



Electrical Cardioversion

This handout will help you get ready for and recover from your Electrical Cardioversion at the Royal Jubilee Hospital.

What is an electrical cardioversion?

Electrical Cardioversion is a procedure used to reset your heart rhythm back to its normal pattern. Your Cardiologist (heart doctor) will give a brief electric current to your heart through patches applied to the outside of your chest.

Why is electrical cardioversion done?

Cardioversion is done to return abnormal heart beats, such as atrial fibrillation or atrial flutter, back to normal.

Where will the electrical cardioversion be done?

Cardioversion is a day procedure. It will be done in the Cardiac Short Stay (CSS) Unit at the Royal Jubilee Hospital. Your doctor's office will tell you the date and time of your procedure and the check-in time. The cardioversion takes a few minutes, but you must stay in hospital for 2-3 hours for monitoring and to recover from the sedation.

How do I get ready for the electrical cardioversion?

MEDICATION:

- Your Cardiologist will ask you to take, or continue to take, a blood thinner e.g. Warfarin (Coumadin®), Rivaroxaban (Xarelto®), Apixaban (Eliquis®) or Dabigatran (Pradaxa®) before your procedure. Blood thinners prevent blood clots from forming in the heart, which helps prevent strokes.
- It is important to let your doctor know if you have missed a dose of your blood thinner within the last 3 weeks.
- Do not take Digoxin® the morning of the cardioversion.
- Take all other regular medications with a sip of water on the morning of your procedure unless your Cardiologist (heart doctor) tells you not to.

IF YOU ARE DIABETIC:

- Ask your family doctor or endocrinologist for specific directions for taking any diabetic medications the day of your procedure.
- If you are on night time insulin, please ensure you have a good snack before midnight the night before your cardioversion
- Test your blood sugar before coming to the hospital. Tell the nurse your blood sugar level when you arrive on the unit.

BLOODWORK: The hospital “Pre-Admission Clinic” will phone you to arrange for bloodwork to be done the day before your cardioversion.

- Please go to your regular lab for these tests
- Lab tests must be done before 10 am the day before your procedure
- **IF YOU ARE ON WARFARIN you will be asked to have an INR blood test and this must be done before 10am the day before your procedure at your regular lab**

FASTING:

- Have nothing to eat or drink after midnight on the day before your procedure.

TRANSPORTATION:

- **Arrange for a responsible person to bring you to the hospital, take you home (by car, taxi or bus), and stay with you for at least 4 hours once you are home.**
- Make sure this person can be contacted by phone on the day of your procedure. If you are unable to make these arrangements, your procedure may be postponed until you are able to make them.
- You cannot drive yourself, take the bus, or walk home.

What to bring to hospital

- BC Care Card or proof of substitute Medical Insurance Plan.
- A translator, if you do not understand English.
- All your medications in their labelled containers. You may need to take some of your own medications while in hospital.
- Glasses or contact lenses and hearing aids.
- CPAP, Bi-level machines or dental device if you use one for sleep apnea.
- Wear low heeled non-slip shoes.
- Reading material
- Your cell phone

What NOT to bring or wear

- Leave all valuables at home, including jewelry, body piercing items, credit cards, MP3 players and cash in excess of \$20.00.
- Do not wear nail polish, perfume, aftershave or other scented products.

Day of the procedure

- Arrive at the **Royal Jubilee Hospital** at least **1 hour before** your appointment time. Go through the **Main Entrance** of the D&T Building. Check-in at the Admitting Desk just inside the main doors.
- You will be admitted to Cardiac Short Stay (CSS) on the 3rd floor where the nurse will get you ready for the procedure.
- You will sign a consent form.
- You will change into a hospital gown and have an intravenous (IV) started. The nurse will use clippers to remove any hair on your chest or back.
- A cardiologist and anesthesiologist will speak with you before the procedure.
- Visitors can wait in the Waiting Area outside of CSS until you are ready to go home. Your visitor can join you when your nurse is ready to teach you how to care for yourself at home.

During the procedure

- The nurse puts you on a cardiac monitor to watch your heart rhythm.
- An oximeter is put on one of your fingers. This measures the amount of oxygen in your blood during the procedure.
- A blood pressure cuff is put on your arm. Oxygen is given to you by a mask.
- Sticky pads will be placed on your chest. An electrical current is sent to your heart through these pads.
- A specialist doctor/nurse will give a medication through your IV to make you sleep. You will be asleep for a short while during the procedure and then monitored for 2 hours after.

After the procedure/ at home

Sometimes the skin under the pads may be red, irritated or itchy after the procedure. It may feel like mild sunburn. Putting on cream or lotion may help. Talk to your doctor or nurse if you have any questions.

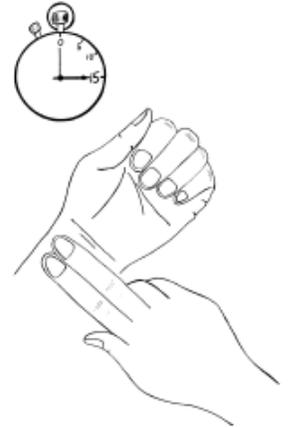
Activity

You have had sedation and may be considered impaired for up to 24 hours after the procedure. Please DO NOT:

- Go to work, do business, make important decisions or sign documents
- Drive a car or work with machinery
- Do any dangerous activities like bike riding, swimming, or climbing ladders
- Travel alone by public transport e.g. bus, taxi
- Drink alcohol, take anti-anxiety pills or sleeping pills
- Be responsible for the care of another person e.g. baby, small child, person in poor health

Take your pulse

Before leaving the hospital, learn to take your pulse. Take your pulse whenever you feel unwell. Record your pulse in a log book or calendar. Take this log book with you to all your doctor's visits.



1. Sit quietly for 5 minutes.
2. Turn one hand to face palm side up.
3. With the other hand, place your index and middle fingers over the thumb side of your wrist. Feel for your pulse.
4. If you do not feel a pulse, try moving your fingers around in the same area. If you still can't find it, ask your doctor or nurse for help.
5. To figure out your beats per minute, count your pulse for 15 seconds and then multiply it by 4.

Your medications

- Before going home, make sure you know what medications you should continue and which ones to stop.
- Fill any new prescriptions and follow directions.

Call 911 right away if you have:

- chest pain or discomfort
- faint or feel like you are going to faint
- changes in your sight or speech
- weakness in the face, arms or legs

Never drive yourself to the hospital Emergency Department!

Call your doctor or Atrial Fibrillation Clinic (250.370.8632) if you

- feel lightheaded or dizzy
- have pauses in your heart rhythm
- your pulse is over 100 beats a minute at rest
- have an irregular or very fast heart rate
- have shortness of breath
- have any questions or concerns

If they are not available, go to the nearest Medical Clinic or Emergency Department.

For non-emergency health information and services:

HealthLinkBC - Health advice you can trust 24/7.

Tel: 8.1.1 from anywhere in BC.

Tel: 7.1.1 for deaf and hearing-impaired assistance (TTY)

Web: www.HealthLinkBC.ca

Follow-up

Your cardiologist will give you written information about your follow-up Appointments.

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or directions given to you by your doctor.