Your doctor has recommended that you have an electrical cardioversion. In patients with an irregular heart rhythm (called atrial fibrillation or atrial flutter) cardioversion is a procedure designed to restore the heart to normal (sinus) rhythm.

Before the cardioversion
- Preparation for cardioversion includes taking blood-thinning medication, such as Warfarin for several weeks beforehand.
- It is important that the blood clotting is at the right level both for at least 1 month before and on the day of the cardioversion procedure. This is to prevent the possibility of blood clots dislodging and causing stroke at the time of the cardioversion. If the blood thinning measurements, are not satisfactory the cardioversion procedure will be cancelled. For most people this means an INR of 2 or more.
- You may have been prescribed other drugs as part of your overall treatment. You will be instructed what to do with these when you come to the cardioversion clinic.

What happens during the procedure?
- The cardioversion is carried out under a brief anaesthetic given by an anaesthetist. A small plastic tube will be placed into a vein in your arm, through which the anaesthetic drug is given. You will then go to sleep for about 5 minutes.
- While you are asleep, the electrical cardioversion is performed by a nurse or doctor who has undergone specific training and achievement of competency to carry out this procedure.
- The nurse/doctor will place 2 metal paddles or sticky pads on your chest; these are connected to a machine which delivers the electric shock. The heart should then be restored back to a normal, regular rhythm.

Benefits
The potential benefits from having a cardioversion are:
- Relief from the symptoms of atrial fibrillation or atrial flutter, such as tiredness, breathlessness and awareness of the heart beat (palpitations).
- Improvement in exercise capacity.

Risks
- Complications from a cardioversion are rare. The only common complication is transient skin redness over the chest area at the site of the electric shock. This can be relieved by a skin cream and you will be advised if this is necessary.
- Serious complications are very rare. As long as blood-thinning treatment has been taken appropriately for one month beforehand, the risk of stroke occurring at the time of the cardioversion is less than 0.5% (1 in every 200 patients).
- Immediate success (the return of a normal, regular heart rhythm) is achieved in more than 90% (9 out of 10) people undergoing cardioversion, however the abnormal heart rhythm (atrial fibrillation / atrial flutter) may return. In a few people this happens within hours or days of the cardioversion, in others it happens weeks or
months later. After 12 months, 50-70% (between 5 and 7 out of 10) people will remain in a normal heart rhythm
・ Due to the risk of the abnormal heart rhythm returning it is usually advised that Warfarin and other cardiac drugs are continued for a minimum of 3 months, and often longer, after the cardioversion. This will be reviewed in the outpatient clinic.

**Your doctor will recommend that you have a cardioversion if he/she feels the benefits of the procedure outweigh the risks.**

**Alternatives**
Your doctors have recommended that this is the most appropriate treatment for your condition. If you wish to discuss alternatives, please talk to the doctor before you sign the consent form.

**After the cardioversion**
・ Once fully awake, you can eat and drink
・ You will be able to go home late in the afternoon, with a relative or friend.
・ The cannula will be removed before you go home.
・ You must not drive, drink alcohol or sign legal documents for 24 hours after the cardioversion as you have had an anaesthetic and it takes this time to completely clear from your system
・ The cannula will be removed before you go home
・ You will need to continue taking Warfarin tablets until your clinic appointment.
・ You will be seen in the outpatient clinic in about 3 months (or sooner if necessary)

**How to contact us**
Cardiac Angiography Suite (01865) 572616 (Mon-Fri 7.30am-9pm)

**Further information**
For further information the following web sites are recommended:
British Heart Foundation: www.bhf.org.uk
British Cardiac Society: www.bcs.org.uk
Arrhythmia Alliance: www.heartrhythmcharity.org.uk
Atrial Fibrillation: www.atrialfibrillation.org.uk

**Please note:**
The figures quoted in this document are average figures for all cases. Your Cardiologist will discuss with you any specific additional aspects of your case before the procedure.

The department where your procedure will take place regularly has professional observers. The majority of these observers are health care professionals, qualified or in training and on occasions, specialist company representatives. If you do not wish observers to be present during your procedure please inform a doctor or nurse.