

Patient information leaflet

Cardioversion

Cardiology department

Introduction

We hope this guide will answer your questions about your Cardioversion. Please contact the team if you require further information via the details at the end of this leaflet.

What is a cardioversion?

Cardioversion is a procedure where your heart's rhythm is returned to normal using an electrical shock. One week before your procedure, you will have a pre-assessment appointment where you will have an electrocardiogram (ECG) (a test to check your heart's rhythm and electrical activity) and blood tests.

The procedure is generally carried out as a day case under a general anaesthetic. Whilst you are asleep, the pads of a defibrillator are placed on your chest and a controlled electric shock is given across your heart. Sometimes more than one shock is required.

Why do I need a cardioversion?

Cardioversion is used to restore your heart to a normal rhythm. It is used in the treatment of a heart condition called atrial fibrillation, which causes an irregular and often abnormally fast heart rate.

What are the associated risks and side effects of cardioversion?

As with any medical procedure, some risks are associated.

The most common side effect is soreness and redness where the defibrillator pads were placed. After-sun cream or aloe vera can be used to soothe this.

Any general anaesthetic has risks associated with it, however you are pre-assessed prior to the procedure and you are carefully monitored throughout.

There is a risk of clots in the heart dislodging and causing a stroke when the heart changes rhythm and for a few days afterwards, but this is prevented by thinning the blood prior to your cardioversion using anticoagulant drugs. It is important that you continue taking the anticoagulant drugs after your cardioversion.

The decision to perform the cardioversion will only have been made when it is felt that the benefits of restoring a normal heart rhythm outweigh the risks involved. Your doctor will explain the possible risks and answer any questions you or your family may have.

Preparing for your procedure

Pre-assessment

You will be asked to attend a pre-assessment appointment prior to your cardioversion. The team will give you information about the risks of the procedure, medication advice, eating and drinking before your procedure and you will have an opportunity to ask questions.

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Medication

Before the cardioversion procedure, you will be prescribed anticoagulant medication to thin your blood, which your doctor will discuss with you. There are two types of anticoagulant therapy:

- Warfarin
- DOACs (Direct Oral Anti Coagulants), which is the name for a group of drugs that include Apixaban, Rivaroxaban, Edoxaban and Dabigatran

You must continue taking your anticoagulant medication prior to your cardioversion without stopping.

Warfarin

You will need to take Warfarin for at least six weeks before your cardioversion. The anticoagulant team will call you for weekly blood tests to check the thickness of your blood (known as an International Normalised Ratio test - INR).

Your INR results must be satisfactory for 21 days prior to the cardioversion, or your procedure will need to be postponed.

DOACs (Apixaban, Rivaroxaban, Edoxaban and Dabigatran)

It is important that you take your medication without any missed doses for at least four weeks before your procedure. On the day of your cardioversion, you will be asked to sign a consent form stating that you have taken your medication and have not missed any doses.

If necessary, you may be called for a procedure called a transoesophageal echocardiography (TOE) guided cardioversion. This is where you are given sedation and a tube is passed down your throat to study the chambers of your heart to check that you do not have any blood clots before proceeding with the cardioversion. If clots are found, the cardioversion will be postponed until the issue has been resolved.

Digoxin

This must be stopped two days before the cardioversion.

Amiodarone

You must continue to take this drug. If you have stopped taking this drug, we will be unable to carry out your cardioversion.

Beta blockers

You will be given advice at your pre-assessment appointment.

Diabetic medication

You will be given advice at your pre-assessment appointment.

Getting to us

The Cath Lab is on the lower ground floor, next to the Alexandra Day Surgery Unit (ADSU). We are in the Blue Zone.

Please arrange to be dropped off and collected from the maternity drop off. You can access this from entrance B, from Hayden's Roundabout.

When should I arrive?

Please arrive at your appointment time and not before.

Please expect to be in the department for most of the morning. There is preparation time before the procedure and recovery time afterwards.

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Can someone stay with me in hospital?

We have limited space in the department and ask that only one adult relative or friend (over 18 years of age) stays at your bedside.

The day of the procedure

The procedure is usually carried out as a day case. Whilst you may make your own way to the hospital, you need to arrange for somebody to accompany you home and stay with you overnight.

You will be greeted by the team and taken to your bed on the day ward. There will be a short checklist to go through. You will be seen by the doctor who will check that you are happy with the procedure and ask you to sign a consent form agreeing to have the procedure.

There may be some waiting before your procedure and the theatre environment can seem cold to some. It is suggested you bring something to read and a warm dressing gown or top to wear over your hospital gown.

The procedure

You will have a cannula (a thin tube) inserted into your arm and you will have an electrocardiogram (ECG) - a test to check your heart's rhythm and electrical activity.

From the ward, you will be taken into theatre and given medication to put you to sleep. Whilst you are asleep, you will be given the controlled electrical shock (cardioversion).

After the procedure

You will return back to your bed, where you will be monitored closely by the nursing team. Your blood pressure will be checked regularly.

Can I drive after my procedure?

You are advised not to drive, operate heavy or dangerous machinery or drink alcohol for 24 hours after your procedure.

Please ensure you have someone to collect you and stay with you overnight.

How soon can I return to work?

The nursing team will discuss this with you on the day of your procedure. Usually, you may return to work after 48 hours.

Contacting the team

If you have any further questions, please contact the Cardiac Angiography Suite on:

Telephone: 01279 827814 or 01279 827913

Office hours: Monday to Friday, 8am to 4pm

There is an answerphone available outside these hours. Please leave a message and a member of the team will contact you.

Your feedback matters

If you would like to give feedback on your care, please contact our patient experience team on paht.pals@nhs.net or 01279 827211.

Please contact the communications team on paht.communications@nhs.net if you would like this leaflet in another language or format.

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