Direct Current Reversion (DCR)

A Direct Current Reversion (DCR) involves a brief electrical current being delivered to the heart to assist with resetting an abnormal heart rhythm.
The procedure requires a light anaesthetic and only takes a few minutes, usually resulting in the heart being restored to a normal rhythm.

Why do I need a DCR?

A DCR may be ordered if you have an abnormal heart rhythm such as atrial fibrillation or atrial flutter. These abnormal heart rhythms cause the top chambers of the heart to beat very quickly and inefficiently. This results in blood beating less efficiently around the body, leading to breathlessness and general fatigue.

There is also a small risk of blood clots forming in the heart chambers that can carry to the body or brain. The DCR aims to restore normal heart rhythm and prevent these potential problems.

Important Instructions:

The cardiology department will ring you a week before the date of the DCR and discuss your and instructions for the day.

In preparation for the procedure, there are several steps you will need to take:

☐ It is **very important** to take your anticoagulant (blood thinning) medication when you have an abnormal rhythm. You will need to ensure that you have been taking the anticoagulants according to the doctor's instructions for at least 4 weeks prior to the DCR. ***If you have missed taking this medication, your risk for stroke increases and your procedure will need to be rebooked for your safety.***

☐ If you are on diuretics, (Lasix, Spirolactone, Indapamide Thiazide) you will be advised **NOT** to take them on the morning of the procedure.

☐ You will need to have blood tests done, a few days prior to the DCR.

☐ You will need to fast from 1.00am the morning of the DCR. This means not having anything to eat or drink for 6 hours before your procedure. You can however have a small sip of water when having your usual morning medications.

☐ Organise an adult support person to drive you home from hospital, who you can stay with overnight.

On the day of the procedure

On the morning of your DCR, you will need to arrive at Day of Surgery Admission (DOSA) - Level 1 at around 8am. The team will do an ECG first to ensure your heart is still in the abnormal rhythm. You will then be checked into the theatre. You will have an IV drip and small anaesthetic prior to the DCR.

After the DCR you will have another ECG to see if you remain in a normal heart rhythm. You will recover in DOSA and once you are awake you will be able to eat and drink. You will then be discharged with an adult support person.

What are the risks?

The cardiologist who has recommended the DCR will have considered the risks and benefits of the procedure. The procedure is generally very safe however it does have a few risks:

- Reaction to anaesthetic
- Unsuccessful restoring of a normal heart rhythm
- Heart Rhythm problems
- Slow heart rate
- Heart attack or stroke due to clot in the heart atrium (risk is reduced if anticoagulants have been taken every day for at least 4 weeks)

What to expect after the anaesthetic

Anaesthetics can make you drowsy and affect your memory for up to 24 hours. It is important that adults **should not:**

- Drive a car. **You will need an adult support person drive you home, and stay with you overnight.**
- You should also NOT Operate any machinery, Cook meals, Drink alcohol, Sign any legal documents or Make any major decisions
- It is advised that you **do not** return to work the day of, or the day after the DCR. After 24 hours, you can resume normal activities.

References:

- MonashHeart.org.au - Heartfoundation.org.au - www.bendigohealth.org.au

If you have a question about your appointment or procedure, you can call:

Diagnostic Cardiology

5454 8017

Or

Cardiac Liaison Nurse
5454 7017

Patient notes:

Diagnostic Cardiology (Clinic C- Bendigo Hospital) | 25/11/2020 (Review by 9/08/2028)

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