

Advice after a General Anaesthetic for Day Case Cardioversion

You should arrange for a responsible adult (relative or friend) to drive you home. If you decide to take a taxi or hospital car then you still need someone with you.

You must have a responsible adult with you overnight in case you need help.

You must not take charge of any dependants (children or infirm relatives) for 24 hours after discharge.

For the first 48 hours you must not:

- Drive a car/motorcycle or ride a bicycle
- Operate machinery
- Drink alcohol
- Take sedatives e.g. sleeping tablets

You will be advised on your return to work.

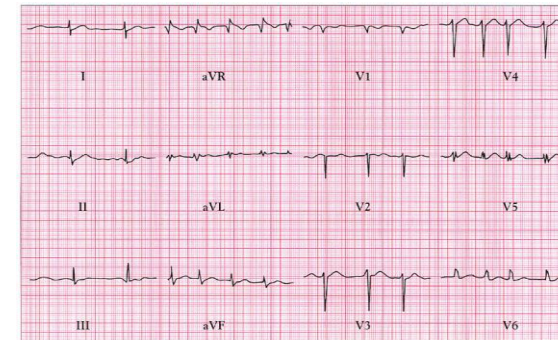
Rest for the first 24 hours as you may feel drowsy after your anaesthetic.

If you feel unwell when you return home then please contact your GP.

RUH

Information for Patients

A patient's guide to Cardioversion



Please read this leaflet and keep it in a safe place as it contains important information

What is Cardioversion?

Cardioversion is a procedure offered to patients who have an abnormal heart rhythm called atrial fibrillation or atrial flutter. This is caused by disorganised electrical activity in the two small chambers (the atria) at the top of the heart which as a result do not contract properly. The purpose of cardioversion is to restore the electrical activity in these chambers to normal, by giving the heart an electrical shock.

The procedure

You will need to attend a pre-admission clinic a few days before the procedure. Cardioversion is a safe procedure, which has been performed for decades and is carried out as a day case procedure. It involves a short general anaesthetic. While you are asleep the heart is given an electrical shock to restore the electrical activity and therefore the heart rhythm to normal. It may take more than one shock to achieve this. The procedure is successful in more than 90% of cases. Despite this, up to 50% of patients may find that their abnormal heart rhythm has returned within six months.

You should be able to go home the same day but you **must have a responsible adult to take you home and to stay with you overnight**. On rare occasions it may be necessary for you to stay in hospital overnight.

So why do I have to take Warfarin/Dabigatran?

All patients scheduled for cardioversion are prescribed medicines which delay and reduce the risk of blood clot formation. There is a risk of blood clot formation within the atria when they do not contract properly. An electrical shock to the heart in this situation may result in a small clot breaking off into the circulation causing a stroke.

To reduce this risk to a minimum **it is essential** that the correct dose of Warfarin/Dabigatran is prescribed for a month prior to the cardioversion. The required dose varies between individuals. It may be necessary to

have weekly blood tests to measure the INR and check that the Warfarin dose is correct. The INR must be between 2.0 and 3.5 for these four weeks. If the INR falls below 2.0 then the cardioversion cannot be carried out for another month. Even if the cardioversion is successful Warfarin must be continued for a further four weeks as it still takes a little more time for the risk of blood clot formation to go away.

If you are taking Dabigatran, blood tests will not be required as above but it is **ESSENTIAL** that you do not miss a dose.

What happens next?

If the cardioversion is successful then you may have some of your medication stopped immediately afterwards. If it is not successful then it is likely that your medication will stay the same.

Whether the cardioversion is successful or not, you will be advised about your medication prior to you going home.

You will be informed if you need an appointment to be seen in the outpatient clinic. You will also receive advice about returning to work.

Is cardioversion safe?

The simple answer to this question is yes. It is extremely rare for there to be a complication from either the anaesthetic or from the cardioversion procedure itself. The prescription of Warfarin/Dabigatran almost completely abolishes the risk of a stroke from cardioversion. Side effects of the procedure include superficial burns and mild discomfort over the rib cage, both of which can be treated effectively with a pain killer such as Paracetamol.

If you have any questions about the procedure of cardioversion then you should telephone the pre-admission nurse on 01225-821480.