

CA05 Adferiad Allanol y Galon

Cyhoeddwyd Ionawr 2015. Daw i ben ddiwedd Mawrth 2016

CA05 External Cardioversion

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Gallwch gael eich gwybodaeth yn lleol gan eich Meddyg Ymgynghorol neu aelod o'u tîm.

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Local information

You can get information locally from your Consultant or a member of their team.

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Beth yw adferiad allanol y galon?

Gweithdrefn yw adferiad allanol y galon i drin rhythm annormal y galon. Mae'n golygu eich cysylltu â pheiriant diffibrilio sy'n rhoi sioc drydan reoledig er mwyn gwneud i'ch calon guro'n normal eto.

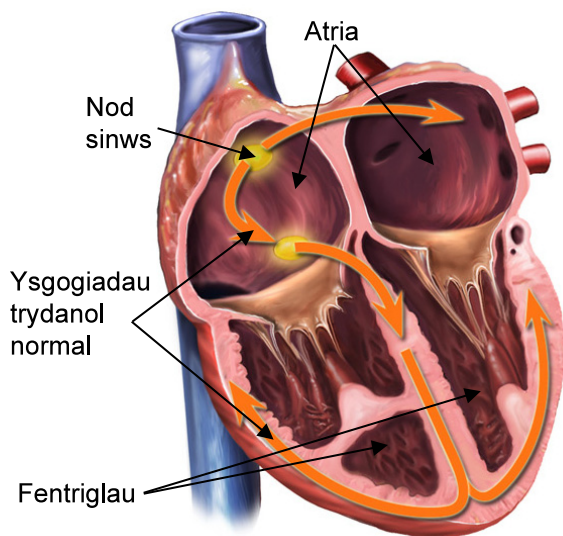
Cynhelir adferiad allanol y galon fel rheol gan arbenigwr y galon tra byddwch dan anesthetig cyffredinol neu dan effaith tawelydd.

Mae eich meddyg wedi argymhell adferiad allanol y galon. Fodd bynnag, eich penderfyniad chi yw mynd ymlaen â'r weithdrefn neu beidio.

Rhydd y ddogfen hon wybodaeth i chi am y manteision a'r peryglon er mwyn eich cynorthwyo i wneud penderfyniad gwybodus. Os bydd gennych unrhyw gwestiynau nad yw'r ddogfen hon yn eu hateb, gofynnwch i'ch arbenigwr calon neu i'r tîm gofal iechyd.

Beth sy'n achosi rhythm annormal y galon?

Cyhyr yw eich calon sy'n pwmpio gwaed llawn ocsigen o'ch ysgyfaint o amgylch eich corff, a gwaed prin o ocsigen o'ch corff i'ch ysgyfaint. Caiff y pwmpio (curiad y galon) ei reoli gan ysgogiadau trydanol o grŵp o gelloedd ar eich calon a elwir yn nod sinws (gweler ffigur 1).



Ffigur 1

Rhythm normal y galon

Pan fydd eich calon yn curo'n normal, bydd yr ysgogiadau trydanol yn peri i'r siambrau casglu uchaf (atria) a'r siambrau pwmpio isaf (fentriglau) gyfangu ac ymlacio mewn ffordd gyd-drefnedig. Pan fydd y fentrigl chwith yn cyfangu, hyn sy'n rhoi curiad eich calon.

What is an external cardioversion?

An external cardioversion is a procedure to treat an abnormal heart rhythm. It involves connecting you to a defibrillator machine that gives a controlled electric shock to make your heart beat normally again.

An external cardioversion is usually performed by a heart specialist while you are under a general anaesthetic or sedation.

Your doctor has recommended an external cardioversion. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your heart specialist or the healthcare team.

What causes an abnormal heart rhythm?

Your heart is a muscle that pumps oxygen-rich blood from your lungs around your body and oxygen-poor blood from your body to your lungs. The pumping (heartbeat) is controlled by electric impulses from a group of cells on your heart called the sinus node (see figure 1).

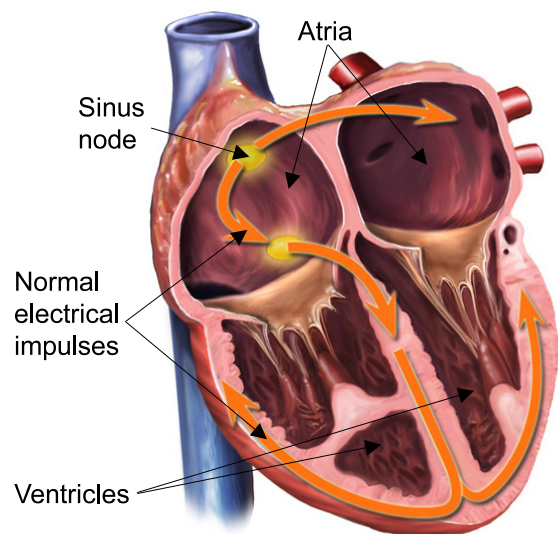


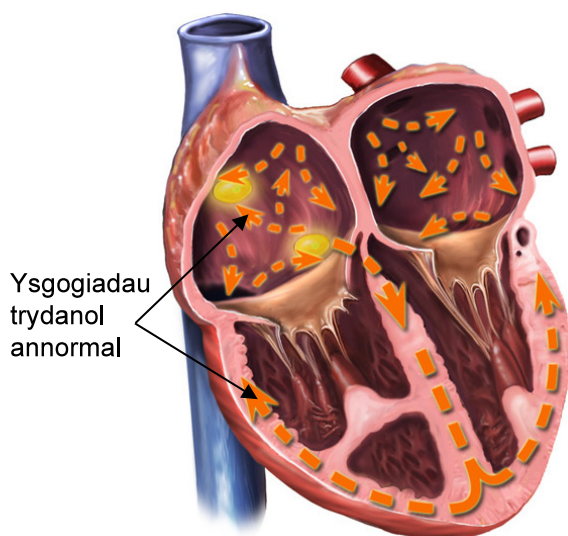
Figure 1

Normal heart rhythm

When your heart beats normally, the electric impulses cause the upper collecting chambers (atria) and lower pumping chambers (ventricles) to contract and relax in a co-ordinated way. When the left ventricle contracts, this gives you your pulse.

Argymhellir adferiad allanol y galon fel arfer i drin ffibriliad atrïaidd, lle mae'r atria'n cyfangu'n rhy gyflym ac mewn ffordd anhrefnus. Mae hyn yn arwain at gyfangiadau afreolaidd, cyflym y fentriglau.

Gall ffibriliad atrïaidd ddigwydd os bydd ysgogiadau trydanol annormal yn gwrthwneud yr ysgogiadau o'r nod sinws (gweler ffigur 2). Achosir hyn weithiau gan rydweliâu coronaidd (pibellau gwaed sy'n cyflenwi ocsigen i gyhyr eich calon) sydd wedi culhau neu chwarran thyroid orweithredol. Mae achosion eraill yn cynnwys problemau gyda falffiau eich calon, pwysau gwaed uchel neu yfed gormod o alcohol neu gaffein.



Ffigur 2

Ffibriliad atrïaidd yn cael ei achosi gan ysgogiadau trydanol annormal

Nid argymhellir adferiad allanol y galon fel rheol os ydych wedi bod yn dioddef ffibriliad atrïaidd dros flynyddoedd lawer, gan fod y weithdrefn yn llai tebygol o fod yn llwyddiannus.

Beth yw manteision adferiad allanol y galon?

Mae ffibriliad atrïaidd yn atal eich calon rhag pwmpio'n effeithiol. Gall hyn beri i chi gael crychguriadau'r galon (eich calon yn curo ychydig o weithiau'n ychwanegol), a theimlo allan o wynt ac yn flinedig. Gall hefyd achosi i chi gael poen yn eich brest ambell waith, cael pendro neu ymgwmpo. Fodd bynnag, nid yw rhai pobl yn cael unrhyw symptomau ac ni sylwir ar guriad calon afreolaidd ond yn ystod archwiliad arferol.

An external cardioversion is usually recommended to treat atrial fibrillation, where the atria contract too fast and in an unco-ordinated way. This leads to fast, irregular contractions of the ventricles.

Atrial fibrillation can happen if abnormal electrical impulses override the impulses from the sinus node (see figure 2). This is sometimes caused by narrowed coronary arteries (blood vessels that supply your heart muscle with oxygen) or an overactive thyroid gland. Other causes include problems with your heart valves, high blood pressure or drinking too much alcohol or caffeine.

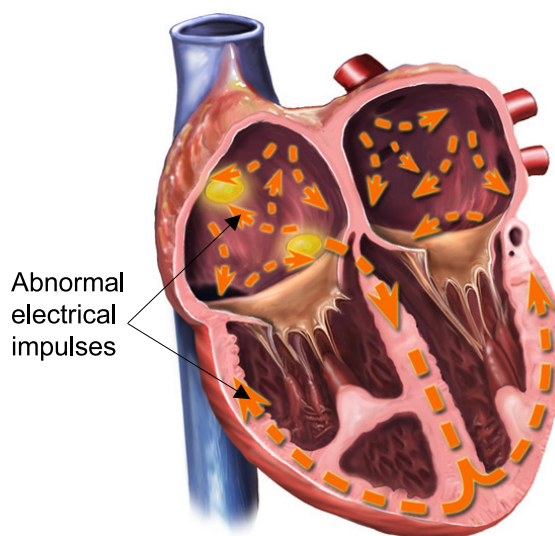


Figure 2

Atrial fibrillation caused by abnormal electrical impulses

An external cardioversion is usually not recommended if you have had atrial fibrillation over many years, as the procedure is less likely to be successful.

What are the benefits of an external cardioversion?

Atrial fibrillation prevents your heart from pumping effectively. This can cause you to get palpitations (your heart beating a few extra times), and to feel breathless and tired. It can also sometimes cause you to have chest pain, dizziness, or to collapse. However, some people do not have any symptoms and an irregular pulse is noticed only during a routine check-up.

Mae ffibriliad atriaidd yn cynyddu'r perygl i dolchen waed ddatblygu yn eich calon. Mae hyn yn ddifrifol gan y gall beri i chi gael strôc (colli gweithrediad yr ymennydd sy'n ganlyniad tarfu ar y cyflenwad gwaed i'ch ymennydd).

Os yw eich ffibriliad atriaidd wedi ei achosi gan broblem feddygol arall, bydd eich meddyg yn argymhell eich bod yn cael trin honno'n gyntaf fel arfer. Efallai y bydd yn argymhell adferiad allanol y galon wedi hynny.

Oes yna unrhyw ddewisiadau eraill heblaw adferiad allanol y galon?

Gellir defnyddio meddyginiaeth i drin rhai o symptomau ffibriliad atriaidd a lleihau'r perygl o gael strôc ond efallai na fydd meddyginiaeth mor effeithiol ag adferiad allanol y galon i liniaru'ch symptomau.

Os yw eich ffibriliad atriaidd yn cael ei achosi gan weithgaredd trydanol anarferol o'ch gwythiennau ysgyfeiniol (y pibellau gwaed sy'n dod â gwaed llawn ocsigen o'ch ysgyfaint i'ch calon), efallai y gellwch gael abladiad cathetr. Mae hyn yn defnyddio gwres i greu creithiau sy'n atal yr ysgogiadau trydanol annormal rhag effeithio ar eich calon ond nid yw abladiad yn effeithiol fel rheol os ydych wedi cael ffibriliad atriaidd ers amser maith.

Beth fydd yn digwydd os penderfynaf beidio â chael adferiad allanol y galon?

Hwyrach y gall eich meddyg argymhell triniaeth â meddyginiaeth neu abladiad cathetr.

Beth mae'r weithdrefn yn ei olygu?

- **Cyn y weithdrefn**

Cewch eich derbyn i mewn i'r ysbyty. Bydd y tîm gofal iechyd yn cynnal nifer o wiriadau er mwyn sicrhau eich bod yn cael y weithdrefn y daethoch i mewn i'w chael. Gellwch fod o gymorth drwy gadarnhau i'ch arbenigwr calon a'r tîm gofal iechyd eich enw a'r weithdrefn yr ydych yn ei chael.

Bydd y gofal iechyd yn gofyn i chi lofnodi'r ffurflen gydsynio, unwaith y byddwch wedi darllen y ddogfen hon a hwythau wedi ateb eich cwestiynau.

Rhowch wybod i'ch arbenigwr calon os ydych chi'n cymryd digocsin.

Atrial fibrillation increases the risk of a blood clot developing in your heart. This is serious as it can cause you to have a stroke (loss of brain function resulting from an interruption of the blood supply to your brain).

If your atrial fibrillation is caused by another medical problem, your doctor will usually recommend that you have this treated first. They may then recommend an external cardioversion.

Are there any alternatives to an external cardioversion?

Medication can be used to treat some symptoms of atrial fibrillation and reduce the risk of having a stroke but medication may not be as effective as an external cardioversion in relieving your symptoms.

If your atrial fibrillation is caused by abnormal electrical activity from your pulmonary veins (the blood vessels that bring oxygen-rich blood from your lungs to your heart), you may be able to have a catheter ablation. This uses heat to create scars that prevent the abnormal electrical impulses from affecting your heart but ablation is usually not effective if you have had atrial fibrillation for a long time.

What will happen if I decide not to have an external cardioversion?

Your doctor may be able to recommend treatment with medication or a catheter ablation.

What does the procedure involve?

- **Before the procedure**

You will be admitted to hospital. The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your heart specialist and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

Let your heart specialist know if you take digoxin. If you have had atrial fibrillation for more than two days, you will need to go on blood-thinning medication for at least a few weeks before the procedure. Do not stop taking the medication. You will have blood tests to check if you are taking the correct dose.

Os ydych chi wedi cael ffibriliad atriaidd am fwy na dau ddiwrnod bydd angen i chi fynd ar feddyginiaeth i deneuo'r gwaed am ychydig o wythnosau o leiaf cyn y weithdrefn. Peidiwch â rhoi'r gorau i gymryd y feddyginiaeth. Cewch brofion gwaed i weld a ydych yn cymryd y ddos gywir.

Rhowch wybod i'ch arbenigwr calon os oes gennych reoliadur neu ddiffibriliwr cardiaidd mewnlol (ICD), neu os ydych chi'n feichiog. Gellir cynnal y weithdrefn er hynny fel rheol ond bydd angen i'r tîm gofal iechyd gymryd camau rhagofal arbennig.

Peidiwch â bwyta nac yfed llefrith yn y chwe awr cyn y weithdrefn. Peidiwch ag yfed dim na chnoi gwm yn y tair awr cyn y weithdrefn. Os oes gennych chi ddiabetes, rhowch wybod i aelod o'r tîm gofal iechyd cyn gynted ag y bo modd. Bydd arnoch angen cyngor arbennig yn dibynnu ar y driniaeth yr ydych yn ei derbyn ar gyfer eich diabetes.

Byddwch yn cael prawf electrocardiogram (ECG) i olrhain gweithgaredd trydanol eich calon dros amser. Bydd eich arbenigwr calon yn defnyddio'r wybodaeth i'w gynorthwyo i gynllunio'r weithdrefn.

Bydd y tîm gofal iechyd yn gosod nodwydd fechan yn eich braich neu yng nghefn eich llaw. Byddant yn defnyddio'r nodwydd i roi meddyginiaeth i chi yn ystod y weithdrefn.

- **Yn yr ystafell driniaeth**

Bydd adferiad allanol y galon yn cymryd 10 munud fel rheol.

Bydd eich arbenigwr calon yn gofyn i chi orwedd ar eich cefn. Cynhelir adferiad allanol y galon dan anesthetig cyffredinol fel arfer. Weithiau fe'i cynhelir dan effaith tawelydd. Bydd eich anesthetydd neu eich arbenigwr calon yn trafod y dewisiadau efo chi. Os byddwch yn cael tawelydd, bydd yn rhoi hwn i chi drwy'r nodwydd. Efallai y bydd y tîm gofal iechyd yn monitro eich lefelau ocsigen gan ddefnyddio clip bys neu fys troed. Os bydd arnoch angen ocsigen, byddant yn ei roi i chi drwy fwgwd, neu diwb bychan yn eich ffoenau.

Bydd y tîm gofal iechyd yn gosod padiau gludiog ar eich brest neu eich breichiau er mwyn gallu monitro'ch calon yn ystod y weithdrefn. Byddant hefyd yn gosod padiau gludiog mawr ar eich tu blaen a'ch cefn, fydd wedi eu cysylltu â pheiriant diffibrilio.

Let your heart specialist know if you have a pacemaker or internal cardiac defibrillator (ICD), or if you are pregnant. The procedure can still usually be performed but the healthcare team will need to take special precautions.

Do not eat or drink milk in the six hours before the procedure. Do not drink or chew gum in the three hours before the procedure. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

You will have an electrocardiogram (ECG) test to trace the electrical activity of your heart over time. Your heart specialist will use the information to help plan the procedure.

The healthcare team will insert a small needle in your arm or the back of your hand. They will use the needle to give you medication during the procedure.

- **In the treatment room**

External cardioversion usually takes 10 minutes. Your heart specialist will ask you to lie on your back. External cardioversion is usually performed under a general anaesthetic. Sometimes it is performed under sedation. Your anaesthetist or heart specialist will discuss the options with you. If you have a sedative, they will give it to you through the needle.

The healthcare team may monitor your oxygen levels using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube in your nostrils.

The healthcare team will place sticky pads on your chest or arms so they can monitor your heart during the procedure. They will also place large sticky pads on your front and back, which will be connected to a defibrillator machine.

Your heart specialist will use the machine to give you a controlled shock to make your heart beat normally again. For 1 in 10 people the procedure does not restore a normal heartbeat.

Bydd eich arbenigwr calon yn defnyddio'r peiriant i roi sioc reoledig i chi i wneud i'ch calon guro'n normal unwaith eto. I 1 mewn 10 o bobl nid yw'r weithdrefn yn adfer curiad calon normal.

Pa gymhlethdodau all ddigwydd?

Bydd y tîm gofal iechyd yn ceisio gwneud y weithdrefn mor ddiogel ag sydd modd ond gall cymhlethdodau ddigwydd. Gall rhai o'r rhain fod yn ddifrifol a gallant hyd yn oed achosi marwolaeth (risg: llai nag 1 mewn 500). Mae cymhlethdodau posibl adferiad allanol y galon wedi eu rhestru isod. Mae unrhyw niferoedd, sy'n gysylltiedig â risg, yn deillio o astudiaethau o bobl sydd wedi cael y weithdrefn hon. Efallai y gall eich meddyg ddweud wrthyfch p'un a yw'r perygl o gymhlethdod yn fwy ynteu'n llai i chi.

- Dolur, lle roedd y padiau gludiog mawr wedi eu gosod ar eich brest (risg: llai nag 1 mewn 4).
- Newid yng nghuriad eich calon. Efallai y bydd y weithdrefn yn peri i'ch calon guro'n rhy gyflym (risg: llai nag 1 mewn 1,000). Efallai y bydd arnoch angen sioc arall. Gall y weithdrefn hefyd beri i'ch calon guro'n rhy araf (risg: llai nag 1 mewn 100). Bydd hyn yn gwella fel arfer ond efallai y bydd arnoch angen rheoliadur (dyfais sy'n trin rhythm calon araf).
- Pwysau gwaed isel sy'n gwella fel rheol wrth i'r anesthetig wisgo i ffwrdd. Efallai y bydd angen rhoi hylif i chi drwy ddiferydd (tiwb bychan) mewn gwythien yn eich braich.
- Hylif yn casglu ar eich ysgyfaint, os bydd y weithdrefn yn effeithio ar y ffordd y mae cyhyr eich calon yn gweithio (risg: 1 mewn 250). Gall hyn fod yn ddifrifol ond bydd hyn yn gwella fel arfer gyda thriniaeth.
- Adwaith alergaidd i'r offer, y deunyddiau neu'r feddyginiaeth. Mae'r tîm gofal iechyd wedi ei hyfforddi i ganfod a thrin unrhyw adweithiau a all ddigwydd. Rhwch wybod i'ch arbenigwr os oes gennych chi unrhyw alergedd neu os ydych chi wedi adweithio i unrhyw feddyginiaeth neu brofion yn y gorffennol.
- Strôc, os bydd y weithdrefn yn rhyddhau tolchen o'ch calon fydd yn teithio i'ch ymennydd (risg: llai nag 1 mewn 500). Peidiwch â rhoi'r gorau i gymryd meddyginiaeth i deneuo'r gwaed. Dilynwch gyngor eich arbenigwr calon ynghylch pryd i gymryd eich meddyginiaeth. Dylech drafod y cymhlethdodau posibl hyn gyda'ch meddyg os oes yna unrhyw beth nad ydych yn ei ddeall.

What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: less than 1 in 500). The possible complications of external cardioversion are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Soreness, where the large sticky pads are placed on your chest (risk: less than 1 in 4). This is easily controlled with simple painkillers such as paracetamol and usually settles within a few days. You may get mild burns on your skin. The healthcare team will try to reduce this risk by changing the position of the pads if you need several shocks.
 - Change in your heartbeat. The procedure may cause your heart to beat too fast (risk: less than 1 in 1,000). You may need another shock. The procedure can also cause your heart to beat too slowly (risk: less than 1 in 100). This usually improves but you may need a pacemaker (a device that treats a slow heart rhythm).
 - Low blood pressure, which usually improves as the anaesthetic wears off. You may need to be given fluid through a drip (small tube) in a vein in your arm.
 - Fluid collecting on your lungs, if the procedure affects how your heart muscle works (risk: 1 in 250). This can be serious but usually gets better with treatment.
 - Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your heart specialist know if you have any allergies or if you have reacted to any medication or tests in the past.
 - Stroke, if the procedure dislodges a clot from your heart that travels to your brain (risk: less than 1 in 500). Do not stop taking blood-thinning medication. Follow your heart specialist's advice about when to take your medication.
- You should discuss these possible complications with your doctor if there is anything you do not understand.

Pa mor fuan y byddaf yn gwella?

• Yn yr ysbyty

Ar ôl y weithdrefn cewch eich trosglwyddo i'r ystafell adfer lle y cewch orffwys.

Dylech fedru mynd adref yr un diwrnod. Dylai oedolyn cyfrifol fynd â chi adref mewn car neu dacsï ac aros efo chi am 24 awr o leiaf. Arhoswch yn agos i ffôn rhag ofn argyfwng.

• Dychwelyd i weithgareddau arferol

Peidiwch â defnyddio peiriannau (gan gynnwys coginio) na gwneud unrhyw weithgareddau allai fod yn beryglus am 24 awr o leiaf a dim hyd nes y byddwch wedi cael teimlad, symudiad a chydysymudiad yn ôl yn llawn. Os rhoddyd tawelydd i chi, ni ddylech lofnodi dogfennau cyfreithiol ychwaith nac yfed alcohol am 24 awr o leiaf.

Dylech fedru dychwelyd i weithgareddau arferol ymhen oddeutu dau ddiwrnod.

Mae hi'n bwysig i chi gymryd eich meddyginiaeth fel y mae'r meddyg yn dweud wrthyh. Os na wnewch, byddwch mewn mwy o berygl o ddatblygu cymhlethdodau fydd yn peryglu bywyd.

Peidiwch ag yfed alcohol na chaffein.

Fe ddywed eich meddyg wrthyh pryd y cewch yrru eto. Mae'r rheolau i bobl sy'n meddu ar drwydded yrru yn gymhleth. Dylech hefyd edrych ar eich polisi yswiriant.

Os byddwch chi'n teimlo'n sâl neu os bydd eich symptomau'n dychwelyd, cysylltwch â'ch meddyg teulu. Mewn argyfwng, galwch am ambiwlans neu ewch yn syth i'ch adran Achosion Brys agosaf.

• Newidiadau mewn dull o fyw

Os ydych chi'n ysmegu, bydd rhoi'r gorau i ysmegu yn gwella'ch iechyd yn y tymor hir.

Ceisiwch gadw'ch pwysau'n iach. Rydych chi mewn mwy o berygl o ddatblygu cymhlethdodau os ydych chi dros eich pwysau.

Dylai ymarfer rheolaidd wella'ch iechyd yn y tymor hir. Cyn i chi ddechrau ymarfer, gofynnwch i'r tîm gofâl iechyd neu i'ch Meddyg Teulu am gyngor.

How soon will I recover?

• In hospital

After the procedure you will be transferred to the recovery area where you can rest.

You should be able to go home the same day. A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

• Returning to normal activities

Do not operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to normal activities after about two days.

It is important that you take your medication as you are told by your doctor. If you do not, you have a higher risk of developing life-threatening complications.

Do not drink alcohol or caffeine.

Your doctor will tell you when you can drive again.

The rules for licence holders are complicated.

You should also check your insurance policy.

If you feel unwell or your symptoms return, contact your GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

• Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

• The future

Your heart rhythm may become irregular again (risk: 1 in 2 in one year). You may be able to have another external cardioversion. Your doctor may change your medication to help make the procedure a success. Sometimes your doctor may recommend simply changing your medication or they may recommend an ablation procedure.

• Y dyfodol

Efallai y bydd rhythm eich calon yn mynd yn afreolaidd eto (risg: 1 mewn 2 mewn blwyddyn). Efallai y gellwch gael adferiad allanol y galon eto. Efallai y bydd eich meddyg yn newid eich meddyginiaeth i gynorthwyo i wneud y weithdrefn yn llwyddiant. Weithiau, efallai y bydd eich meddyg yn argymhell newid eich meddyginiaeth yn unig neu hwyrach y bydd yn argymhell gweithdrefn abladau.

Bydd angen i'r rhan fwyaf o bobl barhau i gymryd meddyginiaeth i deneuo'r gwaed. Fe ddywed eich meddyg wrthy ch os cewch chi roi'r gorau i gymryd y feddyginiaeth.

Crynodeb

Gall ffibriliad atrïaidd achosi i chi gael crychguriadau a theimlo allan o wynt, ac mae'n cynyddu'r perygl i dolchen waed ddatblygu yn eich calon. Efallai y bydd cael adferiad allanol y galon yn gwella'ch symptomau drwy roi sioc i chi er mwyn peri i'ch calon guro'n normal unwaith eto.

Fodd bynnag, gall cymhlethdodau ddigwydd. Mae angen i chi gael gwybod am y rhain er mwyn eich cynorthwyo i wneud penderfyniad gwybodus ynglŷn â'r weithdrefn. Bydd gwybod amdanynt yn gymorth hefyd i ddarganfod unrhyw broblemau a'u trin yn fuan.

Diolchiadau

Awdur: Dr Julia Baron MD FRCP BMBS
Darluniau: Hawlfraint Darluniau Meddygol © 2012 Nucleus Medical Art. Cedwir pob hawl. www.nucleusinc.com

I ddibenion gwybodaeth yn unig y bwriadwyd y ddogfen hon ac ni ddylai gymryd lle cyngor y byddai eich gweithiwr iechyd proffesiynol perthnasol yn ei roi i chi.

Most people will need to continue taking blood-thinning medication. Your doctor will tell you if you can stop taking the medication.

Summary

Atrial fibrillation can cause you to get palpitations and feel breathless, and increases the risk of a blood clot developing in your heart. Having an external cardioversion may improve your symptoms by giving you a shock to make your heart beat normally again.

However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Acknowledgements

Author: Dr Julia Baron MD FRCP BMBS
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This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

Gwella Canlyniadau ar gyfer llawdriniaeth

Os ydych yn ysmegu, gallai rhoi'r gorau iddi am sawl wythnos cyn llawdriniaeth leihau'r risg o ddioddef cymhlethdodau a bydd yn gwella eich iechyd yn yr hirdymor. Cyn eich llawdriniaeth, os ydych yn ysmegu, bydd angen i chi ymgysylltu â chefnogaeth rhoi'r gorau i ysmegu fel ymdrech i leihau'r perygl y bydd cymhlethdodau'n digwydd yn ystod ac ar ôl llawdriniaeth. Holwch aelod o'r tîm gofal iechyd i gael rhagor o wybodaeth ynglŷn â sut i gyrchu cefnogaeth am ddim er mwyn rhoi'r gorau i ysmegu.

Ceisiwch gynnal pwysau iach. Bydd perygl uwch i chi gael cymhlethdodau os ydych dros bwysau. Cyn eich llawdriniaeth, os ydych yn ordew (Mynegai Mas y Corff yn 40 neu uwch), bydd angen i chi ymgysylltu â gwasanaethau rheoli pwysau er mwy gwella'r siawns y bydd y llawdriniaeth yn llwyddiant. Holwch aelod o'r tîm gofal iechyd i gael rhagor o wybodaeth am gefnogaeth rheoli pwysau (Bwyta am Oes a/neu Atgyfeirio Cleifion i Wneud Ymarfer Corff).

Dylai ymarfer corff rheolaidd eich cynorthwyo i baratoi ar gyfer eich llawdriniaeth, eich cynorthwyo i adfer a gwella eich iechyd yn yr hirdymor. Cyn eich bod yn dechrau ymarfer corff, gofynnwch i aelod o'r tîm gofal iechyd neu eich Meddyg Teulu am gyngor.

Optimising outcomes for surgery

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Before your operation, if you smoke you will be required to engage with stop smoking support in an effort to reduce your risk of complications that may occur during and after surgery. Ask a member of the healthcare team for more information on how to access free stop smoking support.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Before your operation, if you are obese (Body Mass Index of 40 or above) you will be required to engage with weight management services to improve your chances of the operation being a success. Ask a member of the healthcare team for more information on weight management support (Eating for Life and/or Exercise Referral support).

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.