A Guide to Your Cardioversion

Please bring this book with you on the day of your procedure
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**Talk to your doctor or health care team if you have any questions about your care.**

For more health information, go to patienteducation.osumc.edu or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Ohio State Richard M. Ross Heart Hospital has heart rhythm specialists, called electrophysiologists. They, along with the other members of your electrophysiology (EP) healthcare team, are dedicated to providing you with personalized care to treat your symptoms of abnormal, rapid heart rhythm, also known as arrhythmia.

Our goal is to restore your normal heart rhythm. A cardioversion procedure converts an abnormal heart rhythm back to a normal rhythm by delivering an electric shock to the heart.

Some rhythm problems that the cardioversion procedure may help include atrial fibrillation, atrial flutter, ventricular tachycardia and supraventricular tachycardia. Medicines are also used to treat these rhythm problems, sometimes in combination with a cardioversion procedure.

Contact information

Ross Heart Hospital
452 West 10th Avenue
Suite 1052
Columbus, OH 43210

Hours of operation:
Monday - Friday
8:00 am to 4:30 pm
Closed weekends and all major holidays

Phone numbers:
Main:  614-293-8916
Toll-free:  877-478-2478
Fax:  614-366-1315
Cardioversion

- Your procedure is scheduled for ________________ (date) at _____ AM/PM.
- Please arrive at _____ AM/PM (your check-in time), so we can prepare you for your procedure.
- If you need to change the time of your procedure, please call Scheduling at 888-293-7677.
- Expect to be at the hospital for about 6 hours to prepare for, have and recover from your procedure. The cardioversion itself takes about 5 minutes. You may also have a test called a trans-esophageal echo or TEE before your cardioversion. This test takes about 10 to 30 minutes.
- If you have questions, you may call the nurse at ________________.

Preparing for your procedure

- If you take warfarin (brand names Coumadin or Jantoven), you may need to have weekly blood work (PT/INR) with the doctor who is managing your medicine. The INR level needs to be in your treatment range for 4 weeks before this procedure. Please have your doctor fax these weekly results to ________________.
- If you are to take Pradaxa, Eliquis, Xarelto or Savaysa for anticoagulation (also known as blood thinners), take these medicines exactly as ordered.
- If you have diabetes and take medicines, please review the information on pages 8 to 12 of this book.
- Do not smoke or use tobacco products for 24 hours before your procedure.
- Do not eat or drink anything 6 hours before your procedure.
- Do not stop any medicines unless directed by your doctor.
- Please bring your medicines in their bottles to the hospital with you.
- Arrange to have a responsible adult, at least 18 years old, with you to get you home from the hospital after your procedure. You will not be allowed to drive after the procedure.
- If you are pregnant, think you may be pregnant or are breastfeeding, tell your doctor right away.
- Please leave all valuables, including jewelry, at home.

Trans-esophageal echo (TEE)

On the day of your cardioversion, your doctor may schedule you for a test called a trans-esophageal echo or TEE. You will have this test before your cardioversion.

A TEE checks for blood clots in your heart. The test also shows the doctor how well the valves and chambers of the heart are working.
The TEE is done with a flexible tube that creates pictures of your heart using sound waves. The sound waves come through the end of the tube, called a probe. This tube is put into your mouth and down into your esophagus (food pipe). The esophagus is located near the heart.

Preparing for a TEE is the same as preparing for your cardioversion procedure, so there are no more steps to take to prepare for this test.

On the day of your procedure

- You may take your scheduled medicines with small sips of water the morning of your procedure.
- Report to the Ross Heart Hospital, located at 452 West 10th Avenue, Columbus, OH 43210. Valet parking is available, or you may park in the SafeAuto Hospitals Garage, which is attached to the hospital. The garage’s address is 1585 Westpark Street, Columbus, OH 43210.
- The adult who will be taking you home after the procedure needs to be with you.
- Arrive at your check-in time, so we can prepare you for your procedure. This time is often 2 hours before the start of your procedure.
- Register in the main lobby.

During your procedure

Staff will:

- Explain the procedure to you and answer any questions that you may have.
- Get a health history. If you are having the TEE, you will be asked if you have problems with your esophagus, problems swallowing or cancer of the esophagus.
- Review your medicine list.
- Check your blood pressure, pulse and breathing rate.
- Start an IV (intravenous) line in your arm to give medicines during the procedure.
- Ask you to remove your dentures if you have them.

Trans-esophageal echo (TEE)

- You will be asked to lie on your left side. A pillow will be placed behind your back for support.
- The doctor will apply a gel-like medicine to numb your throat and stop your gag reflex. The doctor may also spray your throat with a medicine to numb your throat.
- You will be asked to bite on a guard to protect the tube and your teeth. Then the doctor will place the tube into your mouth.
- The nurse will give you medicine through your IV to help you relax.
- Your blood pressure, pulse and breathing rate will be checked during the test. You may also be given oxygen through a tube in your nose.
- Sometimes the probe is placed into the stomach. This may cause you to feel some pressure.
Cardioversion

- You will be asked to lie on your back.
- Your blood pressure, pulse and breathing rate will be checked during the procedure.
- You will be given some medicine in an IV that will make you completely asleep during the procedure.
- Cold gel pads will be put on your chest that are connected to the machine that will deliver the electric energy.
- After you are asleep, the doctor will use the machine to deliver the shock to your heart. This shock is a small amount of electricity that goes through your skin to the heart.

After the procedure

The nurses will continue to check your blood pressure, pulse and breathing rate for the next hour or until you are fully awake. It is normal for you to feel drowsy at this time due to the medicines you were given. You may also feel some discomfort on your chest where the pads were placed. When you are fully awake, you will be offered ice chips and water.

If you had a TEE, the numbing medicine that you were given will leave your throat numb for a time after the procedure. The nurse will check your gag reflex after 1 hour by watching you take a sip of cold ice water to see if you can safely swallow. **Do not drink or eat anything for 1 hour after the procedure or until your nurse says that it is safe.** The most common side effect of a TEE is a sore throat.

You will be given discharge instructions. These will be reviewed with you and your family member. Most patients are discharged home within 2 hours after their procedure.

Home care

- The medicines that you were given during your procedure may make you sleepy and forgetful. To prevent problems for the **first 24 hours:**
  - Do not drive.
  - Do not drink alcohol.
  - Do not make any important decisions.
  - Do not work around the stove, machinery or power equipment.
- Rest for 24 hours after you get home. You should have someone with you to help you the first night you are home. After 24 hours, you can return to your normal activities.
- The medicines used for sedation may make you feel nauseated.
  - Start with clear liquids, which is anything that you can see through, such as tea, jello, broth and ginger ale.
  - As you feel better, you may add soft foods, such as pudding and ice cream.
  - When you no longer feel nauseated, you may try your normal diet. You should be back to eating your normal meals after 24 hours.
Other instructions

- If the skin on your chest is sore, you may use hydrocortisone cream as needed. Follow the instructions on the package for use.

- If you had a TEE and have a sore throat, you may use throat lozenges or sprays as needed. You may also take acetaminophen (Tylenol) as needed for discomfort. Follow the instructions on the packages for use.

- Follow up as directed with your cardiologist.
Type 1 Diabetes

Medicines Before Your Procedure

If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your procedure. Follow your doctor’s instructions if they are different than the guidelines in this handout.

Diabetes medicines may need to be stopped or changed before your procedure. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before your procedure.

• Check your blood sugar the morning of your procedure. If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your procedure that day.

• Tell your nurse that you have diabetes when you arrive at the pre-operative holding area.

Your insulin

These are general guidelines for how to take insulin before the procedure. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra, or Regular insulin, do not take the dose the morning of your procedure.

• You can start your usual dose after your procedure when you are able to eat and drink.

• Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your procedure.

If you take Detemir, Levemir, Glargine, or Lantus insulin, reduce your dose either the evening before or the morning of your procedure to 80%.

If you multiply your usual dose by 0.8, that gives you the reduced dose. For example, if your usual dose is 32 units, 32 x 0.8 = 25.6. Your reduced dose would be about 26 units. A reduced dose chart is on the next page for your reference.

• If you are not sure, ask your doctor how much insulin you should take. Take __________ units of __________________ on the night before or the morning of your procedure.

• When you are able to eat and drink after your procedure, take your usual evening dose.

• Plan to check your blood sugar at least 4 times each day for 1 to 2 days after your procedure.
If you wear an insulin pump:

- **And your doctor keeps you on the insulin pump:**
  - Reduce the basal rates down by multiplying the set basal rates by 0.8, starting with the 12:00 midnight basal rate through the procedure and recovery.
  - Consider using a temporary basal profile based on 0.8 of your usual basal. Discuss this with your doctor.
  - Return to your usual basal rates after your procedure when you are able to eat and drink.
  - Plan to check your blood sugars more often for the next 1 to 2 days after your procedure.

- **And your doctor takes you off of the insulin pump,** take __________ units of ________________ on the morning of your procedure.

### 80% of usual insulin dosing chart

Use this chart to know how much insulin you need to take before your procedure at 80% of your usual dose.

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<thead>
<tr>
<th>Nearest to your usual dose</th>
<th>80% reduced dose</th>
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Type 2 Diabetes

Medicines Before Your Procedure

If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your procedure. Follow your doctor’s instructions if they are different than the guidelines on this handout.

Diabetes medicines may need to be stopped or changed before your procedure. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before your procedure.

• Check your blood sugar the morning of your procedure. If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your procedure that day.

• Tell your nurse that you have diabetes when you arrive at the pre-operative holding area.

Your oral diabetes medicines

These are general guidelines for taking diabetes medicines before and after your procedure. Check with your doctor to see if you need to follow different guidelines.

◊ If you take Glucophage, also called metformin, or any other medicine that has metformin in it, such as Metaglip, Glucovance, Avandamet, or ACTO plus Met:
  • Stop the medicine the day before your procedure. You should take your last dose on ________________ (date).
  • Do not take this medicine for 2 days after your procedure. Restart this medicine on the third day after your procedure.

◊ If you take other diabetes pills:
  • Do not take your diabetes pills in the morning before your procedure.
  • If your procedure is done before noon and you are able to eat and drink, take your morning diabetes medicine after your procedure.
  • If your procedure is done after noon and you are able to eat and drink, take your diabetes medicine at the next scheduled time. You will skip your morning dose.

◊ Check your blood sugar at least 4 times each day for the next 1 to 2 days after your procedure.
If you take insulin

These are general guidelines for how to take insulin before the procedure. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- **If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra, or Regular insulin:**
  - Do not take the dose the morning of your procedure.
  - You can start your usual dose after your procedure when you are able to eat and drink.
  - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your procedure.

- **If you take Detemir, Levemir, Glargine, or Lantus insulin:**
  - Cut your dose in half the evening before or the morning of your procedure. For example, if your usual dose is 32 units, 32/2 = 16. Your reduced dose would be 16 units.
  - If you are not sure, ask your doctor how much insulin you should take.
  - Take _____ units of ______________ on the night before or the morning of your procedure.
  - When you are able to eat and drink after your procedure, take your usual evening dose.
  - Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your procedure.

- **If you take NPH, 70/30, 75/25, or 50/50 insulin:**
  - Reduce your evening dose the day before your procedure to 80%. Use the chart on the next page to find your reduced dose.
  - Also, reduce your morning dose by ½ or 50% of your usual dose the day of your procedure. For example, if your usual morning dose is 30 units, you would take only 15 units. Take _________ units of ______________ the morning of your procedure.
  - When you are able to eat and drink after your procedure, resume your usual evening dose.
  - Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your procedure.
80% of usual insulin dosing chart

Use this chart to know how much insulin you need to take before your procedure at 80% of your usual dose.

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Driving Directions
Ross Heart Hospital

From the North (Sandusky, Delaware and Cleveland)
Take any major highway to Interstate 270
Take Interstate 270 to State Route 315 S
Take State Route 315 S to the King/Kinnear exit
Turn left onto Kinnear Road (Kinnear turns into Olentangy River Road)
Take Olentangy River Road to King Avenue
Turn left onto King Avenue
Turn left onto Cannon Drive
Turn right onto Medical Center Drive
See “Parking Directions - Continued”

From the South (Circleville, Chillicothe and Cincinnati)
Take any major highway to Interstate 71 N
Take Interstate 71 N to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the East (Newark, Zanesville and Pittsburgh)
Take any major highway to Interstate 70 W
Take Interstate 70 W to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the West (Springfield, Dayton and Indianapolis)
Take any major highway to Interstate 70 E
Take Interstate 70 E to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

For directions assistance call 614-293-8000
wexnermedical.osu.edu

There are construction projects occurring at and around Ohio State’s Wexner Medical Center. Please go to wexnermedical.osu.edu for traffic updates.

The Ohio State University Wexner Medical Center is committed to improving people’s lives. That’s why all medical center locations inside and outside are tobacco-free. This includes all tobacco products, including cigarettes, cigars, chewing tobacco and pipe tobacco.

June 2019
Parking Directions
Ross Heart Hospital

Patient Valet

Continued: Take Medical Center Drive past the intersection of Medical Center and 9th Avenue. Continue straight to the front of University Hospital (Rhodes Hall) or Ross Heart Hospital. Pull into Patient Valet on your right.

SAFEAUTO Garage

Continued: From Medical Center Drive, turn left onto Westpark Street. The SAFEAUTO Garage is located on the left and is connected to the medical center by a walkway bridge on the second floor.