

# Elective day-case cardioversion

### Brief description:

Cardioversion is a procedure that is used to try to correct an arrhythmia (abnormal heart rhythm) by delivering an electrical shock through two electric 'pads' on the chest. As a day surgery procedure, it is performed under a general anaesthetic. Although the procedure itself generally last less than 1 minute, you will be under anaesthetic (asleep) for 10 to 15 minutes.

The aim of this procedure is to reduce the risks associated with an abnormal heart rhythm. For example, some abnormal heart rhythms cause your heart to pump inefficiently and can put you at increased risk of developing a blood clot. Some blood clots can lodge in the circulation and block blood flow including causing strokes.

To reduce the risk of a blood clot forming during this procedure, you will usually have been given warfarin before hand to help reduce your clotting.

Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation / treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.

Please ask about anything you do not fully understand or wish to have explained in more detail.

### Preparing for the appointments

On the morning of your cardioversion procedure, take all your usual 'morning' medications but with only a small amount of water.

If you are diabetic, please do not take your diabetic medication on the morning of this cardioversion procedure. Please have nothing to eat or drink after 07:00am on the morning of your admission to Day Surgery.

It is important that you DO NOT smoke for two days before your appointment.

Please remove any make-up and nail varnish before your appointment.

You may bring your own dressing gown and slippers, but we can provide you with one if necessary.

DO NOT bring large sums of money or jewellery with you, because we are unable to accept any responsibility for loss or damage to your property.

**YOU MUST** arrange for a responsible adult to accompany you home, and to stay with you for 24 hours following your cardioversion. **YOU SHOULD NOT** drive yourself home or use public transport on your own.

You might want to bring a book or magazine with you as you may have a wait during your stay with us.

### Please note:

**For this cardioversion treatment to be as safe as possible, it is important that your blood has been adequately thinned for four weeks before this procedure (this is why you are taking warfarin). Please check in your anticoagulation book; the INR reading should be between 2.0 and 4.0 for the past four weeks. If this is not the case, or you have any other questions, please phone Dr Allada on 5320 2185.**

### Before your procedure

When you arrive at the Day Surgery Unit, you will meet your nurses who will prepare you for your cardioversion and its general anaesthesia. You will then meet the nurse

performing the procedure and an anaesthetist.

If you have not already done so, you will be asked to read and sign a consent form and complete a pre-operative questionnaire (form).

The anaesthetist will select a type of anaesthetic, aiming to ensure as rapid recovery as possible with as few after effects as possible. Please see below for further details on your anaesthesia.

### During the procedure

You will be 'asleep' during the procedure, therefore, you will not feel the cardioversion (electrical shock). You might however, feel some skin soreness following the procedure from where the 'electric' pads have been. It is possible that your skin may become reddened too. The degree of skin discomfort experienced following a cardioversion is variable. Before you leave the Unit, you may be provided with some cream, which can be applied to the skin areas if necessary, to ease your symptoms.

### After the procedure

If you have had a general anaesthetic you will wake up in the Immediate Recovery Area of the Day Surgery Unit and then be taken to the ward.

After the cardioversion you might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy for approximately 30 minutes. During this time, a nurse will monitor both your blood pressure and pulse. You will be attached to a heart monitor to enable the nurse to see your heart rhythm; an electrocardiogram (ECG) will also be taken.

**Eating and drinking:** Once you are fully awake, you will be offered something to eat and drink. You will also be taken off the heart monitor, the anaesthetic needle will be taken out of your arm, and you will be able to get up and get dressed. After about sixty minutes, most patients are ready to have a cup of tea before going home.

**When you can leave hospital:** You can expect to go home between three and four hours after your cardioversion procedure.

Your escort, who will collect you and take you home, is advised to ring Day Surgery on 5320 2586 at \_\_\_\_\_ pm for confirmation of your discharge time.

**When you can resume normal activities including work:** For at least the rest of the day, we advise you to rest, especially if you feel a bit sick or dizzy.

It is important that for the 24 hours following your cardioversion you:

**Do not drive.**

**Have a responsible adult with you at all times.**

**Do not operate any potentially dangerous devices (including the cooker)**

**because your reflexes can be reduced.**

**Make no important decisions including legal ones.**

**Do NOT** return to work on the day after your cardioversion.

If you are worried about your condition, contact your general practitioner (GP) first.

**Special measures you need to take AFTER the procedure:** After a cardioversion procedure, anticoagulation is continued for at least four weeks.

**Check-ups and results:** Before you leave this Unit, arrangements will be made for any follow-up treatment.

### Intended benefits of the procedure

Returning the heart to its normal rhythm can make it more efficient, and in some patients, also reduce the risk of stroke and the sensation of palpitations.

## Who will perform my procedure?

This procedure will be performed by Dr Allada or another person with extensive experience in performing the procedure. The anaesthetic will be administered by a trained anaesthetist.

## Alternative procedures that are available

The main alternative to the procedure is leaving the heart in its abnormal rhythm (usually atrial fibrillation or flutter), and instead, controlling its rate and administering warfarin to prevent stroke.

## Serious or frequently occurring risks

There are some minor risks associated with this cardioversion procedure which should have been discussed with you when the decision was made to put you on the waiting list for cardioversion. The most serious risk is of triggering a stroke, which occurs in less than one in every 100 patients. Some people are more likely than others to have a stroke but it is difficult to accurately predict who they are. However, if you have any concerns, please do not hesitate to discuss them with Dr Allada on the day of your admission.

If you have any questions about your general anaesthetic, please feel free to discuss them with Dr Allada or with the anaesthetist before the procedure.

Depending on the condition of your health, there is about a 70-90% chance that this procedure will be successful and will return your heart rhythm to normal. If it is unsuccessful, your heart will not change. Depending on the health of your heart and your drug treatment, there is also a possibility that even if the procedure is initially successful you might revert to your original abnormal rhythm in the days or weeks after the procedure. Dr Allada will probably want to check your heart using an ECG in the future.

## General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your procedure.

## Before your procedure

You will usually be seen by your anaesthetist on the admission day, in the day care ward. The anaesthetist who looks after you on the day of your procedure is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period.

It is not usual to have a premed for day care procedures, as these can slow recovery.

## During your procedure

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## After your procedure

After your procedure your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

## What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

### Very common and common side effects (1 in 10 or 1 in 100 people)

Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.

### Uncommon side effects and complications (1 in 1000 people)

Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your procedure).

### Rare or very rare complications (1 in 10,000 or 1 in 100,000)

Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.