

Direct Current Cardioversion (DCCV)

When patients experience undesirable heart arrhythmias, the use of direct current cardioversion is an effective, non-invasive means of reverting the patient back into a normal heart rhythm. Patients are sedated before an electrical current at a specific voltage and timing is delivered to reset the hearts beating cycle. This can effectively restore the heart back to its natural rhythm. The procedure is quick, efficient and safe.

In recommending this procedure, your doctor has made has determined that on balance, the benefits and risks of the procedure outweigh the benefits and risks of not proceeding. As such, your doctor believes there is a net benefit to you going ahead and that the procedure should be successful overall.

What are the risks involved in a direct current cardioversion?

As with all procedures, direct current cardioversions carry their own risk profiles that can range from common occurrences, through to uncommon and rare instances. All Risks should be taken into consideration when considering a direct current cardioversion to determine if the procedure is an appropriate treatment option for yourself during consultation with your treating cardiologist.

Risks and complications can include but are not limited to:

- 5% chance of superficial skin burns from defibrillation pads
- Mild pains in the chest post defibrillation
- 1 in 500 chance of stroke
- 1:100 chance of slow heart rhythm requiring monitoring or intervention
- Anaesthetic risks

What Can I expect during the procedure?

Once checked into hospital for your procedure, you will be taken through an admission process where a detailed medical history is taken, preprocedural blood tests are collected and your body is prepared by shaving some hair off your chest and back. This is done to ensure defibrillation pads and monitoring electrodes can be appropriately placed on your chest and/or back in a way that is both effective for use and easy to comfortably remove.

You will then be taken to the anaesthetic holding bay where your anaesthetist will discuss their part in the procedure, and discuss any queries or concerns you may have prior to the introduction of any medications. Upon entering the cardiac catheter laboratory, you

will be prepared for your procedure by the nursing staff who will position you on a trolley before applying defibrillation pads and various electrodes to your body prior to the induction of any anaesthetic medications.

At the commencement of the procedure once you have been anaesthetised and prepared by the staff assisting with the procedure, the doctor will assess your heart rhythm to determine if direct current cardioversion is still required before delivering an electric shock to your heart through the defibrillation pads while you are unconscious.

The entire procedure is generally reasonably quick, taking around 15 minutes to complete in most cases. At the completion of the procedure, the patient is then awoken from the anaesthetic and transferred to the post anaesthetic recovery area for observation before being discharged a few hours later if no complications are observed.

Before Your Procedure

It is important that you fast prior to your procedure in line with your anaesthetists' instructions. Generally, a fast time of 6 hours for solid food and 2 hours for water is required in order to prevent any complications with the use of anaesthesia during your procedure.

For patients taking Ozempic, Trulicity, Saxenda, Wegovy or Mounjaro, the anaesthetic guidelines require you to continue your medication as normal, commence a clear fluid diet 24 hours prior to your procedure and completely fast for 6 hours immediately prior to your procedure to minimise the potential for anaesthetic related complications.

Note: Clear fluids includes: water, apple juice, broths, black coffee and black tea. Any non-transparent fluids such as milk, smoothies, juice containing pulp or soups are not considered clear fluids and can cause a delay in your procedure time if consumed.

After Discharge Process

Prior to discharge from hospital, patients are advised of any changes to their regular medications and advised of their follow up process. This usually consists of an Holter monitor (24 hour heart rhythm monitor) to assess the effectiveness of the cardioversion, followed by an in-clinic appointment with Doctor Hunt in 6-8 weeks. If you are unsure if an appointment has been made, please contact the clinic to confirm a date and time for review to ensure all pre-appointment testing can be completed in a timely manner.



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