

Consent Information - Cardioversion

1. What is a cardioversion?

Electrical cardioversion is a procedure used to convert an abnormal heart rhythm (such as Atrial Fibrillation AF) to a normal rhythm (sinus rhythm). This is where an electrical shock is given over the chest. This electrical shock stops the abnormal rhythm of the heart for a brief moment and allows the normal heart rhythm to take over.

Blood thinners like Warfarin or a NOAC (i.e. Pradaxa/Eliquis/Xarelto) are usually given for at least 4 weeks prior to the cardioversion to minimize the risk of stroke that can occur during or shortly after cardioversion. The blood thinner is continued for at least 4 to 6 weeks after a successful cardioversion. Most patients who undergo successful cardioversion are placed on oral medications to prevent recurrences of AF.

You will have the following procedure:

The procedure is done under anaesthetic. You will get a drug to make you sleep for a short time. While you are asleep, the doctor will use a special machine (defibrillator) that delivers specific amounts of energy to your heart muscle through patches that will be placed on your chest. This will usually restore your normal heart rhythm. Although this procedure only takes a few minutes, several attempts may be needed. Electrical cardioversion is more effective than medications alone in stopping AF and restoring a normal heart rhythm.

2. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%)

include:

- Skin irritation/redness from adhesive pads.
- Recurrence of Atrial Fibrillation (AF) within 12-24 months.
- The procedure may not be successful and the Abnormal heart rhythm may persist.

Rare risks and complications (less than 1%)

include:

- May require a Pacemaker. This is usually due to an underlying heart condition.
- Blood clot in the lung.
- Heart Attack.
- A stroke. This can cause long term disability.
- Death as a result of this procedure is rare.

