

Patient agreement to investigation or treatment

Elective day-case cardioversion

Authors: Department of Cardiology

Brief description:

- 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. As a day surgery procedure, it is performed under a general anaesthetic. Although the procedure itself only lasts for seconds, you will be under anaesthetic (asleep) for 10 to 15 minutes.
- The aim of this procedure is to reduce the risks associated with an abnormal heart rhythm. For example, some abnormal heart rhythms cause your heart to pump inefficiently and can put you at increased risk of developing a blood clot. Some blood clots can lodge in the circulation and block blood flow including causing strokes.
- To reduce the risk of a blood clot forming during this procedure, you will usually have been given warfarin before hand to help reduce your clotting.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital.

- You will be asked to read this form carefully and you and your cardioversion nurse will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

Preparing for the appointments

Pre assessment clinic: You will be asked to attend a brief clinic five days before your treatment date. You will be met by the nurse performing your treatment. S/he 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 ensure your heart is still in the arrhythmia. A blood sample will also be taken to ensure your blood levels are safe. Please bring an up to date list of your current medication plus doses, and documentation regarding your recent warfarin doses and blood test (INR) results.

Before your procedure

- On the morning of your cardioversion procedure, take all your usual 'morning' medications, but with only a small amount of water.
- If you are diabetic, please do not take your diabetic medication on the morning of this cardioversion procedure. **Please have nothing to eat or drink after 0800 hours on the morning of your admission to Day Surgery.**
- It is important that you **do not** smoke for two days before your appointment.
- Please remove any make-up and nail varnish before your appointment.
- **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.

Please note:

For this cardioversion treatment to be as safe as possible, it is important that your blood has been adequately thinned for four weeks before this procedure (this is why you are taking warfarin). Please check in your anticoagulation book; the INR reading should be between 2.0 and 4.0 for the past four weeks. If this is not the case, or you have any other questions, please phone the Cardioversion Services Tel: 01223 216513. You may need to leave a message, but we will return your call as soon as possible.

- When you arrive at the Day Surgery Unit, you will meet your nurses who will prepare you for your cardioversion and your general anaesthesia. You will also meet the nurse performing the procedure and an anaesthetist.
- If you have not already done so, you will be asked to read and sign this consent form.
- The anaesthetist will select a type of anaesthetic, aiming to ensure as rapid recovery as possible with as few after effects as possible. Please see below for further details on

your anaesthesia.

During the procedure

- You will be 'asleep' during the procedure, 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 becomes reddened too. The degree of skin discomfort experienced following a cardioversion is variable. Before you leave the Unit, you will be provided with some cream, which can be applied to the skin areas if necessary, to ease your symptoms.

After the procedure

- Following the general anaesthetic you will wake up in the Immediate Recovery Area of the Day Surgery Unit and then be taken to the ward area.
- After the cardioversion, you might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy for approximately 30 minutes. 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. You will also be taken off the heart monitor, the anaesthetic needle will be taken out of your arm, and you will be able to get up and get dressed.
- After about sixty minutes, most patients are ready to have a cup of tea before going home.
- **When can you leave hospital?** You can usually expect to go home between three and four hours after your arrival in Day Surgery.
- Your escort, who will collect you and take you home, is advised to ring Day Surgery on 01223 216545 at 1530 hours for confirmation of your discharge time.
- **When you can resume normal activities including work?** For at least the rest of the day, we advise you to rest, especially if you feel a bit sick or dizzy.
- It is important that for the 24 hours following your cardioversion you:
 - **Do not drive.**
 - **Have a responsible adult with you at all times.**
 - **Do not operate any potentially dangerous devices (including the cooker) because your reflexes can be reduced.**
 - **Make no important decisions including legal ones.**
- **Do not** return to work on the day after your cardioversion. Have a relaxing day.
- If you are worried about your condition, contact your general practitioner (GP) or call for an ambulance.
- **Special measures you need to take after the procedure:** After a cardioversion procedure, anticoagulation is continued for a minimum of four weeks, but is now more commonly continued for six months.

- **Check-ups and results:** Before you leave this Unit your nurse will check that arrangements have been made for any follow-up treatment/appointments.

Intended benefits of the procedure

- 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 cardiology-trained nurse with extensive experience in performing the procedure. The anaesthetic will be administered by a trained anaesthetist.

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 to prevent stroke. There is also a procedure called 'Catheter Ablation' which is effective for some patients.

Serious or frequently occurring risks

- There are some minor risks associated with this cardioversion procedure which should have been discussed with you when the decision was made to put you on the waiting list for cardioversion. This is also discussed at the pre-assessment clinic. 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.
- If you have any questions about your general anaesthetic, please feel free to discuss them with your nurse or with the anaesthetist before the procedure.
- 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 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 check your heart using an ECG in the future.

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 procedure.

Before your procedure

You will usually be seen by your anaesthetist on the admission day, in the Day Surgery Unit. The anaesthetist who looks after you on the day of your procedure is the one who 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 about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period.

It is not usual to have a premed for day care procedures, as these can slow recovery.

During your procedure

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 surgery. Your anaesthetist is constantly aware of your condition and trained to respond. 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 replacement.

After your procedure

After your procedure your anaesthetist continues to monitor your condition carefully. You will be transferred to the recovery area where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and although this is very unlikely following a cardioversion, you may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Although it is rare, some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. 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.

What are the risks of general 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 done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Common side effects (less than 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, 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, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your procedure).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Important:

Please bring this form with you to the pre assessment clinic and on the day of the procedure.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माहिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभणी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेछती छोय तो कृपा करीने पूछो.

Gujarati

تکایه پرسیار بکه نه گهر نه وزانیاریهت دهوی به زمانیکی تر ، به پیتی گهره یانیش به شیوهی دهنگ

Kurdish

Urdu

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہرگز ہیرائی اس کیلئے درخواست کریں۔

Document History

Authors	Joseph Cherian
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ www.addenbrookes.org.uk
Contact number	01223 216513
Published	August 2006
Review date	August 2008
File name	CFPI020_card_cardioversion.doc
Version number	2
Ref	CF 020

Consent form 1

Patient agreement to investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

Special requirements (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Elective day-case cardioversion

Statement of health professional

(To be filled in by 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:

- The intended benefits of the procedure
Any serious or frequently occurring risks from the procedures including those specific to the patient
Any extra procedures that might become necessary during the procedure
Tachycardic/bradycardiac arrhythmia correction
Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided
Version/Date/Ref:

This procedure will involve: General anaesthesia

Cardioversion nurse's signature Date: Name (PRINT): Job Title: Cardioversion Specialist Nurse

Contact details (if patient wishes to discuss details later) I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

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

Interpreter's signature Date: Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by the cardioversion nurse when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature..... **Date:**

Name (PRINT):.....**Job Title: Cardioversion Specialist Nurse**