Patient information and consent to
Elective day case cardioversion
(Cardioversion)

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your procedure.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for procedure. You will have an opportunity to ask any questions from the doctor or cardiologist when you are admitted. You will sign the consent form when you are admitted.

- Please bring with you any medications you use, doses and its packaging (including patches, creams, inhalers, insulin and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- It is important that you do not eat and drink anything for six hours before your admission to ward K2 for your procedure. Any meal you take before this time should be light and easily digestible.

- Take your morning medications as normal on the day of the procedure with a sip of water (except Digoxin, β blockers (eg. Atenolol, Metoprolol, Bisoprolol), Diltiazem and Verapamil. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call ward K2 on telephone number 01223 256233 if you have any questions or concerns about this procedure or your appointment.

- After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know
Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the doctor, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However Elective day case cardioversion, CF020, Version 3, April 2015
the person undertaking the procedure will have the relevant experience. All information we hold about you is stored according to the Data Protection Act 1998.

**About elective day case cardioversion**

- Cardioversion is a procedure that is used to try to correct an arrhythmia (abnormal heart rhythm) by delivering an electrical shock through two electric 'pads' on the chest. It is performed under a general anaesthetic or 'sedation'.
- The aim of this procedure is to reduce the complications associated with an abnormal heart rhythm. For example, some abnormal heart rhythms cause your heart to pump inefficiently making you breathless and fatigued. By correcting the abnormal heart rhythm, these symptoms should improve.
- To reduce the risk of a blood clot forming, you will usually have been given Warfarin, Heparin or alternative beforehand to thin your blood.

**Intended benefits**

Returning the heart to its normal rhythm can make it more efficient, and in some patients, also reduce the risk of stroke, the sensation of palpitations, breathlessness and fatigue.

**Who will perform my procedure?**

This procedure will be performed by a healthcare professional experienced in performing the procedure. The anaesthetic / sedation will be administered by a doctor with appropriate training and expertise.

**Before your procedure**

You may be asked to attend clinic before your treatment date. You will be met by a nurse who will talk to you about the procedure, ensuring that you fully understand your treatment and this form. You will be asked some simple questions about your health. An ECG (electrocardiogram) will be taken to see what your heart rhythm is. A blood sample will also be taken. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring an up to date list of your current medication plus doses and packaging, and documentation regarding your recent Warfarin doses and blood test (INR) results. You will be told which medications to withhold on the morning of your cardioversion. **Please ensure you inform the nurse if you are diabetic.**

- On the morning of your cardioversion procedure, take all your usual 'morning' medications – (except Digoxin, β blockers (eg. Atenolol, Metoprolol, Bisoprolol) Diltiazem and Verapamil but with only a sip of water.
- If you are diabetic you will require additional instructions which should be discussed with staff.
- Please have nothing to eat or drink six hours before your admission to Ward K2.
- Please remove any make-up and nail varnish before your appointment.

Elective day case cardioversion, CF020, Version 3, April 2015
**Do not** bring large sums of money or jewellery with you, as we are unable to accept any responsibility for loss or damage to your property.

**You must** arrange for a responsible adult to accompany you home, and to stay with you for 24 hours following your cardioversion. **You should not** drive yourself home or use public transport on your own.

You might want to bring a book or magazine with you as you may have a wait during your stay with us.

When you arrive on ward K2, you will meet your nurses who will prepare you for your cardioversion procedure. You will also meet the doctor/nurse performing the procedure. You will have an ECG and bloods taken, and a cannula placed into a vein in your arm. If your INR is less than 2.0, you will be given a Heparin injection.

You will also see the anaesthetist on your admission day on ward K2. They will look after you and is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know whether you wear dentures, have caps or a plate. The anaesthetist will then select a type of anaesthetic, aiming to ensure as rapid a recovery as possible with as few after effects as possible. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet.

- It is not usual to have a premed for day care procedures, as these can slow recovery.
- You will be asked to read and sign this consent form.
- Most people who have this type of procedure will need to stay in hospital for a few hours. Your doctor will discuss the length of stay with you.

**Hair removal before a procedure**

For this procedure we may need to remove some of the hairs on your chest. If this is necessary, the nurses will use an electric hair clipper with a single-use disposable head on the day of the procedure. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**During the procedure**

Although the procedure itself only lasts for seconds, you will be under anaesthetic (asleep) for 10 to 15 minutes. Therefore, you will not feel the cardioversion electrical shock. You might however, feel some minor skin soreness following the procedure from where the ‘electric’ pads have been. It is possible that your skin may become reddened. The degree of skin discomfort experienced following a cardioversion is variable. Before you leave ward K2, you may be provided with some cream, which can be applied to the skin if necessary, to ease your symptoms.

While you are unconscious and unaware, your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the
period of the procedure.

**After the procedure**

The nurses will monitor you closely until the effects of any anaesthetic or sedation have adequately worn off and you are alert. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given some oxygen via a face mask to breathe in. You are likely to feel drowsy and sleepy at this stage. Although it is rare, some patients may feel sick. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. You might also wake up feeling sleepy. During this time, a nurse will monitor both your blood pressure and pulse. You will be attached to a heart monitor to enable the nurse to see your heart rhythm; an electrocardiogram (ECG) will also be taken.

**Eating and drinking.** Once you are fully awake, you will be offered something to eat and drink. Initially, you will be offered only cold food and drinks. After four hours, you will also be able to have hot food and drinks.

**Leaving hospital.** You can usually expect to go home between two to three hours after your cardioversion.

Your escort, who will collect you and take you home, is advised to ring ward K2 on 01223 256233 after 1300 for an estimation of your discharge time.

**Resuming normal activities including work.**

We advise you to rest for the remainder of the day, especially if you feel sick or dizzy. Do not return to work on the day of your cardioversion.

It is important that for the 24 hours following your cardioversion you:

- Do not drive
- Do not drink alcohol
- Do not bathe or shower without assistance
- Have a responsible adult with you at all times
- Do not operate any potentially dangerous devices (including the cooker, kettle or iron) because your reflexes can be reduced
- Make no important decisions including legal ones; do not sign cheques or documents.
- Refrain from vigorous physical exercise as advised by your doctor.

**Special measures after the procedure:** After a cardioversion procedure, anticoagulation is continued for a minimum of four weeks. Sometimes it may be a lifelong treatment. If you are worried about your condition, contact your general practitioner (GP) or call for an ambulance. We will give you a post procedure leaflet about any special measures you need to take after the procedure.
Check-ups and results: Before you leave your nurse will check that arrangements have been made for any follow-up treatment / appointments.

Significant, unavoidable or frequently occurring risks of this procedure

- There are some minor risks associated with this cardioversion procedure which have been discussed with you when the decision was made to put you on the waiting list for cardioversion. The most serious risk is of triggering a stroke, which occurs in less than one in every 100 patients. Some people are more likely than others to have a stroke but it is difficult to accurately predict who they are. However, if you have any concerns, please do not hesitate to discuss them with your cardioversion nurse in the pre-assessment clinic.

- Depending on the condition of your health, there is about a 70-90% chance that this procedure will be successful and will return your heart rhythm to normal. If it is unsuccessful, your heart rhythm will not change. Depending on the health of your heart and your drug treatment, there is also a possibility that even if the procedure is initially successful you might revert to your original abnormal rhythm in the days or weeks after the procedure. Your GP or hospital doctor will probably want to regularly check your heart using an ECG in the future.

Alternative procedures that are available

The main alternative to the procedure is leaving the heart in its abnormal rhythm (usually atrial fibrillation or flutter) and instead, controlling its rate with tablets and administering Warfarin or alternative anticoagulant to prevent stroke. There is also a procedure called ‘Catheter Ablation’ which is effective for some patients.

Information and support

You will be given some additional patient information before and after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff on 01223 256233.

Further information is also available on the British Heart Foundation website: www.bhf.org.uk
General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs. While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the procedure. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.
**Common side effects (1 in 100 people)**
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

**Uncommon side effects and complications (1 in 1000 people)**
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

**Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications**
- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
**Privacy & dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

**Document history**

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Returning the heart to its normal rhythm can make it more efficient, and in some patients, also reduce the risk of stroke, the sensation of palpitations, breathlessness and fatigue.

The most serious risk is of triggering a stroke, which occurs in less than one in every 100 patients.

A 70-90% chance that this procedure will be successful and will return your heart rhythm to normal. If it is unsuccessful, your heart will not change.

Even if the procedure is initially successful you might revert to your original abnormal rhythm in the days or weeks after the procedure.

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

Returning the heart to its normal rhythm can make it more efficient, and in some patients, also reduce the risk of stroke, the sensation of palpitations, breathlessness and fatigue.

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient:

- The most serious risk is of triggering a stroke, which occurs in less than one in every 100 patients.
- A 70-90% chance that this procedure will be successful and will return your heart rhythm to normal. If it is unsuccessful, your heart will not change.
- Even if the procedure is initially successful you might revert to your original abnormal rhythm in the days or weeks after the procedure.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Elective day case cardioversion

The following information leaflet has been provided:

Elective day case cardioversion

Version, reference and date: CF020 v3 April 2015

or □ I have offered the patient information about the procedure but this has been declined.

□ This procedure will involve:
  □ General and/or regional anaesthesia □ Local anaesthesia □ Sedation □ None

Signed (Health professional): ____________________________ Date: D.D/M.M./Y.Y.Y.Y.

Name (PRINT): ____________________________ Time (24hr): __.__ __:__ M.M.

Designation: ____________________________ Contact/bleep no: ____________________________

C Consenting patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. □ Yes □ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. □ Yes □ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. □ Yes □ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training. □ Yes □ No
Consent Form

Elective day case cardioversion

4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.
      □ Yes  □ No

   b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.
      □ Yes  □ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ---------------------------------- Date: __/__/M.M./Y.Y.Y.Y.
Name of patient (PRINT): ----------------------------------

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ---------------------------------- Date: __/__/M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ---------------------------------- Date: __/__/M.M./Y.Y.Y.Y.
Name of witness (PRINT): ----------------------------------
Address:

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital
Consent Form

Elective day case cardioversion

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ................................................................. Date: ...........................................

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

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ................................................................. Date: ...........................................

Name (PRINT): .....................................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: ...........................................

Signed (Health professional): ................................................................. Date: ...........................................

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