



Patient & Family Guide
2022

Before and After Your Cardioversion

Halifax Infirmary

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Before and After Your Cardioversion

- Your cardiologist (heart doctor) has recommended a cardioversion to treat your heart rhythm problem. This guide will go over your care before and after this procedure.
- You will be booked for a cardioversion as an outpatient. This means you will not stay overnight after your procedure unless needed.
- A cardiology booking clerk will call you to give you the date, time, and place of your cardioversion.

A responsible adult must come with you to your appointment to take you home after your cardioversion. They must stay with you for 24 hours (1 day) after your procedure.

Your cardioversion will be cancelled if you do not have a responsible adult with you.

How does your heart beat?

- Your heart has an electrical system that controls how fast or slow it beats.
- A normal heartbeat starts from the top part of your heart (the atria) and spreads to the bottom part of your heart (the ventricles). This action fills the heart with blood. The blood is then sent out to your body.
- When your heart beats too fast or irregularly (not as it should), it may not be able to fill with blood properly. When this happens, you may have some of these symptoms:
 - › Fainting
 - › Light-headedness
 - › Dizziness
 - › Weakness
 - › “Fluttering” feeling in your chest
 - › Trouble breathing or shortness of breath

Sometimes, medication can help a fast or irregular heartbeat. When medication does not help, your doctor may suggest a cardioversion to try to fix your heart rhythm problem.

What will happen during the procedure?

- During a cardioversion, your heart will be given an electrical shock. This is to try to help your heart go back to a normal rhythm.
- Sometimes, this procedure does not fix a fast or irregular heartbeat. If it does not fix your heart rhythm problem, your cardiologist will talk with you about other ways to treat this.

Getting ready for your cardioversion

- **Do not eat or drink after midnight on the night before your procedure.**
- **Do not** drink alcohol for 48 hours (2 days) before your procedure.
- **Do not** smoke after your evening meal on the night before or on the morning of your procedure. Smoking can cause more fluid buildup in your lungs, and may cause problems with your breathing during the procedure.

The day of your cardioversion

- If you have **Type I diabetes**, take your long-acting insulin as usual. **Do not** take your morning rapid-acting insulin.
- If you have had a history of low or low-normal blood sugars in the mornings, lower your long-acting insulin by 10 to 25% for the dose before your procedure (either the night before or the morning of your procedure).
 - › **Always take your long-acting insulin.**
 - › Bring your rapid-acting insulin with you to take with with first meal after your procedure. Check your glucose often before and after your procedure, and use your judgment to decide if you need a correction dose of insulin.
- If you use an **insulin pump**, you can keep using it, if you have safe basal rates.
 - › If you are not allowed to wear your pump during your procedure, ask your diabetes team to make a plan for how to manage your diabetes on the day of your procedure. (This may include injecting long-acting insulin the night before or the morning of your procedure.)

- If you have **Type 2 diabetes, DO NOT take your oral (by mouth) diabetes medication or non-insulin injectable medication(s) in the morning.** Bring them with you to take with your first meal after your procedure.
 - › If you take long-acting insulin, take it as usual. If you have had a history of low or low-normal blood sugars in the mornings, lower your long-acting insulin by 10 to 25% for the dose before your procedure (either the night before or the morning of your procedure).
 - › If you take rapid-acting insulin, do not take your morning dose. Bring it with you to take with your first meal after your procedure.
 - › If you are on insulin, check your glucose often before and after your procedure.

- **Do not eat or drink anything on the morning of your procedure.**
 - › Take your heart and stomach medication(s), including blood thinners, with only a sip of water, unless you have been given different instructions by your health care team.

Bring to the hospital:

- Your medication(s) in their original, labelled container.
- Your provincial health card.
- You may wear your dentures to the hospital. Please tell your nurse if you have dentures, permanent bridges, caps, crowns, or loose teeth.
- If you wear glasses, bring a case to keep them in.
- If you wear contact lenses, it is best to wear glasses on the day of your procedure. If this is not possible, tell your nurse that you are wearing contact lenses. **These must be taken out before your procedure.**
- If you wear a hearing aid(s), bring it and a case with you. Depending on your hearing loss, you may be able to wear your hearing aid(s) during your procedure.
- Do not bring any valuables (jewelry, credit cards, cheque book) to the hospital. The hospital is not responsible for the loss of any item.

What will happen when I get to the hospital?

- Please give yourself enough time to find parking.
- Register using a self check-in kiosk on the 1st floor, Summer Street entrance, Halifax Infirmary building.
- Then go to 6.4 Coronary Care Unit (CCU), on the 6th floor. You must check in with the unit clerk in CCU when you get there.
- You may need to wait 30 to 45 minutes after you are checked in. The cardioversion will be done in an inpatient room in the CCU. When you check in with the unit clerk in the CCU, they will tell you when the room will be ready.
- You will be asked to change into a hospital gown.
- You can keep your belongings with you in the inpatient room.
- A nurse will check your blood pressure, pulse, and temperature, and go over your medication(s) with you.

What happens during a cardioversion?

- A nurse will get you ready for the procedure. They will:
 - › Place you on a heart monitor
 - › Do an electrocardiogram (ECG) to check your heart's electrical activity
 - › Place a blood pressure cuff on your arm
 - › Monitor your oxygen level through a small clip placed on one finger (pulse oximeter)
- The nurse will insert (put in) an intravenous (IV).
- Two (2) large sticky pads will be placed on your chest.
- A cardiologist will talk with you about what will happen during the procedure and go over the risks. You will be asked to sign a consent form agreeing to the procedure.
- There will be a nurse and 2 doctors (a cardiologist and an anesthesiologist) in the room during the procedure.
- The anesthesiologist (doctor who gives you sedation medication) will ask a few questions about your health.
- You will get sedation medication through your IV before the procedure.

- When you are comfortable, relaxed, and sleepy, an electrical shock will be given to regulate your heartbeat.

Recovering from your cardioversion

- You will stay in the same room until you are fully awake.
- A nurse will check your heart and other vital signs (breathing, blood pressure, pulse) regularly.
- You will have an electrocardiogram (ECG). This test checks your heart's electrical activity.
- A nurse will check your chest area where the pads were placed, as the skin may be red and sore.
- Your IV will be taken out.
- You will get ready to go home and get instructions for when you leave the hospital. Your health care team will answer any questions you have.
- You will be asked to rest quietly until the next morning.
- You will need someone to stay with you for 24 hours.

For 24 hours after your procedure:

- **Do not** drive a car or bicycle, or take a bus or taxi alone.
 - **Do not** climb up on anything (be careful going up and down stairs).
 - **Do not** cook.
 - **Do not** operate machinery.
 - **Do not** drink alcohol.
 - **Do not** sign any legal or financial documents or important papers.
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- You may eat and drink when you feel able. Start with clear juice, tea, clear soup, crackers, or toast.
 - Before you leave the hospital, your doctor may talk with you about:
 - › Any changes in your medication(s)
 - › Any special skin care needed where the pads were placed
 - › Any special instructions for after your procedure
 - › Your follow-up appointment

