



CARDIOVERSION PRE-PROCEDURE/ POST-PROCEDURE INSTRUCTIONS

ELECTRICAL CARDIOVERSION (CV):

This procedure involves delivery of electrical energy to the heart. It “resets” the electrical beat of the heart so that the top chambers beat in synchrony with the bottom chambers.

Before the Procedure: Your practitioner will usually ask you to start anticoagulation medication, or blood thinner, for at least 4 weeks before a CV is attempted. You will be asked to have your blood work checked weekly at your local physician’s office (the blood test is called a PT/INR). In atrial fibrillation the top chambers or atria are quivering instead of beating properly. Because your heart is not squeezing in a coordinated fashion there is an increased possibility that you might develop clots in the atria. The thinner your blood is, the less likely you are to develop clots. Once you have had 3-4 weeks of adequately thin blood, you will be scheduled for the CV. In some cases, your provider might determine that you need the CV before your blood has been thin for 4 weeks. He will order a Trans-Esophageal Echocardiogram (TEE) to make sure there is no clot and then proceed with the cardioversion the same day. You usually will continue to take all medications up to the time of the procedure. You will be asked to have no food or drink (including water) after mid-night (12 am) the night before the procedure. You may be allowed to take all of your medications on the morning of your procedure, but you will be asked to take them with only a very small sip of water.

During the Procedure: You will be in a procedure room. The physician will talk with you about the risks of the procedure, answer your questions and then ask you to sign a consent form. You will change into a hospital gown. The nurses will place an intravenous catheter (IV) in your arm so that you can receive fluid or medication through your vein. They will place electrode patches on your chest and connect these to monitoring machines which will watch your heart rhythm. Large palm-sized patches will be placed on your chest and back to deliver the energy for the cardioversion. An anesthesia team member will assess you before giving medication through your IV. This medication will put you into a deep sleep state. Then electrical energy will be passed through the patches to cardiovert your heart back into normal rhythm. This usually takes only a few seconds. You will not feel this because you will be asleep. The large patches help to prevent your skin from getting irritated by the electrical current.

After the Procedure: Once your heart has been converted back to a normal rhythm, you will be allowed to wake up from the anesthesia. You will be monitored during your recovery time. Most patients are awake and ready to be transported home after an hour. Sometimes patients will find that the skin underneath the patches will be reddened. This is similar to a sunburn and usually fades without treatment. You will need someone to drive you home from the hospital because anesthesia can stay in your bloodstream for up to 24 hours. You may be tired for a day or so, but can return to normal activities fairly quickly.

If you have questions or concerns please call Cardiac Transition Unit (CTU) at 434-982-1070.