

Oxford Heart Centre

Internal cardioversion

Information for patients



Your doctor has recommended that you have an internal cardioversion for your irregular heart rhythm (atrial fibrillation or atrial flutter). Cardioversion is a procedure designed to restore the heart to normal (sinus) rhythm.

Before the cardioversion

Preparing for internal cardioversion includes taking blood-thinning medication, such as warfarin, dabigatran, rivaroxaban or apixaban for several weeks beforehand. It is important that your blood clotting is at the right level for about 1 month before and on the day of the cardioversion procedure. This is to prevent the possibility of a blood clot forming and then dislodging during or after the cardioversion and causing a stroke. If your blood thinning measurements are not at the right level, the cardioversion procedure will be postponed.

If you are taking warfarin you will need to have an INR of between 2-3 with a target of 2.5. If you are on any other blood-thinning medications, you will need to confirm that you have taken the medication as prescribed for at least one month before the procedure.

You may have been prescribed other drugs as part of your overall treatment. You will be told whether you need to stop taking these before the cardioversion.

What happens during the procedure?

You will need to come in to the Cardiac Angiography Suite at the John Radcliffe Hospital. This is on Level -1 in the Oxford Heart Centre.

When you arrive on the ward you will be asked to change into a hospital gown and will be asked to wait on a bed. The doctor and nurse will come and see you to prepare you for the procedure. They will be able to answer any questions you might have. They will then ask you to sign a consent form so that the procedure can go ahead.

The procedure involves inserting a small, flexible tube (catheter) into your heart from the blood vessel at the top of your leg. The doctor inserting the tube will be able to see where it is going by using X-ray images taken during the procedure. To make you feel sleepy during the procedure, you will be given sedation drugs through a small tube (cannula) into a vein in your arm. Many people find that they fall asleep.

When the catheter is in the correct position, a small electric shock will be delivered inside your heart. This should restore your heart's normal rhythm. Occasionally, more than one shock will need to be delivered.

Even though you will be sedated, you may be aware of the shock being delivered and may wake up. However, most people will then go straight back to sleep and will not be aware of any pain.

The length of time it will take varies from person to person but is usually about half an hour.

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 your heart beat (palpitations).
- Improvement in your ability to do exercise.

Risks

There are some potential risks associated with internal cardioversion, but serious complications are very rare:

- Bruising at the top of the leg where the catheter has been inserted is common, but nothing to be concerned about.
- 1% (1 in 100) of people has severe bleeding or bruising that requires surgery to close the hole in the blood vessel at the top of the leg.
- As long as you have taken a blood-thinning treatment correctly for one month beforehand, the risk of stroke occurring at the time of the cardioversion is less than 0.1% (1 in every 1000 patients).

Your cardiologist will have recommended that you have an internal cardioversion as they feel that the benefits of the procedure far outweigh the risks.

The figures quoted in this document are average figures for all cases. Your cardiologist will discuss with you any other specific risks related to you, before the procedure.

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 you are fully awake, you can eat and drink. The cannula will be removed before you go home.

You will normally be able to go home late in the afternoon or in the early evening.

You will not be able to drive for 48 hours after having sedation. You must go home with a relative or friend and will need to have someone responsible with you overnight.

You should also not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

You must not drink alcohol, or sign legal documents for 24 hours after the cardioversion, as you have had sedation, which can affect your judgment. This takes time to completely clear from your system.

If you have symptoms that concern you, please contact the Cardiac Angiography Suite or the Cardiology Ward outside of hours. If you feel very unwell you should go to your local emergency department and ask them to contact our team for advice.

Due to the risk of the abnormal heart rhythm returning it is usually advised that you continue to take either warfarin or another blood-thinning drug for a minimum of 3 months, and often longer, after the cardioversion. You may also need to take a heart rhythm stabilising drug. We will review your medication when you come for your follow-up appointment in the outpatient clinic in about 3 months time.

How to contact us

Cardiac Angiography Suite

Tel: 01865 572 616

(Monday to Friday, 7.30am to 9.00pm)

Cardiology Ward

Tel: 01865 572 676

(24 hours)

Arrhythmia Nurses

Tel: 01865 228 994

(Monday to Friday, 8.00am to 5.00pm)

Further information

For further information, the following charity is recommended:

Atrial Fibrillation

Website: www.atrialfibrillation.org.uk

Specific information about atrial fibrillation and atrial flutter.

Please note:

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 occasion, specialist company representatives. If you do not wish observers to be present during your procedure please inform a doctor or nurse.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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