There may be a wait for the electrical cardioversion after you arrive in hospital.

After the cardioversion, you will be taken to a recovery area and you will then return to the ward. Most people go home a couple of hours after the procedure providing that they are well. You will have a repeat ECG to confirm your heart rhythm at discharge.

Before you go home, the specialist who performed the cardioversion will explain the outcome and what will happen next. They will tell you if you need any changes in your medication, when they plan to see you again and the next steps if the procedure was unsuccessful. The specialist will advise you when you can safely resume normal daily activities, exercise or return to work.

You will need to arrange for someone to take you home. You should avoid driving, drinking alcohol or signing any legal documents for at least 24 hours after this brief general anaesthetic.

What preparation is needed?

If you are having a cardioversion procedure, please make sure that you have nothing to eat or drink for at least 6 hours prior to the procedure. You can still take your usual medications with a small sip of water.

Dress in comfortable clothes that you can easily take off and put on. You may wish to bring a dressing gown, shawl or blanket and something to read whilst you are waiting. If you use a walking aid, please bring this with you if you feel you might need it. It is also helpful to bring a list of your usual medications with you to the hospital.

You should try to be in the best health that you can be if you are having an electrical cardioversion, as this will give you the best chance of a good outcome and good recovery.

If you smoke, we strongly advise you to try and stop. Your GP can suggest support for this.

If you have diabetes or high blood pressure, please see your GP to ensure these conditions are well controlled.

If you are overweight, please do your best to reduce your weight. Your GP may be able to refer you to weight loss services to help with this.

Most people who have an electrical cardioversion have a good outcome. People who take steps to improve their general health beforehand and afterwards are more likely to have a good outcome.

Any questions or comments?

If you have other questions that we haven't covered then please ask the healthcare team looking after you.

Unfortunately, NW Hearts Charity can't answer questions about your own health situation.

If you have any comments about this leaflet (good or bad), then please contact **office@nwhearts.org**

NW Hearts Charity always welcomes feedback about how we are doing and how we might improve.

V1, August 2026

Patient information leaflet developed by **NW Hearts Charity**

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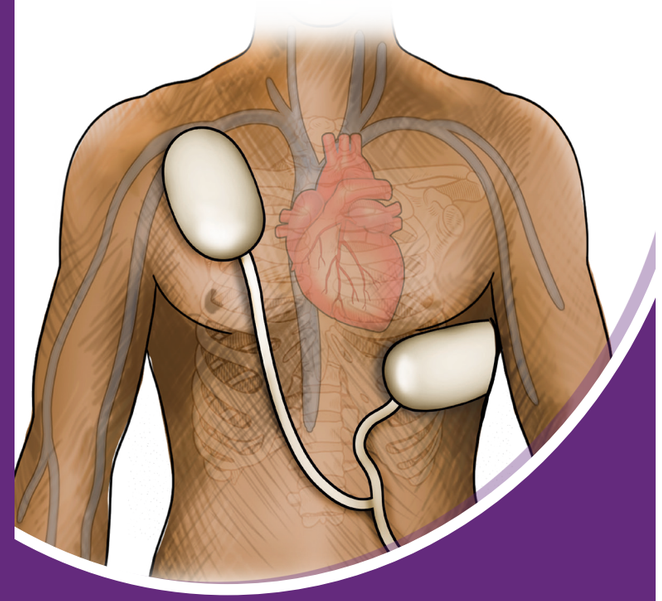


Electrical Cardioversion

Patient information leaflet

NW Hearts Charity

Your heart · Your charity

What is the heart's electrical system?

Your heart's electrical system is like a conductor in an orchestra. It sends signals that tell the heart muscle when to beat and pump blood around the body. When they work normally, these signals coordinate the top and bottom chambers of the heart to pump blood in a healthy rhythm.

What are arrhythmias?

Sometimes, your heart's electrical system can go wrong, leading to problems with these signals. This can cause extra irregular heartbeats or pauses in the heartbeat, which doctors call an arrhythmia.

Some people with arrhythmias may experience:

- Palpitations (a sensation your heart is racing, fluttering or skipping a beat)
- Dizziness or blackouts
- Chest pain
- Breathlessness
- Fatigue

Many people with arrhythmias have few or no symptoms. Sometimes arrhythmias are harmless, but sometimes they need medical attention. Although you may feel well, arrhythmias can still carry risks and require proper diagnosis and treatment.

What treatments are available for arrhythmias?

Many people with minor arrhythmias need no additional treatment. Your healthcare team will talk to you about the best options in your case.

- Changes to your lifestyle
- Medications: to manage symptoms, prevent future problems, and improve heart function. Some people need tablets every day. Some people only need to take tablets when they experience an arrhythmia
- An electrical cardioversion
- A pacemaker-type device implant
- Catheter ablation - a keyhole procedure that uses thin, flexible tubes guided into your heart to carefully remove or block the specific tissue causing your irregular heartbeat.

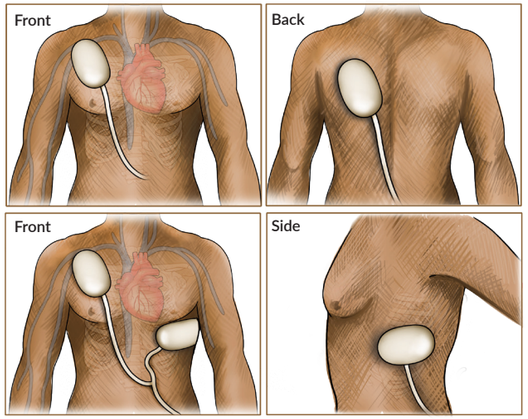
The rest of this leaflet focuses on electrical cardioversion.

What is an electrical cardioversion?

Cardioversion means restoring the heart rhythm to normal. An electrical cardioversion is a treatment used to help restore your heart to a normal rhythm. It involves delivering a carefully controlled electrical signal to your heart with the aim of returning your heart back into a normal rhythm.

To ensure you are comfortable, the procedure is performed under a short general anaesthetic, meaning you will be asleep and not feel or be aware of the treatment. The whole process - from falling asleep to waking up - usually takes around 10-20 minutes.

Small pads will be placed on your chest (either on the front, back, or side). Once you are asleep, the clinical team delivers the electrical signal through these pads. In some cases, more than one signal may be needed to successfully return your heart to a normal rhythm.



Why do I need an electrical cardioversion?

Your doctor may recommend a cardioversion when your heart is in an abnormal rhythm AND:

1. Your current medication is no longer effectively controlling your arrhythmia.
2. To see if restoring a normal heart rhythm will improve your symptoms or heart function.
3. To see if it is possible to restore a normal heart rhythm before considering a catheter ablation procedure.

Many people who need a cardioversion will also need to continue medication before and afterwards.

How successful are electrical cardioversions?

Cardioversions successfully restore a normal heart rhythm in most people (about 9 out of 10). However, they are generally not a permanent cure for the arrhythmia. In some cases, the arrhythmia can return hours or days after the procedure. You are most likely to have a successful cardioversion if your arrhythmia was recently diagnosed and you do not have other significant health problems.

If the cardioversion is not successful at maintaining a normal rhythm, there are other options.
These include:

- Additional medication
- A repeat cardioversion after starting new medication
- Catheter ablation

If a cardioversion isn't successful, your healthcare team will talk to you about the best option for you.

What are the risks?

Electrical cardioversion is generally a routine and well-established procedure. However, no medical procedure is completely risk-free. Before recommending cardioversion, your healthcare team will have weighed the potential benefits against the possible risks in your individual situation.

Common problems can include chest discomfort and feeling tired or lightheaded immediately after the procedure due to the general anesthesia.

Rarer problems include:
Minor/Moderate: skin irritation, soreness or burns on the outside of the chest. Other heart rhythm problems that require additional treatment.

Serious (less than 1 in 100) stroke: This risk is reduced by making sure you have been taking your blood thinning medication over the previous 3 weeks, with no missed doses.

What happens on the day?

The admission process can vary slightly depending on your hospital; your healthcare team will advise you of the precise details.

Hospital admission processes can vary, but usually when you arrive at the hospital, a nurse will ask you to change into a gown, ask you some general questions and put a small needle (cannula) into your arm. You will have an ECG (electrical recording of your heart).

The healthcare team will ask you if you have missed any doses of your blood thinning medication over the previous three weeks. It is very important that you are honest in answering this question. Missing a dose of your medication could put you at an increased risk of a stroke after the cardioversion and your healthcare team need to keep you as safe as possible.

Your doctor or nurse will ask you to sign a consent form for the procedure, which means that you understand why you are having the procedure and what the risks are. You will also meet the anaesthetist who will talk to you about the general anaesthetic.