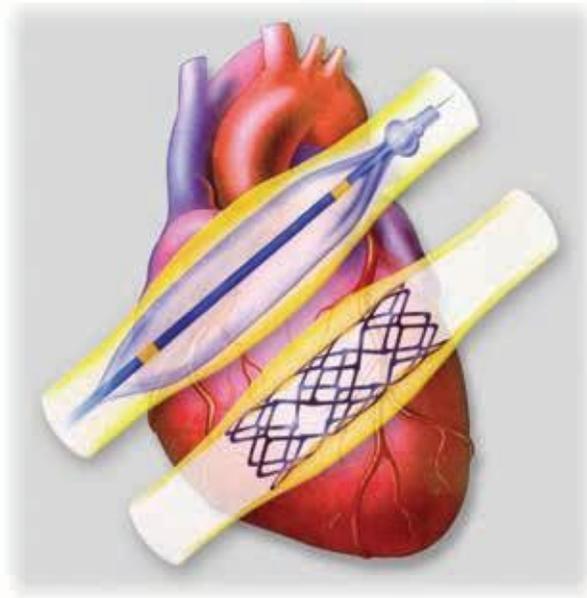


# *Guidelines for* **ANGIOPLASTY & STENT PATIENTS**



*Important information you need  
to know before you leave hospital*

*1<sup>st</sup> Edition 2003 St Vincent's Hospital Cardiac Rehabilitation Dept*

*2<sup>nd</sup> Edition 2006 St Vincent's Hospital Cardiac Rehabilitation Dept*

*3<sup>rd</sup> Edition 2009 St Vincent's Hospital and SESIAHS Cardiac Rehabilitation Depts*

*4<sup>th</sup> Edition 2010 St Vincent's Hospital Cardiac Rehabilitation Dept*

*5<sup>th</sup> Edition 2014 St Vincent's Hospital Cardiac Rehabilitation Dept*

*This booklet covers important information to assist you with your recovery. There are some important points you need to know before you leave hospital.*

*To learn more about heart disease, how to manage your health and how to decrease the risk of further heart problems please contact your local hospital for the contact details of your closest Cardiac Rehabilitation Service.*

## **Cardiac Rehabilitation helps you:**

- *Take more control of your health*
- *Reduce the risk of further heart problems*
- *Live longer*
- *Learn how to exercise for a healthy heart & get stronger*
- *Feel better faster, emotionally and physically*
- *Learn how to reduce stress*
- *Become more confident*
- *Return to former social and work activities*



*You should also see your local Doctor within 1 week of leaving hospital and your Cardiologist within 4-6 weeks.*

## **Chest pain/Chest discomfort**

*It is common to experience some chest pain or discomfort following stent<sup>1</sup>. This may be described as:*

- *Sharp*
- *Niggling*
- *Localized*
- *Fleeting*
- *Comes and goes*

The sensation usually feels different to the chest pain that brought you to hospital. These sensations are thought to be caused by the stent procedure and are not an emergency. We advise that you discuss these sensations with your Cardiac Rehabilitation staff, GP and or Cardiologist<sup>2</sup>.

**However**

If you get chest pain that feels similar to the pain that brought you to hospital and it is not relieved by Anginine<sup>®</sup> tablets or Nitrolingual Spray<sup>®</sup> and it lasts longer than 10 minutes, it is important to call an ambulance and be taken to your nearest hospital emergency department.

**Groin care (following Femoral Approach)**

The puncture site in your groin is very small however a large artery is used so there are some points to remember:

- Remove the dressing before showering (24 hours after the procedure).
- You may wash the groin area as normal in a cool/warm shower but remember to gently pat dry to avoid bleeding or infection. There is no dressing required.
- Do not sit in a bath tub or pool of water for 5 days or until the wound has completely healed.

<b>Normal Observations</b>	<b>Report to your doctor if you develop</b>
Some bruising that could last 2 weeks	Significant bleeding or the bruising gets worse
Soreness or tenderness	A large lump develops or there is increased swelling of groin or leg
Formation of a small lump (1.5–2.5cm) which may last up to 6 weeks	Signs of infection: redness, warmth to touch
	Unusual pain, numbness or tingling in the groin or down that leg

All reference in this table is from Abbott Vascular<sup>4</sup>

If the doctor has used a closure device called an ‘Angioseal’, you may feel a ‘pea’ sized lump in your groin. This is due to the collagen that is used and this will dissolve over the next 3 months. If another procedure is necessary within 90 days of this one inform the doctor<sup>3</sup>. Other closure devices include ‘Perclose’ or ‘Starclose’.

## Activity

- You may resume normal activity in 2 days<sup>4</sup>.
- Heavy lifting (5kg or more) should be avoided for one week to avoid the strain on the healing groin.
- If your work or your leisure involves heavy physical activity, discuss this with your doctor or the Cardiac Rehabilitation team.

## Arm care (following Radial Approach)

- Heavy lifting (5kg or more) involving the arm should be avoided for 1 week.
- No blood pressure should be measured on the involved arm for 48 hours.
- Some bruising is normal and may take 2-3 weeks to disappear. Soreness or tenderness at the site may last 1 week.
- Seek medical attention immediately:
  - you experience severe bleeding at the puncture site or
  - you experience numbness, coldness or change in the colour of your hand.

## Medications

If you had a stent inserted you should be taking a higher dose of Aspirin. You will also be prescribed a second anti-platelet (blood thinning) medication: Clopidogrel 75mg (Iscover, Plavix), Prasugrel 10mg (Effient) or Ticagrelor 90mg (Brilinta).

Your Cardiologist will advise you how long you are required to take your antiplatelet medication and of any changes to your Aspirin dose.

Aspirin and anti-platelet medication make the blood thin and prevent clots within the stent.

It is very important that Aspirin and your anti-platelet medication are taken every day, immediately after food and with water.

Soluble Aspirin should always be dissolved in a full glass of water.

As your blood is thin there are some things to consider:

- You may notice that you will bruise easier
  - make the blood thin and prevent clots within the stent.
  - If your work or hobby entails the use of sharp objects you should wear protective clothing.
- taking a higher dose of Aspirin (300mg) everyday for:



You

will

*most likely be on other medication to reduce your further heart problems.*

*risk of*

In some circumstances you may be required to temporarily cease your medication however, you **should not stop taking your medication** without first discussing this with your Cardiologist.

## **Driving**

- If you **have not had a heart attack** the RMS and the Heart Foundation recommends not driving for 2 days after discharge from hospital<sup>6</sup>.
- If you drive a commercial vehicle, including a taxi, it is recommended you do not drive for at least 4 weeks. You will need to consult your Doctor for a clearance<sup>5</sup>.
- If you **have had a heart attack** you will be given additional guidelines which will involve a longer period of not driving.
- If you experience any dizziness, palpitations, chest pain or have high blood pressure consult your Doctor.

## **Life after Angioplasty and Stent**

**While the procedures performed during coronary angioplasty will open a blocked artery, they will not cure coronary artery disease.**

**Lifestyle factors that can worsen coronary artery disease, such as smoking, inactivity and diet will still need to be modified.**

**Participating in a Cardiac Rehabilitation Program can help reduce the risk of further health problems.**

**There is a Cardiac Rehabilitation Service near you. Please contact your local service as soon as you arrive home.**

**Please contact the Heart Health Information Service on 1300 362 787 for your nearest Cardiac Rehabilitation Program.**

*References:*

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3. St Jude Medical. (2006). *A Patients Guide to Vascular Closure*. 42139rev.-B [Pamphlet] St Jude Medical (Hong Kong) Ltd.
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