

WHAT HAPPENS AFTER THE PROCEDURE?

You will be able to drink and eat as soon as your nurse feels that you are fully awake after the procedure. Your family will be able to visit immediately.

WHEN CAN I GO HOME?

Outpatients:

Those who are having cardioversion done on an outpatient basis usually remain in the Hospital for 1 to 2 hours after the procedure. This allows us to monitor your heart rhythm to be sure it remains stable.

Inpatients:

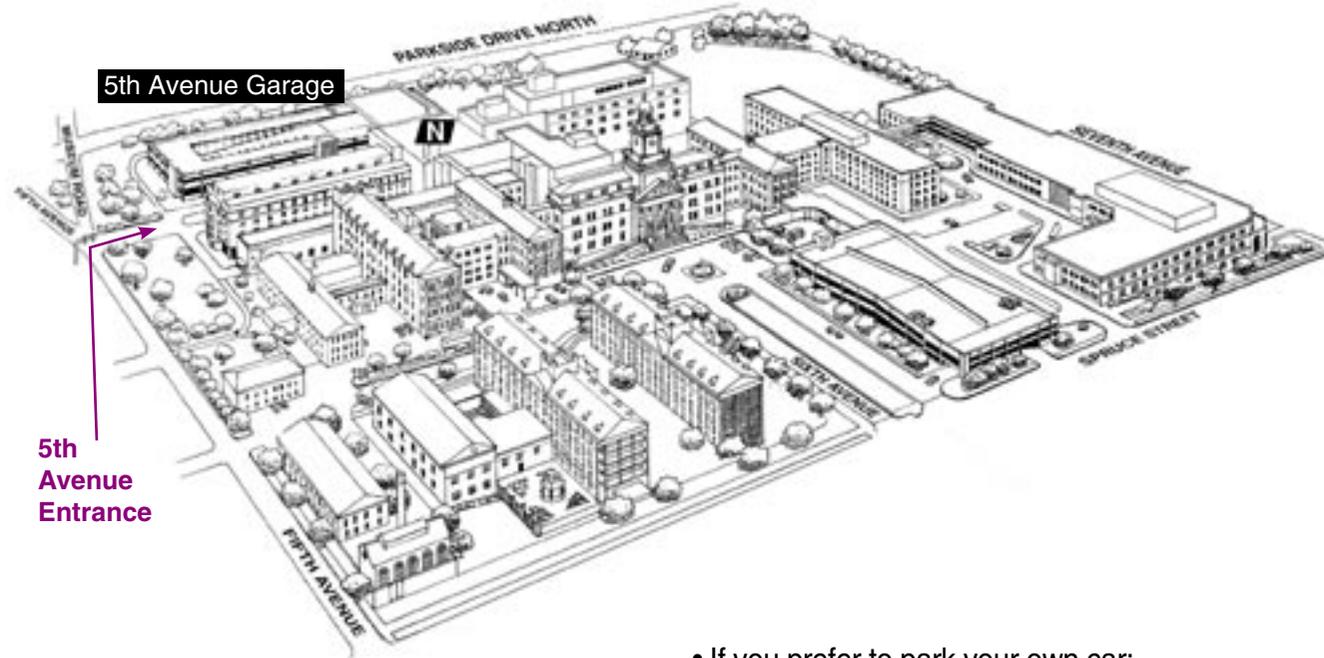
Inpatients are often discharged the next day.

The timing of your discharge, however, depends on your condition. Because each situation is different, each patient's length of stay differs. It is important to discuss this with your doctor.

QUESTIONS

If you have any questions about cardioversion, please ask your physician or nurse.

If you have any questions, or need to cancel your appointment, please call your ordering physician's office.



Directions

The Reading Hospital Regional Heart Center is located on the first floor of N-Building at our West Reading campus. You access N-Building from 5th Avenue at the traffic light; this driveway is marked with a large green sign that indicates parking for the 5th Avenue Garage, as well as the entrances for N-Building and R-Building.

Parking & Entrance

- You will be given a Regional Heart Center parking tag in advance of your appointment. Please hang this tag from your rearview mirror.
- Use the 5th Avenue entrance to our West Reading campus.
- For FREE valet parking, patient drop-off, or assistance, follow the driveway straight back and beneath the building to the valet station. The station will be marked in blue; our valets wear blue shirts.

- If you prefer to park your own car:
 - make the 1st left turn into the 5th Avenue Garage.
 - proceed up one level.
 - use reserved parking spaces marked with red Regional Heart Center symbols that match the symbol on your parking tag.
 - enter through the double glass doors on the left to the Regional Heart Center.
 - follow the hallway straight ahead and turn right at the brick wall.
 - take the next left turn into the registration area for the Regional Heart Center.



**The Reading Hospital
Regional Heart Center**
PO Box 16052
Reading, PA 19612-6052

Located at: Sixth Avenue and Spruce Street,
West Reading, Pennsylvania

Visit our website
www.readinghospital.org

You are
scheduled for

Cardioversion



date: _____

time: _____

report to: Regional Heart Center
N-Building, 1st Floor



**The Reading Hospital
Regional Heart Center**

Your physician has scheduled you for cardioversion because your heart is beating in an abnormal rhythm that should be returned to normal. The procedure may help decrease any breathing difficulties you've been having. It may also reduce your chances of suffering heart failure or stroke.

Most patients scheduled for cardioversion have many concerns. This brochure answers the questions most frequently asked by patients and their families. We hope the explanations will be helpful to you. Please feel free to ask your nurse or doctor if there is anything else you want to know.

WHAT IS CARDIOVERSION?

The cardioversion procedure involves delivery of an electrical impulse to the heart. Your cardiologist or nurse will place paddles or pads on your chest. These will be connected to a small machine at your bedside, and, when activated, will deliver the electrical impulse to your heart.

One impulse is usually effective in returning the heart to its normal rhythm. Occasionally, one or more slightly stronger impulses are needed.

Cardioversion usually takes from 15 to 20 minutes.

WHERE IS THE PROCEDURE DONE?

If you're an inpatient, the procedure will be done in either a specially equipped area in our Regional Heart Center, in your room, or in a special care unit.

If you are an outpatient, please report to the Regional Heart Center on the first floor of N-Building at The Reading Hospital. After you are registered, you will be escorted to a waiting area, and then to the procedure room.

WHAT PREPARATION IS NEEDED BEFORE THE CARDIOVERSION?

- Before your cardioversion, your physician will prescribe doses of a blood-thinning medication (heparin and/or coumadin). You should continue to take this medication according to your doctor's orders.
- Do not eat or drink anything after midnight the night before your procedure. You may, however, take your medication with small sips of water.
- If you are one of the many patients requiring hospitalization the day before the cardioversion, nursing staff will monitor your heart rhythm, administer medications, and help you follow the dietary restrictions noted above.

WHAT HAPPENS NEXT?

As part of your registration, you will be asked to sign a consent form. Outpatients

will then be escorted to the procedure area.

Next, you will be asked to change into an examination gown, and then helped onto the treatment table. Our staff will start an intravenous line in your arm. This line allows us to administer a sedative directly into your vein.

We will also connect you to devices that monitor your heart, blood pressure, and oxygen content of your blood. In addition, we will provide you with oxygen through special tubing inserted at your nasal passageway.

WHO WILL BE THERE DURING THE PROCEDURE?

A cardiologist, a nurse, and an anesthesiologist will be present. The cardiologist performs the procedure, while the nurse prepares you and monitors your blood pressure and heart rhythm. The anesthesiologist monitors your breathing.

Other people may be in the room to assist as needed.

WHAT WILL I FEEL DURING THE PROCEDURE?

You will be given a sedative through your intravenous line. The medication will relax you, and you will fall asleep for a brief period of time.

Some patients feel a **very brief** sharp stabbing sensation in the chest when the electrical impulse is delivered. Usually,

however, the sedative eliminates any memory of the procedure.

There are usually no after effects except a slight redness or soreness of the chest.

ARE THERE COMPLICATIONS?

Although the risk is very small, complications — more serious heart rhythm irregularities, breathing difficulty, or stroke — can occur. For this reason, there is always emergency equipment in the room to deal with problems.

The risk of serious complications is low — probably less than one in 100. With your heart irregularity, you have a small risk of stroke whether you have the cardioversion or not.

To minimize that risk, you may be given heparin or coumadin after the procedure to continually thin the blood.

WHAT IF THE PROCEDURE ISN'T SUCCESSFUL?

Occasionally, it is not possible to correct the irregular heart rhythm. Although it is desirable to return your heart to a completely normal rhythm, most people are able to function well with an irregular rhythm as long as the heart is not beating too quickly.

If the procedure is unsuccessful, the physician will probably prescribe medication to keep your heart rate in an acceptable range.