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## Patient Information Sheet - Elective Cardioversion

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### TO OUR HEART PATIENTS:

This sheet will offer a brief discussion and explanation concerning a procedure called elective cardioversion that you are scheduled to undergo. If you have any questions or are unclear about the procedure after reading this sheet, please ask and more explanation will be given.

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| 1. What is the name of the test?                                     | 1. Elective Cardioversion   |
| 2. What does that mean?  | 2. The use of electric shock to restore the heart into regular normal rhythm.   |
| 3. Is this an emergency procedure?                                   | 3. Sometimes, but here we are talking about nonemergency work.  |
| 4. Why use electricity?  | 4. It turns out that electric shock for many abnormal rhythms is the best, quickest, and least dangerous method of correction.  |
| 5. Why is the test done?   | 5. Hearts beat and pump more efficiently and effectively if their rhythm is normal and regular. The heart is less subject to going too fast or too slow, less subject to stagnant blood flow (and therefore, less susceptible to blood clots), and less inclined to cause thumping inside the chest.  |
| 6. How long does the test take?                                      | 6. Often less than 15 to 30 minutes.  |
| 7. What is done in advance of the test?                              | 7. The patient is given a general checkup as to overall heart function and function of other vital organs (liver, lungs, kidneys, etc.). Important lab work is checked (such as salt content in the blood, blood count, etc.), and any present medicines which might interfere with the test stopped in advance. The patient is not given any food or liquid by mouth for 6-8 hours (in case of nausea, etc., it is far better to have an empty stomach).   |
| 8. After the preliminary advance work is done, how is the test done? | 8. A nurse anesthetist or M.D. Anesthesiologist uses a very short acting, but effective general anesthetic (sleeping agent that puts the whole patient asleep) to put the patient under anesthesia. When asleep, the patient is shocked first starting with low voltage and building up until the test is done or safe limits of voltage are reached. When the test is over, the patient is allowed to wake up (which takes less than 1 to 2 minutes). He or she is then watched carefully until fully awake and alert. |
| 9. Does the test hurt?   | 9. No, since the patient is under an anesthetic.  |
| 10. How often does the test work?                                    | 10. Depends on the patient and the rhythm disturbance being worked on. It varies in non-emergency situations from about 50% for some stubborn arrhythms (rhythm disturbance) to over 90% for some other more cooperative ones.  |

11. What if the test doesn't succeed?

11. The heart is either left as is or medicine tried. Often later, after correcting possible interfering factors, the test can be redone with success.

12. Can the hart go back into the previous arrhythmia?

12. It can. Medicine is something used after successful shock to prevent this.

13. What is the chance of a complication of this test?

13. Specific information is lacking on this point. When low voltage is used and the patient is otherwise stable, the complication rate is very, very low (such as less than 1%). When higher voltage has to be used and general matters are less stable, the complication rate can approach 10%.

14. What are the possible complications of this test?

14. They break down into:

- a. Serious rhythm disturbances – worse than the one being treated. Using low voltage and careful monitoring helps avoid this. When it occurs, it can usually be treated also. At low energy conversions, a rate problem.
- b. Blood clots: Pre-existing stagnant blood flow can create clots that break off and float away when normal rhythm is restored, rare occurrence in persons felt to be susceptible, blood thinners are often used in advance of the test to help reduce this.
- c. Low blood pressure, minor rhythm disturbance, congestion in the body and lungs. Rare and usually minor problems which can be treated.

15. What do I do now?

15. Read this over carefully and sign at the bottom to probe that at least you read this sheet, not necessarily that you understand all of it. If you have any questions or are in the dark still, please ask and we will provide more explanation BEFORE the procedure is done.