

Cardiac Services

External cardioversion under sedation

You have been asked to attend for an **external cardioversion under sedation**. This leaflet is designed to help you understand:

- the procedure
- the preparation you need to do before your admission
- the expected outcome
- what you will need to do when you go home

What is external cardioversion?

This involves giving your heart a brief electrical “shock”. This is done through two pads placed on the chest wall (usually back and front).

The electrical current momentarily stuns the abnormal circuit. This stops the irregularity in the heart’s rhythm. It also allows the heart’s own pacemaker to regain control of the heart and returns it to a normal rhythm.

What is sedation?

Before the procedure, a plastic tube will be placed into a vein in your arm. To sedate you, a sedative drug (Midazolam) will be given to make you drowsy.

You will not be deeply unconscious as you would with a general anaesthetic. But you should not feel discomfort during the cardioversion procedure. This avoids the need for a general anaesthetic.



What risks may occur with external cardioversion?

Complications from cardioversion are uncommon but can occur.

- There is a small risk of stroke. To avoid this, you will have been on **oral anticoagulant drugs (blood thinners) which need to have been active for at least three weeks.**

It is particularly important **not to miss any of the tablets.** Doing so will increase the chance of a clot forming.

If there is the risk that you have missed some doses of your blood thinning medications, speak to your doctor or consultant at the earliest opportunity. We may have to delay your procedure.

- Some redness or discomfort of the skin may occur. This resolves quickly.
- Occasionally, the heart can go too slowly after a cardioversion. Very rarely, the heart can go too fast. Usually this is something that can be dealt with quite easily.

Although the procedure is usually successful, unfortunately there is quite a high chance that the heart may revert back to the abnormal rhythm in the days or weeks after the procedure.

Do I still take my blood thinning medication?

You need to **stay on the oral anticoagulants for at least 1 year** following the cardioversion. This applies to both warfarin and the newer agents such as rivaroxaban, dabigatran, apixaban and edoxaban.

There is a chance that the heart rhythm may not stay in normal rhythm following an initially successful cardioversion. This is not necessarily something that you would be aware of. If you were not on this type of medication, there would be a risk of stroke.

Patient Information

Do I still take my other medication?

You should continue to take all your usual medication.

It is essential that you bring all your medication in their original containers with you. The nursing staff and doctors will need to see them when you are admitted.

You may have a small drink of water to take your morning tablets, unless you have been advised not to.

Diuretics (water tablets): Do not take them on the morning of your admission for your procedure.

Insulin: If you have insulin dependent diabetes, you should have a light early breakfast with **half** your usual morning dose of insulin.

Please make that you have eaten **6 hours before your procedure**. This will be between 8am and midday.

Please note:

If you are on tablets to control the rate of your heartbeat, you should continue to take these unless advised otherwise.

If you are in any doubt, please ring the Cardiology Day Unit on **024 7696 5661** and a nurse will be able to advise you. Alternatively, you can contact your consultant's secretary.

Transport

Please do not drive yourself to hospital. Arrange for someone to bring you in and to collect you. If this is not possible, please ring the Cardiology Waiting List team on 024 7696 5767.

Items to bring in

We advise you to bring an overnight bag with toiletries and nightwear. This is just in case you need to stay overnight.

Patient Information

Valuables

Do not bring any valuables or large amounts of money into the hospital. Please remove all jewellery (except wedding rings) before coming into hospital.

Do not use creams, oils or powders on your skin on the day of admission. This may prevent the chest pads from adhering during the procedure.

Please remove all makeup and nail varnish before arriving.

It is strongly advised that you stop smoking for at least 48 hours before your cardioversion.

We also advise no alcohol for 48 hours before your cardioversion and 48 hours after.

When do I stop eating and drinking before the procedure?

You should have nothing to eat or drink for at least **6** hours before the external cardioversion. The procedure will take place between 8am and 12 midday.

You may have a small drink of water to take your tablets as previously indicated.

What happens when I arrive at the hospital?

Please report to the Main Reception on the Ground floor of the hospital to book in. Report in at the time your appointment letter states.

The receptionist will hand you a registration form. You will need to give this to the nurse or support worker in the Cardiology Assessment Hub on Ward 21.

Patient Information

Go through the doors to the right of the Main Reception area in the East Wing. Take the lift to the Second floor. On the second floor, turn left to Ward 21.

On arrival at the Cardiology Assessment Hub you will be allocated a trolley bed. Your privacy and dignity will be maintained at all times.

Occasionally there may be a short delay whilst waiting for an available bed space. The nursing team will be arranging an allocated space for you and will get you settled in as soon as possible.

You will be met by a nurse or support worker who will be looking after you. They will assist you in preparing for your procedure.

- You will be asked some more questions, have your blood pressure taken and pulse recorded. An electrocardiogram (ECG) will be taken to check your heart rhythm.
- You will have the opportunity to ask questions.
- A doctor will come to see you to explain the external cardioversion procedure. They will ask you to sign the consent form agreeing to have the procedure (if you have not already signed one in the pre-admission clinic).
- A cannula (small plastic tube) will then be inserted into a vein in your arm. This allows a sedative to be given just before your cardioversion.
- 30 minutes before your procedure, you will be asked to remove clothing from the waist up. You will be given a hospital gown to wear.
- Before the procedure you will be asked to remove your contact lenses and dentures.
- It is also advisable to empty your bladder before going for your procedure.

Who will perform my procedure?

The procedure will be performed by a cardiology doctor or a specialist nurse. Both are experienced in performing the cardioversion procedure. Another nurse will also be in attendance to look after you. She will give you some oxygen to breathe for a short time before you have your cardioversion.

During the external cardioversion

You will be sedated during the procedure. You will not be aware of the brief electric shock used to produce a normal heart rhythm.

You may feel slight skin soreness after the procedure. This is from where the pads have been placed. It is possible that the skin may become reddened over this area too. The amount of skin discomfort varies from person to person.

Whilst you are sedated and unaware, we will remain with you at all times. The doctor and nurse will be monitoring you very closely.

What happens after the external cardioversion?

After the cardioversion, you will have an oxygen mask on your face. You may feel sleepy for 30 minutes to an hour.

During this time, your nurse or support worker will monitor your blood pressure and pulse. An electrocardiogram (ECG) will also be recorded at this time.

When can I eat and drink?

Once you are fully awake, you will be offered something light to eat and drink.

When will I know the results of the external cardioversion?

The doctor or nurse will usually discuss the results with you after the procedure. This will happen once you have returned to the Cardiology Assessment Hub. Sometimes the sedative you have been given may make it difficult to remember the details of this information. So you may wish to have a family member or friend present.

Occasionally, a more detailed discussion in the outpatient clinic is required. This will be arranged for you.

Patient Information

Please note:

After the cardioversion procedure, anticoagulant medicines (warfarin, apixaban, edoxaban, dabigatran or rivaroxaban) **must be continued** until your doctor is convinced that your heart rhythm has remained normal. This will usually mean taking it for at least a year. Often the recommendation will be for lifelong anticoagulation.

A full report will be sent to your GP and referring consultant.

Going home

- Normally, you can expect to go home 3 to 4 hours after the external cardioversion.
- Once you have been seen by your doctor you will be discharged home.
- It is essential that you arrange for a family member or friend to drive you home.
- You will also need someone with you for the first 24 hours after discharge.
- You must not drive or operate machinery for 24 hours after the procedure as a safety measure.
- An outpatient appointment may be arranged and sent to you.

If you have any worries about your condition in the meantime, please contact your GP in the first instance.

The staff in the Cardiology Department hope that you have found the information in this leaflet useful and look forward to welcoming you on the day of your admission.

If you have any further queries or concerns about the procedure, please contact the Cardiology Assessment Hub 024 7696 5661.

If you need to speak to someone regarding your appointment date or time, please contact the Waiting List Coordinator on 024 7696 5767

Patient Information

Authors: Dr. Sandeep Panikker, Sr Sarah Abbott, Sr Kim Close, Sr Lauren Deegan

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