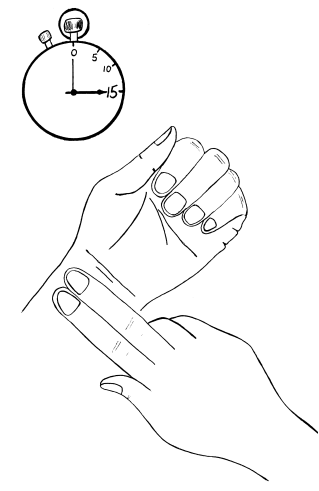
## What do I need to know before I go home?

You will need to know:

- if there are changes in your medications
- how to take your pulse

## To take your pulse, follow these steps:

1. Stop what you are doing.
2. Put 2 fingers of one hand on your opposite wrist, just below the thumb. If you have trouble finding your pulse, talk to your doctor or nurse.
3. Count your pulse for 60 seconds (1 minute).
4. Your doctor, nurse or health care provider will tell you your normal range of your **Resting Pulse Rate**. If your pulse is too fast or too slow, rest for 10 minutes and take your pulse again before calling your doctor or health care provider.



**Always check your pulse when you feel unwell.**

## **Tell your doctor or health care provider at your next visit if you notice:**

- pauses in your heart beat
- sudden fast beats
- irregular beats
- your pulse is over 100 beats a minute at rest
- your pulse is under 50 beats a minute

## **Call your doctor or health care provider if:**

- you feel lightheaded or dizzy
- you have a fainting spell
- your pulse or heart rate becomes irregular or very fast
- you have shortness of breath

## **Call 911 or your local emergency number right away if you have:**

- chest pain or discomfort
- changes in vision or speech
- weakness in the face, arms or legs

**Never drive yourself to the hospital.**

## **What is my follow up care?**

Before you go home:

- you will have a follow up appointment booked with your cardiologist, family doctor or health care provider
- your cardiologist may order medications to keep your heart rate and rhythm under control
- your cardiologist will tell you which medications to continuing taking
- ask your nurse or pharmacist for information about your medications

## **Care of your skin at home**

Sometimes the skin under the pads may be red, irritated or itchy after the procedure. It may feel like a mild sunburn. Treat as you would normally do for a sunburn.

Talk to your doctor, nurse or health care provider if you have any questions.