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Cardioversion

How a brief, timed shock resets atrial fibrillation, the blood thinner rules that keep it safe and what to expect on the day.

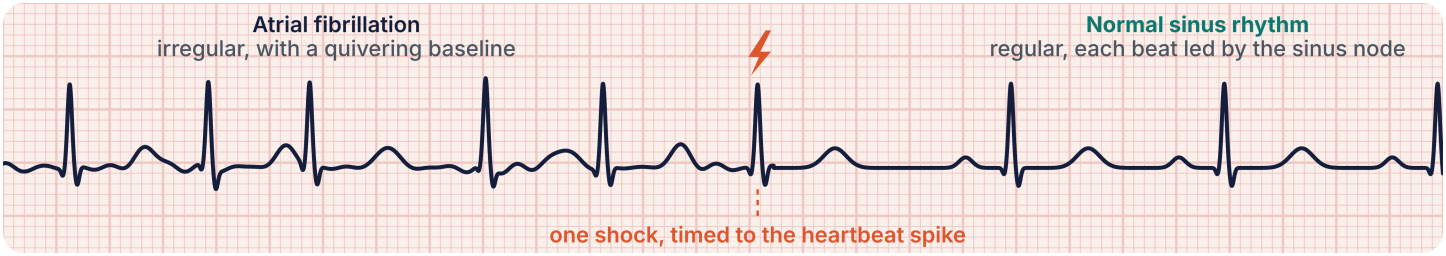
About 90%
of people are back in normal rhythm after the first electrical attempt

15 to 30 min
from sedation until you're alert again, typically

4 weeks
at least, on a blood thinner after the procedure

HOW IT WORKS

A timed shock resets the rhythm



Cardioversion turns an abnormal rhythm, most often atrial fibrillation (AFib), back to normal sinus rhythm. Medicines can do it, but Dr. Rasch uses the electrical method for the large majority of his patients. Under short-acting anesthesia, pads on your chest deliver a brief shock, timed to the main spike of a heartbeat so it avoids a vulnerable moment that could set off a dangerous rhythm.

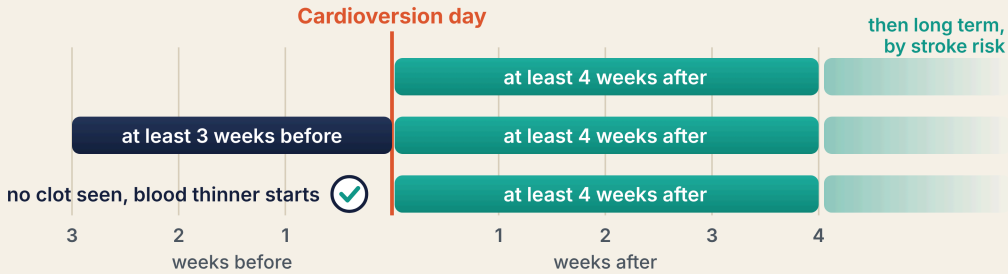
THE BLOOD THINNER RULES

Guarding against a stroke

AFib for under 48 hours
usually no wait before, if low risk

AFib over 48 hours, or unsure
blood thinner first

TEE-guided
a TEE checks for a clot first



The main danger is a stroke from a clot in the left atrial appendage, a small pouch off the upper left chamber where blood can pool during AFib. Before the vast majority of his electrical cardioversions, Dr. Rasch looks inside it with a transesophageal echocardiogram (TEE), an ultrasound probe passed down the esophagus. If it's clean, he proceeds the same day. If he sees a clot, he stops, keeps you on a blood thinner and rescans weeks later.

Follow the plan exactly

Take your blood thinner as prescribed and don't hold it before the procedure. Keep taking it at least 4 weeks afterward, while the upper chamber is "stunned" and clots form more easily.

PROCEDURE DAY, WARNING SIGNS AND WHAT COMES NEXT ARE ON THE BACK

YOUR PROCEDURE DAY

What to expect, and when to call

1 Before

Fast from midnight. Take your usual morning medicines with sips of water unless told otherwise, and don't hold your blood thinner. Arrange a ride home and bring a list of your medicines.

2 During

A nurse places an IV and starts heart monitoring. A planned TEE is done first, under the same sedation. Once you're asleep, usually within a minute, the shock is given. You don't feel it.

3 After

You rest an hour or two while the sedation wears off, and an EKG confirms the rhythm. Plan on 3 to 4 hours at the hospital in all. Some people have a sore chest from the pads that clears within hours to days.

CALL 911

problems usually show up within hours to days

Chest or breathing	Severe chest pain or severe shortness of breath after cardioversion.
Fainting	Passing out (syncope).
Signs of a stroke	Sudden weakness, slurred speech or vision changes.

CALL YOUR CARDIOLOGIST THE SAME DAY

New palpitations	A racing or irregular heartbeat can mean AFib has come back.
Chest or pad site	Unusual chest discomfort, or severe pain where the pads were.
Your blood thinner	Any question or concern about taking it.

KEEPING THE RHYTHM

Without rhythm medicine	Only about 30 to 50% of people are still in normal rhythm at one year.
With rhythm medicine	50 to 70% at one year, with drugs such as amiodarone, dofetilide, sotalol, flecainide or propafenone. Adding AFib ablation raises it further.
What helps it last	Losing weight if needed, treating sleep apnea, controlling blood pressure and drinking less alcohol. People who do these things tend to do best over the long run.
Long-term blood thinner	Depends on your stroke risk score (CHA2DS2-VASc). At 2 or higher, or 3 or higher for women, it usually continues for good, even in normal rhythm, because AFib often returns without symptoms.

IF AFIB COMES BACK

Recurrence is common. Next steps can include a rhythm medicine, AFib ablation, another cardioversion in the right setting, or controlling the heart rate instead. Plan a clinic visit within one to two weeks after cardioversion to review your rhythm and medicines.

READ THE FULL ARTICLE

damianrasch.com/
cardioversion-explainer

For education only, and not a substitute for advice from your own physician. Sources include the 2019 AHA/ACC/HRS and 2020 ESC atrial fibrillation guidelines, the ACUTE trial (NEJM 2001), EAST-AFNET 4 (NEJM 2020), RHYTHM-AF (Heart 2014) and RAFF2 (Lancet 2020).

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