

## What is a cardioversion?

This is a procedure performed to correct an abnormal heart rhythm by means of a shock across the chest using a defibrillator.

## Before the cardioversion

Preparation for cardioversion includes taking blood thinning medication, such as Apixaban, Dabigatran, Rivaroxaban or Warfarin for at least 3 weeks beforehand. This is to reduce the possibility of clot formation. This is also to prevent the possibility of blood clots dislodging and causing stroke at the time of the cardioversion.

If you take Warfarin, the blood thinning measurements (INR) will be checked before coming in for cardioversion. If they are not satisfactory the cardioversion may be postponed.

You may be on other medications and you will be advised what to do with these.

You will have a pre-assessment with the arrhythmia nurse a few days before your admission. You will be advised in writing of your admission date.

On the morning of your admission you should not eat anything but you may have a small drink of water when you wake.

## Cardioversion procedure

An electrical cardioversion is carried out under brief anaesthetic by the doctor or arrhythmia nurse who has undergone specific training and achieved competence to carry out this procedure.

A small plastic tube will be placed into a vein in your arm or hand through which anaesthetic drugs can be administered. You will go to sleep for a short time.

Two sticky pads will be placed on your chest and connected to a defibrillator which delivers the shock. Your heart should then be restored to a normal regular rhythm.

## Risks

Complications are rare. A common complication is transient skin redness over the chest area at the site of the electric shock. This will disappear gradually.

As long as blood thinning medications have been taken as prescribed, the risk of other complications like stroke, are reduced to as close to zero as possible (less than 1%, so less than 1 in 100).

## Afterwards

Once the cardioversion has been performed you will wake up in the recovery room then transferred back to your bed area. You will be given something to eat and drink and have your blood pressure and pulse monitored for a short time. An ECG will be taken to check your heart rhythm.

You will be seen by the cardiologist or arrhythmia nurse prior to discharge and any specific instructions regarding medications advised then.

You will generally be allowed home about lunch time. Somebody must accompany you home and stay with you overnight. This is because you have had a general anaesthetic.

You may resume normal activities the following day and should not stop any medications unless specifically told to.

You will then be followed up after about 4 weeks and an appointment will be sent to you.

For further information or comments please contact

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The States of Jersey Department for  
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**Patient Information**

## **Cardioversion**

This leaflet is for people who have been advised to have a cardioversion.

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Jersey General Hospital  
[www.cardiology.je](http://www.cardiology.je)