



ATRIAL FIBRILLATION AND CARIOVERSION INFORMATION SHEET AND CONSENT FORM

Atrial fibrillation is the most common form of irregular heartbeat (cardiac arrhythmia). Irregular heartbeats are caused by abnormal electrical activity of the heart. In atrial fibrillation, the upper chambers of the heart (atria) beat irregularly and rapidly and in an uncoordinated fashion. The erratic electrical signals may also cause the lower chambers of the heart (ventricles) to beat irregularly and rapidly. This can affect blood flow to the heart muscle and to the rest of the body.

What are the complications of atrial fibrillation?

Atrial fibrillation often causes shortness of breath, dizziness, weakness, fatigue, confusion, or lightheadedness, especially during physical activity. For this reason people with atrial fibrillation have a decreased ability to exercise. Stroke is the major complication caused by atrial fibrillation. When blood does not completely empty out of the rapidly beating atria, a clot can develop in the blood that pools in the atria. The clot may travel from the heart to the brain, causing a stroke. Lowering the risk of stroke is one of the main goals of treatment.

What can I expect if I have atrial fibrillation?

The course of atrial fibrillation depends on: the underlying cause, your heart rate, how long you've had atrial fibrillation, your age and other medical conditions you may have. If an underlying condition (such as hyperthyroidism, infection or alcohol use) is causing atrial fibrillation, treatment of that condition may also resolve the atrial fibrillation, and further treatment may not be needed. The course and treatment of atrial fibrillation that is caused by other heart disease can be more complicated. Heart disease may interfere with how effectively the left ventricle pumps and fills. When atrial fibrillation is also present, an already-damaged left ventricle not only is unable to pump well, but the rapid heartbeat leaves no time for it to refill properly. This combination further decreases blood flow through the heart and can cause serious complications, such as black-outs (syncope) or heart failure.

How is atrial fibrillation treated?

In some people, the irregular heartbeat returns to normal on its own with 24-48 hours. Other people require treatment with medication or cardioversion to correct the irregular heartbeat. Cardioversion is a procedure that uses electrical current or medication (anti-arrhythmic) to return to heart to normal sinus rhythm. If the heart does not return to a normal sinus rhythm, other medications or surgery can be used to control the rhythm of the lower heart chambers so that they don't beat too fast. Medications called anticoagulants, such as Heparin or Warfarin, may be needed to prevent blood clots forming in the heart. Stroke may occur following cardioversion if a blood clot dislodges from the heart and travels to the brain. The use of anticoagulants is therefore recommended for some weeks before and after cardioversion unless a transoesophageal electrocardiogram has ruled out the presence of blood clots in the left atrium. Only about 25% of patients will remain in normal sinus rhythm after 1 year, and additional cardioversion or other treatment may be needed.

What is Cardioversion?

Cardioversion is a procedure that uses electric current to return the heart to normal sinus rhythm. The purpose of cardioversion is to change or convert an abnormal heart rhythm back to normal. Cardioversion applies an electrical shock through the skin to the heart. The electrical shock used is very low energy so it should not harm your heart.

What to expect before the procedure?

An intravenous line (IV) is put in your vein before the procedure so the doctors can give medications during the procedure. You will not be allowed to eat or drink anything for 6 hours before the procedure, except for your medications. You will be asked to remove your jewellery and dentures. It is a good idea to go to the bathroom before the procedure is done.

During the procedure

You will have the procedure done in your room or in a procedure room. You will be asked to lie on your back. A heart monitor, blood pressure cuff, oxygen monitor and an IV will be attached. Doctors and Cardiology technicians will be by your side throughout the procedure. You will be given some medicine that will make you sleep during the cardioversion. Gel pads will be put on your chest to pass the electricity through. This decreases the risk of getting a burn on your chest. After you are asleep, the doctor will use a special machine to deliver the shock to your heart. If your rhythm does not become normal after one shock, the amount of electricity will be increased. This is repeated until a normal rhythm returns or the maximum amount of electricity is used.

Care after Cardioversion

After your procedure, you will return to the recovery area where the nurses will continue to monitor your vital signs for the next hour or until you are fully awake. It is normal for you to feel drowsy at this time due to the medications you were given for the procedure. You may also feel some discomfort on your chest where the pads were placed. Once you are fully awake you will then be able to get out of bed, walk in the hall, and be discharged to go home. It is important someone is available to drive you home. After you are discharged to go home, you may start your regular diet, resume your normal activity and arrange follow up with your family doctor.



Safety and Risks

Although this is a relatively safe procedure, there is a small chance of a problem occurring. These risks include:

- You may develop skin irritation or a small burn on your chest
- You may have a reaction to the medications used for the cardioversion or to medications used to maintain normal sinus rhythm
- Some medications used before and after cardioversion or even the cardioversion itself may cause a life-threatening irregular heartbeat (arrhythmia)
- Anaesthesia may cause some side effects
- Cardioversion may not be successful or your heart rhythm may return to atrial fibrillation after a short time
- A blood clot may be dislodged causing breathing problems or a stroke
- Death

What are the risks of not having cardioversion?

If you choose not to try cardioversion, you still will be at risk for problems from an irregular heartbeat. You have an increased risk of stroke even if you take anticoagulant medications. Successful treatment with cardioversion is less likely the longer you have been in atrial fibrillation. Atrial fibrillation causes many symptoms: You may have heart palpitations, chest pain, or shortness of breath, especially during physical activity or emotional stress. You may also tire easily or have problems with weakness, confusion, dizziness or fainting. Please ask about anything you do not understand. We want you to be as informed as possible about this procedure.

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U.R. No _____ *(Attach patient label if applicable)*

SURNAME _____

GIVEN NAMES _____

D.O.B. _____ SEX M / F *(Please circle)*

GP _____

PATIENT'S STATEMENT

I acknowledge that the doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The doctor has explained other relevant treatment options and their risks. The doctor has explained my prognosis and the risks of not having the procedure. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. I was given a copy of the Atrial Fibrillation and Cardioversion Information and Consent Form to read. My questions and concerns have been discussed and answered to my satisfaction. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition. I also consent to the administration of anaesthetics, medicines and other forms of treatment normally associated with this procedure.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

SIGNATURE _____ DATE / /

D. DOCTOR'S STATEMENT

I have explained the procedure and the risks, relevant treatment options and their risks, likely consequences if those risks occur, the significant risks and problems specific to this patient. I have given the patient an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the patient understood the above information.

NAME _____ SIGNATURE _____ DATE / /

E. INTERPRETER'S STATEMENT *(if applicable)*

I have given a translation in _____ of the consent form and any verbal and written information given to the patient by the doctor.

NAME _____ SIGNATURE _____ DATE / /