

CARDIOVERSION (ELECTRICAL)

OVERVIEW

Cardioversion can correct a heartbeat that is abnormally elevated and/or irregular. It can treat atrial fibrillation or atrial flutter. These conditions occur when the electrical signals that normally make your heart beat at a regular rate don't travel properly through the upper chambers of your heart.

Cardioversion is usually done with electric shocks, which are given through electrodes attached to your chest and back while you're sedated. This is different from defibrillation, an emergency procedure that's performed when your heart stops or quivers uselessly.

PREPARING FOR YOUR TEST

Your doctor or nurse will provide specific instructions on how you should prepare for your test. Generally, those guidelines include:

- Don't eat or drink anything for eight hours before your procedure.
- Avoid using lotion or body oil on your chest.
- Follow your doctor's instructions about whether to take any of your regular medications before your procedure.
- If you do take medications before your procedure, sip only enough water to swallow your pills.
- Have someone drive you to and from the hospital and stay during your procedure. You will not be able to drive for 24 hours after your procedure.
- Blood thinners are required four weeks prior to cardioversion with no missed dosage. **Inform your doctor of any missed blood thinner medication within the last four weeks as this may lead to stroke.**

If not on blood thinners for a minimum of four weeks, your doctor may require you to have a procedure called a transesophageal echocardiogram to check for blood clots in your heart before the cardioversion.

WHAT TO EXPECT DURING YOUR CARDIOVERSION TEST

You will be given general anesthesia for the procedure. Medicine will be given through an IV to help you fall asleep. Once you're sedated, electric cardioversion usually takes only a few minutes to complete.

A nurse will place several large, sticky patches (electrodes) on your chest and back. The electrodes connect to a device called a defibrillator. This machine records your heart rhythm and delivers shocks to your heart to restore a normal heart rhythm. You may also receive medications through an IV to help restore your heart rhythm.

Throughout your procedure, you will be closely monitored by a dedicated care team that includes:

- A **Cardiologist** who performs the procedure
- A **Registered Nurse** to administer medication and monitor your vital signs and heart
- A **Respiratory Therapist** to monitor your airway

Your doctor will decide whether you need a transesophageal echocardiogram before cardioversion. If your doctor finds blood clots, your cardioversion procedure will be delayed for three to four weeks. During that time, you'll take blood-thinning medications to reduce your risk of complications.

AFTER YOUR TEST

Electric cardioversion is done on an outpatient basis, meaning you can go home the same day your procedure is done. You'll spend about 30 minutes in a recovery room being closely monitored for complications. You'll need someone to drive you home, and your ability to make decisions may be affected for several hours after your procedure.

Even if no clots were found in your heart before your procedure, you'll take blood-thinning medications for at least several weeks after your procedure to prevent new clots from forming. Do not stop this medication unless directed by your doctor.

Your doctor may suggest lifestyle changes to improve your heart health and prevent or treat conditions that can cause arrhythmias, such as high blood pressure. That includes:

- Avoid alcohol. Even an occasional drink can cause atrial fibrillation.
- Get evaluated for sleep apnea if you snore and feel tired.
- Eat heart-healthy foods (consider trying the Mediterranean Diet).
- Increase your physical activity.
- Maintain a healthy weight.
- Quit smoking.
- Try to limit or manage stress and anger.
- Use less salt, which can help lower blood pressure.