Elective DC Cardioversion

Coronary Care Unit
Medicine
Diana, Princess of Wales Hospital

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Introduction
You have been diagnosed as having a fast / irregular heart rhythm and one of the chosen treatments is a procedure called DC Cardioversion. Some abnormal heart rhythms cause your heart to pump inefficiently and may put you at increased risk of developing a blood clot. This clot could lodge in the circulation and block blood flow, putting you at an increased risk of a stroke or other complications.

What is a DC Cardioversion?
Electrical DC Cardioversion is a long established technique for attempting to restore the heart’s normal rhythm by applying a brief electric shock to the chest wall, under light anaesthetic. This small shock electric is delivered through two pads on the chest. Although the procedure takes only a few seconds to perform, you will be asleep for 10 – 15 minutes.

The drugs to put you to sleep will be administered through a small needle (cannula) that the doctor or nurse will insert into your arm or hand on your admission.

To minimise the risk of stroke during the procedure you will have been stabilised on Warfarin before being admitted. You should have been talking Warfarin for at least 6-8 weeks prior to coming in for the procedure.

Some patients may be on a drug called dabigatran (pradaxa) which also minimises the risk of stroke during the procedure, you should have been taking this medication for at least 4-6 weeks prior to coming in for this procedure.

Preparation
On the day prior to your admission, you will be asked to attend the Pathology Lab at the hospital for a blood test.

It is very important that both the I.N.R. (a measure of how thin your blood is) if you are on warfarin and other blood chemicals are within acceptable limits for the procedure to be carried out. On occasions, it may be necessary to cancel the procedure at short notice if your blood tests are not right. This is done purely for safety reasons. However, we will endeavour to book the procedure again for you as quickly as possible.

On the day of your DC Cardioversion, if the doctor or anaesthetist has to deal with any emergencies, you may find you will have to wait, possibly for a few hours, for the cardioversion to take place. Please accept our apologies for any inconvenience that this may cause if it does happen to you.

Medication
If you are taking Digoxin tablets, you will need to stop taking these 48 hours prior to admission. Diabetics should omit their insulin or diabetic tablets on the morning of the procedure but all other tablets (including warfarin and dabigatran (pradaxa)) must be taken.

You will be required to come into the Coronary Care Unit for the day. Please ensure that you have nothing to eat or drink from midnight prior to your admission. On admission you will be shown to your bed area and asked to remove your outer clothing and put on a hospital gown. A nurse will then ask you some questions and complete your nursing records. You will have and E.C.G (heart tracing) recorded and
the nurse will also check your temperature, pulse and blood pressure.

You will also be attached to a cardiac monitor so that we can monitor your heart rhythm. A doctor will also come and talk to you and explain the procedure. The anaesthetist may also want to examine you and ask you some further questions. The needle (cannula) will be inserted into one of your veins, usually in the back of the hand or forearm to administer the anaesthetic drugs to make you sleep.

The Procedure

Once you are asleep, an electric current from a defibrillator machine will be administered to the chest wall, aiming to revert the abnormal heart rhythm back to normal.

Will it work?

Depending on your underlying condition there is about a 90% chance that this procedure will return your heart rhythm to normal at the time. However, depending on the underlying condition and your drug treatment there is a possibility that even if successful you may revert to your original rhythm within hours, days or weeks after the procedure. If unsuccessful, you may remain in your current rhythm and your medication would need to be continued or adjusted.

Will it hurt?

Since you will be asleep you will not feel the electric shock. You may, following the procedure, feel some skin irritation /soreness around where the pads have been and it is possible that your skin may become reddened. The degree of discomfort experienced following a DC Cardioversion is variable. If you are not allergic to them, simple pain killers such as paracetamol may also help.

Are there any Alternatives to DC Cardioversion?

The alternatives to DC Cardioversion should have been discussed with you by the Doctor who put you on the waiting list. Alternative treatment usually involves starting different medication in attempt to correct your heart rhythm. This sometimes works alone and may be tried prior to bringing you into hospital for DC Cardioversion. If this is the case, an electrocardiogram will be recorded on admission to check your heart rhythm has not returned to normal. Not all patients benefit from medication alone, if this is the case it will be explained to you at the time you are put on the waiting list.

Are there any Risks?

There are minor risks associated with this procedure which should have been discussed with you when the decision was made to put you on the waiting list for DC Cardioversion and will be discussed again with you when taking your consent for the procedure. However, if you have any concerns please do not hesitate to discuss them with your nurse at the pre assessment clinic / or on the day of your admission.

Serious or frequently occurring risks (including side effects and complications) include the following:

- Embolisation: dislodgment of a clot from within the heart. This can cause stroke, risk <1%
• Pulmonary oedema: fluid on the lung. May require treatment with medication
• Arrhythmias: fast or slow heart rhythm abnormalities. May require active treatment with medications or temporary pacemaker to correct
• The procedure can sometimes worsen arrhythmias. Rarely, it can cause life threatening arrhythmias

If you have any concerns regarding the potential risks of this procedure then please do not hesitate to discuss this on the day of your admission.

Furthermore, if you have any questions concerning your general anaesthetic please feel free to discuss them with the anaesthetist attending to you.

It can be helpful to some people to write down their questions, as it is common to forget them when in hospital.

Going Home

Please make arrangements for someone to drive you to the hospital and also to collect you afterwards, as due to the effects of the anaesthetic, you will not be allowed to drive yourself home. It is also recommended that you do not use public transport on the day.

Advice for patients on discharge following DC Cardioversion

Please read this information COMPLETELY. You have undergone a procedure whereby you have been given an intravenous anaesthetic, therefore, it is Important you follow the following advice:

When you are discharged:

• You will need someone to stay with you at home for the rest of the day and overnight
• You must not drive your car for at least 24 hours after the procedure. Do not sign and legal documents for at least 24 hours after the procedure
• On discharge, please go straight home and please REST for the remainder of the day. DO NOT EXERT YOURSELF IN ANY WAY FOR AT LEAST 24 – 48 HOURS
• You may eat and drink as normal
• . If your chest is sore, this is due to the electrical current passing through your chest causing a slight irritation or a slight reddening of the skin on the chest that might sting like sunburn for a day or two. Unless you are allergic, please take regular, simple painkillers - paracetamol is advisable (provided you have no known problems with paracetamol). If
the pain / soreness persists for more than 48 hours contact your GP

- You are able to return to work after 24 hours. If you experience any other problems, please contact your GP

When can I go home?
You will be allowed to go home 3 to 5 hours after the procedure, providing everything is ok. On very rare occasions you may have to stay overnight so please ensure that you bring an overnight bag with you. The needle (cannula) which was inserted will be removed and a small dressing applied.

Prior to your discharge, you will be advised about your medication and follow up appointment (usually in four to eight weeks). If you require any new medication you will be given a 7 - 14 day supply. After this, you will need to see your own doctor for a repeat prescription.

You should contact your GP if you feel any changes in your heartbeat. If your arrhythmia has come back after your cardioversion procedure, you may have to return to have the procedure repeated or alternative treatments to restore it.

When can I go back to work?
You are able to return to work after 24 – 48 hours.

You will be given a copy of your discharge letter. A letter will also be provided for your G.P. You should not need to make an appointment to see your doctor unless advised to on discharge.

If you require any further advice about any issues concerning the procedure, please do not hesitate to call the Coronary Care Unit where your procedure was performed. We are happy to answer any questions that you may have.

Diana Princess of Wales Hospital Coronary Care Unit
Tel No.: 01472 875315

Scunthorpe General Hospital Coronary Care Unit
Tel No.: 01724 290129

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

For Goole and District Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290172.

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing
and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

**Zero Tolerance - Violent, Threatening and Abusive Behaviour**

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

**Risk Management Strategy**

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

**Moving & Handling**

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

**Northern Lincolnshire and Goole Hospitals NHS Foundation Trust**

Diana Princess of Wales Hospital
Scartho Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
Goole
01405 720720

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)
Information for Patients & Visitors

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PLEASE USE THE SPACE BELOW TO LIST ANY QUESTIONS YOU WOULD LIKE TO ASK: