

# Direct Current Cardioversion (DCCV)

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## What is a Direct Current Cardioversion (DCCV)

This is a procedure carried out under a brief anaesthetic, which uses a machine to deliver an electric shock designed to restore a normal regular heart rhythm.

## Why do I need this procedure?

Your specialist has recommended that you have an electrical cardioversion. In patients with an irregular heart rhythm (called atrial fibrillation or atrial flutter) cardioversion is a procedure designed to restore the heart to normal (sinus) rhythm.

The potential benefits from having a cardioversion are:

- relief from the symptoms of atrial fibrillation or atrial flutter, such as tiredness, breathlessness and awareness of the heart beat (palpitations).
- improvement in exercise capacity

## Is it permanent?

Immediate success (a return to a normal, regular heart rhythm) is achieved in over 90% (9 out of 10) people undergoing cardioversion. However the abnormal heart rhythm may return. This may happen within hours or days of the procedure, or in the weeks and months after. After 12 months, around 50% of people will remain in a normal heart rhythm.

## What does it involve?

You will usually come in to hospital on the day of your examination. A nurse will complete a pre-procedure checklist and you will be given a hospital gown to change into. A specialist clinician will explain the proposed procedure to you and ask you to sign the consent form to confirm that you understand the procedure and agree to go ahead with it. Please ask any questions you want. A porter will take you to the theatre where you will have the procedure.

1. A small plastic tube will be placed into a vein in your arm, through which the anaesthetist will give you an anaesthetic drug. You will go to sleep for about 5 minutes.
2. Whilst asleep, the electrical cardioversion is performed by a specialist clinician. Two sticky pads will be placed on your chest. These are connected to a machine which delivers the electric shock. The specialist clinician then delivers the shocks, which should restore the heart back to a normal regular rhythm.

## How long does it take?

The procedure takes about 30 minutes in the theatre, followed by 30 minutes recovery in theatre and one hour recovery on the ward.

## Will I have any pain or discomfort?

As you will be given an anaesthetic, the procedure shouldn't hurt. Temporary skin redness over the chest area at the site of the electric shock may occur. This can be relieved with skin cream, if necessary.

**What happens afterwards?**

- Following your procedure and 30 minutes in recovery, you will spend a further hour on the ward.
- Once fully awake you will be able to eat and drink.
- An ECG will be undertaken during this time, which a clinician will review to assess if a normal heart rhythm has been restored.
- The cannula will be removed before you go home.
- As you have had an anaesthetic, you must not drive, drink alcohol or sign legal documents for 24 hours afterwards.

**Can I stop my anticoagulation medication?**

Due to the risk of the abnormal heart rhythm returning, it is usually advised that warfarin, rivaroxaban (Xarelto), dabigatran (Pradaxa), apixaban (Eliquis) or edoxaban (Lixiana) are continued for a minimum of 4 weeks (but sometimes longer) following your cardioversion.

**Are there any risks?**

Complications from a cardioversion are rare.

- The only common complication is temporary skin redness over the chest area at the site of the electric shock. This can be relieved with skin cream if necessary.
- Serious complications are very rare. The risk of stroke occurring at the time of cardioversion is less than 0.5% (1 in 200 patients) in patients who have been taking their anticoagulation correctly.

For some patients the risks may be higher; please speak to your specialist clinician before your procedure if you have any concerns.

**Will I need further appointments?**

This will depend on the success of the procedure and whether a normal heart rhythm has been restored.

**Any questions?**

If you need any more information or have any queries please contact the Cardiac booking office on 01872 252726.

Further support and information is available from the:

**British Heart Foundation**

08450 708070

[www.bhf.org](http://www.bhf.org)

**Arrhythmia Alliance**

Helpline - +44 (0)1789 867501

PO Box 3697

Stratford-Upon-Avon

Warwickshire

CV37 8YL

[www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk)

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

**Direct Current Cardioversion (DCCV)***Electrical cardioversion*

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To restore the heart to normal (sinus) rhythm and in doing so relieve the symptoms of atrial fibrillation or atrial flutter, such as tiredness, breathlessness and awareness of the heart beat (palpitations). It can also improve cardiac function in heart failure treatment*

**Significant, unavoidable or frequently occurring risks:**

- *Transient skin redness over the chest area at the site of the electric shock (5%)*
- *Reoccurrence of atrial fibrillation within 12-24 months (5%)*
- *The procedure may not be successful. Abnormal heart rhythm may persist (5%)*

**Uncommon but more serious risks:**

- *Risk of stroke and heart attack occurring at the time of cardioversion is less than 0.5% (1 in 200 patients)*
- *Damage and/or interference with cardiac implantable electronic device circuitry (pacemakers or defibrillators) – this is usually transient*
- *Transient arrhythmias*

**Uncommon possible later issues:**

- *Anaesthetic complications*

**Any extra procedures which may become necessary during the procedure:**

- *Other procedure (please specify):*
  - *Administration of medications for fast or slow heart rates*
  - *Pacing due to unduly slow heart beat*

**I have also discussed what the procedure is likely to involve**, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Direct Current Cardioversion (DCCV) (CHA3643) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

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### STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I understand** that if I am taking rivaroxaban (Xarelto), dabigatran (Pradaxa), apixaban (Eliquis) or edoxaban (Lixiana), by signing this form I am confirming that I have taken the medication consistently and as prescribed for at least 3 weeks up until the date of this procedure.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Direct Current Cardioversion (DCCV) (CHA3643) which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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