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## CARDIOVERSION

Under general anaesthetic, and the supervision of an anaesthetist, your cardiologist gives your heart an electrical shock in order to realign the regular heart rhythm.

Most elective or "non-emergency" cardioversions are performed to treat atrial fibrillation.

### **Preparing for the Procedure** – What do you need to do?

You will be given 'Warfarin', a blood thinning medication to take orally in the days prior to the procedure. You should also take any other medications as instructed by your physician. You should fast for at least eight hours prior to the procedure. You will present at hospital on the morning of the procedure as a day patient.

### **Procedure** – What happens?

The procedure is administered in the 'cath lab' or coronary care unit. An anaesthetist administers intravenous sedation. Once you are asleep, your cardiologist charges the defibrillator and delivers the shock.

Usually a Trans-oesophageal Echocardiogram is performed with this procedure whilst you are asleep. (**See Trans-oesophageal Echocardiogram**)

### **After the Procedure**

You will probably feel slightly drowsy after the procedure. You will be allowed to leave the hospital about three hours after the procedure and you will need someone responsible to take you home.

You may experience some minor chest discomfort and/or skin irritation following the procedure. A moisturising cream such as sorbolene is often adequate in helping to alleviate these symptoms.

### **Possible Complications And Risk**

There is a small risk associated with the general anaesthetic and the chance that the cardioversion may precipitate other abnormal heart rhythms which may cause the need for a pacemaker. (**See Pacemaker**)

'Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.'

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