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A specialist nurse led elective cardioversion service in the era of novel oral anticoagulants: Does everyone need a TOE? A single center experience

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Background: Current guidelines suggest anticoagulation is mandatory 3 weeks prior to elective external direct current cardioversion (EDCCV). Reliable and accurate monitoring for compliance of oral anticoagulants (NOACs) for stroke prophylaxis during elective EDCCV of atrial fibrillation is not routine and thus raises the issue of safety. To overcome the risk of systemic embolisation (SEE), transesophageal echocardiography (TOE) guided EDCCV has been suggested for all EDCCV cases.

Methods: Consecutive patients (pts) undergoing EDCCV between 2014 and 2015 were assessed prior to and supervised during EDCCV by an electrophysiology clinical nurse consultant (ECNC). Oral confirmation of continuous NOAC compliance for at least 3 weeks prior to EDCCV was mandated and in cases of doubt TOE was performed. All pts were reviewed at one month.

Results: 311 patients underwent EDCCV; 49.5% were taking NOACs, rivaroxaban 68.2%, dabigatran 24.7% or apixaban 7.1%. All had follow-up at 30 days in clinic. The median age of the group was 63 years (24-94yrs) males, n=118 and 89.6% were outpatients. 83.8% had atrial fibrillation and 16.2% had atrial flutter and sinus rhythm (SR) was achieved in 90.3%. Of outpatients 99.3% were discharged within 4 hours. 25 patients (16.2%) required TOE for non-compliance in whom no left atrial appendage thrombus was noted. No pt suffered a stroke or SEE. 83.7% did not undergo TOE.

Conclusion: Stroke or SEE was not detected in any patient on NOACs with or without TOE. A nurse-led EDCCV in the NOAC era with verbal assessment of drug compliance remains safe and effective.

Biography

Naomi Lollback has completed her Bachelor of Nursing from Griffith University, Australia and has completed a Post-graduate Certificate in Advanced Practice Nursing from the University of Queensland. She is a Clinical Nurse in the Coronary Care Unit at the Princess Alexandra Hospital, Brisbane Australia, and has worked in the acting role of Electrophysiology and Pacing Clinical Nurse Consultant for the last two years. She has published 2 papers in reputed journals.

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