Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: https://811.novascotia.ca

Prepared by: Cardiology, QE II
Designed and Managed by: Library Services

To be reviewed September 2028 or sooner, if needed.
Learn more: https://library.nshealth.ca/patient-education-resources

Patient & Family Guide
2025

Before and After Your Cardioversion

Halifax Infirmary

Aussi disponible en français : FF85-1726

www.nshealth.ca

Before and After Your Cardioversion

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

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

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

- You will be asked to rest quietly until the next morning.
- You may eat and drink when you feel able. Start with clear juice, tea, clear soup, crackers, or toast.
- You will need someone to stay with you for 24 hours.

For 24 hours after your procedure:

- **Do not** drive a car or a bicycle, or take a bus or a 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, financial documents, or important papers.

- When you are comfortable, relaxed, and sleepy, we will send an electrical shock to your heart 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 vital signs (like breathing, blood pressure, pulse) regularly.
- You will have an electrocardiogram to check 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 I.V. will be taken out.
- You will get ready for discharge. We will give you instructions for when you leave the hospital. Your health care team will answer any questions you have.
- 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

How does the 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 fills your heart with blood. The blood is then sent out to your body.
- When your heart beats too fast or irregularly (not as it should), your heart may not be able to fill with blood properly. When this happens, you may have some of these symptoms:
  - Fainting
  - Light-headedness
  - Dizziness
  - Weakness
  - A "fluttering" feeling in your chest
  - Trouble breathing or shortness of breath

Why do I need a cardioversion?

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

What will happen during the cardioversion?

- We will give your heart an electrical shock. This is to try to regulate your heartbeat (help it 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 it.

Getting ready for your cardioversion

- **Do not drink alcohol for 48 hours (2 days) before your procedure**.
- **Do not smoke after your evening meal on the night before your procedure 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.
- **Do not eat or drink after midnight on the night before your procedure**.

What will happen during the cardioversion?

- A nurse will get you ready for the procedure. They will:
  - › Attach you to a heart monitor
  - › Do an electrocardiogram (ECG/EKG) 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 1 finger (pulse oximeter)
  - › Insert (put in) an intravenous (I.V.) in your arm or hand
  - › Place 2 large, sticky pads 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 anesthetist) in the room during the procedure. An anesthetist is a doctor who gives you sedation medication (medication to help you relax and fall asleep).
- The anesthetist will ask a few questions about your health.
- You will get sedation medication through your I.V. before the procedure.

What will happen when I get to the hospital?

- Please give yourself enough time to find parking.
- Register using a check-in kiosk:
  - 1st floor, Summer Street entrance, Halifax Infirmary Building
- After you have registered, go to the location the booking clerk gave you.
- You will be asked to change into a hospital gown.
- You can keep your belongings with you.
- A nurse will check your blood pressure, pulse, and temperature, and go over your medication(s) with you.

The day of your cardioversion

If you have diabetes, it is important to follow these instructions:

- If you have **Type I diabetes**, take your long-acting insulin as usual. **Do not** take your morning rapid-acting insulin.
- If you have a history of low or low-to-normal blood sugar 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 your first meal after your procedure. Check your glucose often before and after your procedure. 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 care 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 on 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 a history of low or low-to-normal blood sugar 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**.
  - › If you take heart or stomach medication(s), including blood thinners, take them with only a sip of water, unless your health care team has given you other instructions.

Bring to the hospital:

- All of your medications (including prescription and over-the-counter products, inhalers, creams, eye drops, patches, herbal products, vitamins, and supplements) in their original containers
- Your provincial health card
- If you wear dentures, you may wear them 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 (like jewelry, credit cards, cheque book) to the hospital. **The hospital is not responsible for the loss of any items**.