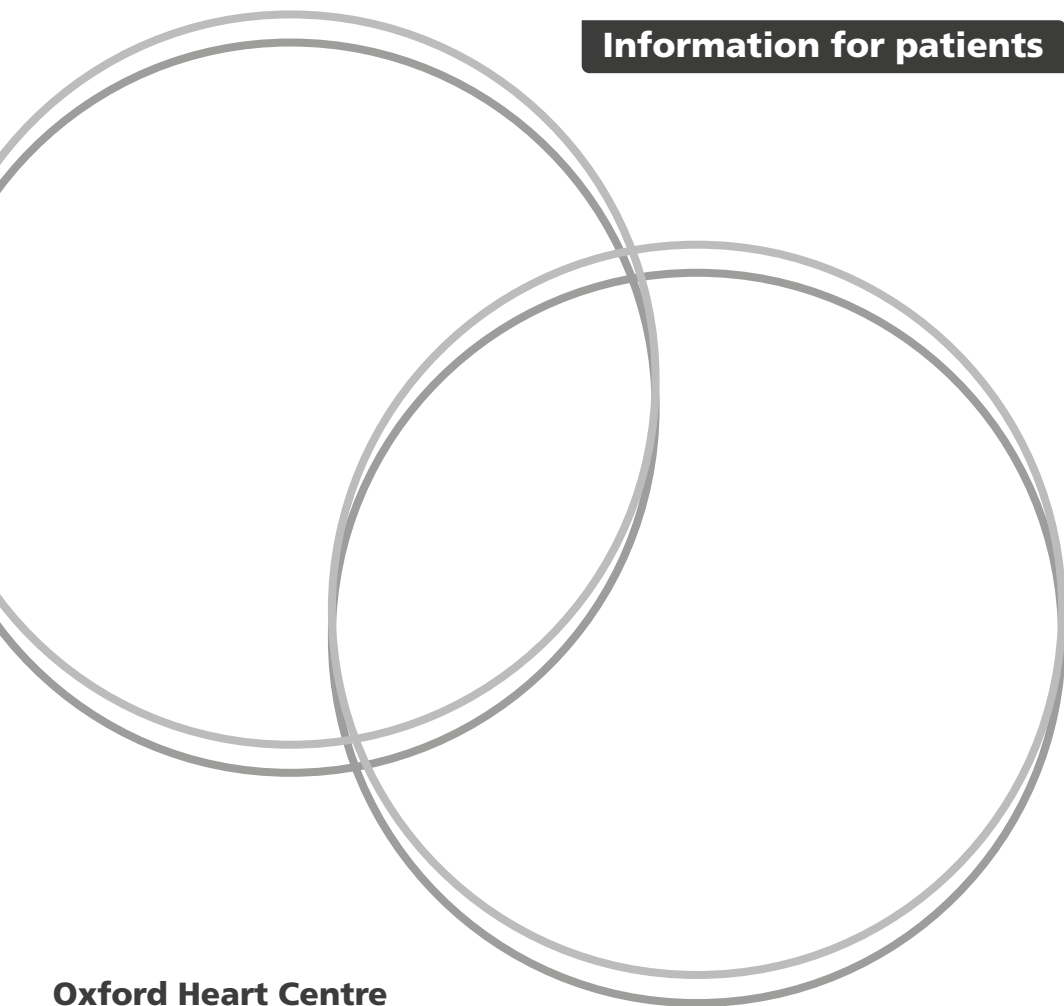


Discharge advice after your coronary angiogram, angioplasty or stent insertion (PCI)

Information for patients



This booklet contains important advice about your discharge from hospital after your cardiac procedure, whether you have had a coronary angiogram, angioplasty or stent insertion (PCI). It contains information about what to do when you get home and how to maintain a healthy lifestyle. Please read it carefully.

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Discharge summary

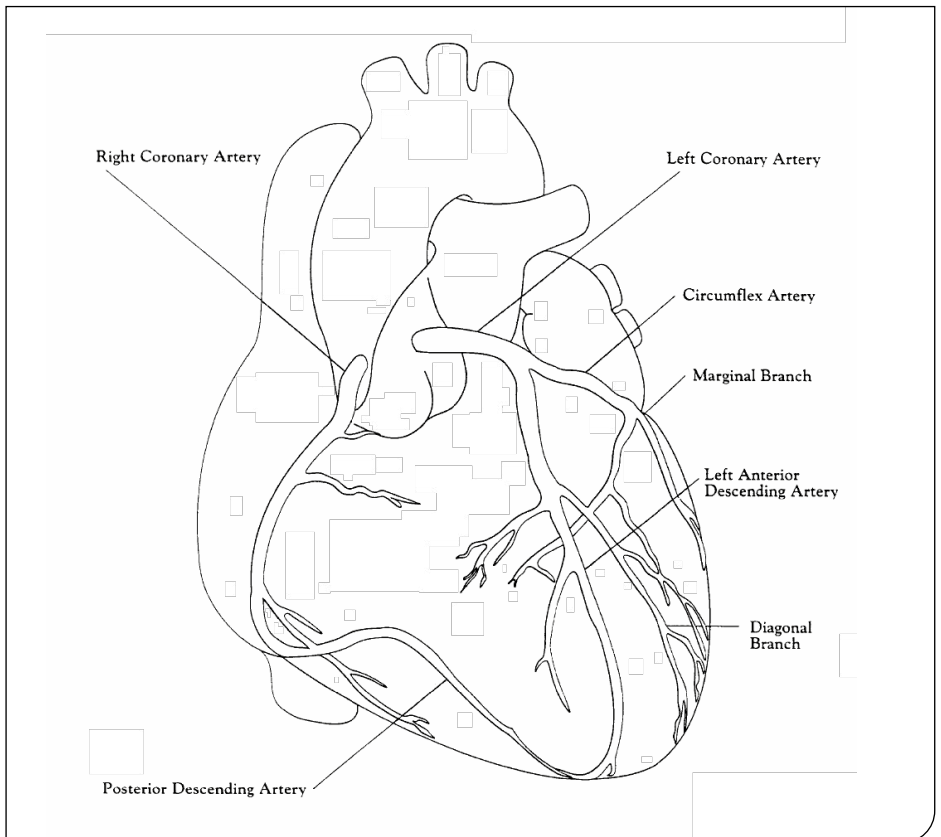
The procedure you had was:

The results of your procedure were:

The Consultant who performed your procedure was:

Coronary arteries

After your discharge from hospital we will send a summary of your hospital stay to your GP or to the Consultant who referred you, explaining your outcome and planned treatment.



Medication

Your medication will be explained to you before you go home. You may be given a copy of your discharge letter, which will include a list of the medication you are going home with.

Please ask if you have any questions about your medication.

Very important!

If you have had a stent inserted in your heart artery/arteries during your procedure, **you must continue to take a tablet called clopidogrel or ticagrelor**. This tablet will be taken alongside **aspirin, to help prevent you from having a heart attack**.

When clopidogrel or ticagrelor are taken with aspirin, this combination of tablets is often referred to as Dual Antiplatelet Therapy (DAPT). Both these tablets help reduce the risk of blood clots forming in and around your stent. Clots forming within your stent can cause a heart attack, which may be fatal.

It is therefore very important that you know which medications to take and at what times, and that no doses are missed.

You should not stop any of your medications without speaking with your cardiologist.

Side effects

It is normal to experience increased bruising whilst on clopidogrel or ticagrelor, but please speak to your GP if you are concerned or notice any unexpected bleeding, bruising or blood in your faeces / urine.

You should take the following medications, as well as any other regular medications you have been prescribed by your GP. Your nurse will tick the sections which apply to you.

Clopidogrel

75mg once a day for 12 months for months

Ticagrelor

90mg twice a day for 12 months for months

and

Aspirin

75mg each day lifelong

Other medication

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Anti-coagulant medication

If you were previously taking anti-coagulant medication, such as warfarin, apixaban, rivaroxaban, dabigatran or edoxaban, your medication may need to be amended. You will be advised what to take before you are discharged.

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Please make sure you are aware of exactly which anti-coagulant tablets you need to take, before you go home. This should be clearly detailed in your discharge documents.

Blood results

For your reference, your blood results were:

Total cholesterol

(Ideal range is less than 5.2 mmol/L)

- If you have coronary artery disease, your consultant has requested a target of less than 1.4 mmol/L for LDL and less than 2.2 mmol/L for Non-HDL-C (ESC guidelines).

HbA1C

(Ideal range for HbA1C is less than 6.5%)

Your nurse will be able to explain these results.

Follow-up

An electronic discharge summary will be sent to your GP after you have had your procedure and your Consultant will send a detailed letter within two weeks. (Your nurse will tick the section applicable to you).

You will be sent an outpatient appointment. This appointment will be sent in the post.

You might find it helpful to bring any questions or concerns you might have to this appointment.

or

You will not be sent an outpatient appointment. Please contact your GP surgery to arrange a follow-up with your GP. If you have any further problems please contact your GP.

Transport to your outpatient appointments

If you have difficulty in getting to your outpatient appointments, your GP surgery may have the phone numbers of voluntary transport schemes which operate at subsidised rates. If you live in Oxfordshire, a directory of these services is available at:

www.communityfirstoxon.org

What to do when you get home

After your procedure you should have a quiet evening resting the limb which has the insertion site (wound) from the operation. You may eat and drink as normal and sleep in your usual position at night time. The next morning you can shower or have a bath as you would normally.

Wound care

Your nurse will tick the section(s) which apply to you.

Radial (wrist) artery

1. The dressing or plaster can be removed the day after the procedure.
2. Avoid lifting any heavy bags or doing any strenuous activity for days, as this increases the pressure in your wrist area, making it more likely that the wound will bleed.
3. Check your wound for heat, redness, pain or swelling around the wound. If this becomes excessive, contact your GP.
4. If your hand becomes cool, pale and/or painful, please seek urgent medical attention.

Bleeding

It is rare to have severe bleeding from the insertion site once you are at home. If it does start to bleed you must:

1. Sit down and rest quietly and calmly.
2. Apply a clean tissue and put pressure on the insertion site for 10 minutes.
3. If bleeding doesn't stop, ask someone to call 999 or take you to a local hospital with either an Emergency Department or Minor Injuries Unit. Please take this booklet with you.

Though bleeding is rare, if you have had your procedure carried out as a 'day patient' (returning home on the same day), you will need someone responsible to stay with you overnight on the day of your procedure, just in case there is a problem.

Femoral artery (groin)

To close your wound, the doctor may have used a special collagen plug called an 'angioseal'. If so, you will be given a separate card with instructions about wound care.

1. The plaster can be removed the day after the procedure and does not need to be replaced.
2. Avoid any lifting or strenuous activity for 48 hours, as this increases the pressure in your groin area, making it more likely that the wound will bleed.
3. It is rare for serious complications to occur after these procedures. The most common problem is for a bruise to form at the insertion site, which may be uncomfortable for a few days. If this becomes hot, swollen or very red and more painful, please contact your GP, as the wound may need further attention.
4. If your foot and/or leg becomes cool, pale and/or painful, please seek urgent medical attention.

Bleeding

It is rare to have severe bleeding from the insertion site once you are at home. If bleeding does occur you must:

1. Lie flat.
2. Ask someone to apply pressure to the insertion site for 10 minutes.
3. If bleeding doesn't stop, ask someone to call 999.

Though bleeding is rare, if you have had your procedure carried out as a 'day patient' (returning home on the same day), you will need someone responsible to stay with you overnight on the day of your procedure, just in case there is a problem.

Driving following elective /planned procedure

There are DVLA driving restrictions which apply after some procedures. (Your nurse will tick the section which is relevant to you.)

- After an angiogram using the radial artery (wrist) route
– you must not drive for 3 days.
- After an angioplasty and stent using the radial artery (wrist) route
– you must not drive for 7 days.
- After an angiogram using the femoral artery (groin) route
– please do not drive for 24 hours.
- After a stent or angioplasty (PCI) using the femoral artery (groin) route – please do not drive for 7 days.

Driving after unstable angina or a heart attack

Group 1: Car and motorcycle

If you have had an urgent/emergency procedure for unstable angina or a heart attack, you will not be able to drive for a period of time; the duration of this will depend on the function of your heart. Please seek advice from your ward nurse, doctor or Cardiac Rehabilitation Nurse. They will give you advice on the specific driving restrictions that apply to you. You must tell your car insurer before you start driving again, to make sure that you are covered. You do not need to tell the DVLA.

You may return to driving on:

Group 2: Bus and lorry

If you have an HGV or PSV license there will be additional restrictions and you will have to reapply for your license following further tests. Please ask your nurse or doctor for more information.

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Return to work

When you can return to work will depend on what you do for a job. Please speak to your nurse about when you may return to work, before you leave the ward.

You may return to work on

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If you feel you need further time off work, please contact your GP.

How to contact us

If you have any queries about your procedure or care within **48 hours** of your discharge, **please contact the ward** you were a patient on.

After 48 hours, please contact your GP for advice related to wound or further care. For any queries related to appointments or contacting consultants, please use direct email for secretaries / Doctors or call via hospital switchboard to connect to their number.

Ward:

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Telephone: 01865

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If you are calling after 9pm, please telephone the Cardiology Ward.
Telephone: 01865 572 675 or 01865 572 676

Please be ready to give the following details:

- your name
- date of birth
- your NHS or Hospital number (if close to hand)
- when you were admitted
- the procedure you had
- the name of your Consultant.

This will help us to access your records more quickly and to speak with your medical team, if needed.

What to do if you get chest pain:

Pain



Rest



1 to 2 GTN spray/tablet under the tongue



If the pain is not relieved by 5 minutes



1 to 2 GTN spray/tablet under the tongue



If the pain is not relieved by 5 minutes



CALL 999 FOR AN AMBULANCE

**10 minutes
maximum –
or sooner
if you feel
unwell**

If at any point your pain becomes worse, or if you feel unwell (e.g. dizzy, sweaty, short of breath) please call 999 for an ambulance immediately.

If your pain is relieved but the episodes of angina are more frequent or are taking longer to go away, please arrange to see your GP to be reviewed.

If you notice that you have started to get angina at night or when you are resting, it is important that you see your GP so that he/she is aware of your new symptoms.

Do not exceed the recommended dose of GTN.

If you feel you need to exceed the recommended dose then call an ambulance.

Please note: GTN can cause dizziness/light-headedness – we recommend using it while sitting rather than standing.

Lifestyle changes and prevention of future symptoms (secondary prevention)

If you have been told that you have some disease in your arteries then there are many things that you can do to improve the situation.

Coronary artery disease is one of the most common causes of death in the UK. By making important lifestyle changes, you will help to reduce your risk of cardiac problems in the future.

This advice is relevant to everyone, not just people with disease in their arteries. By following it, you can maintain a healthy lifestyle. If you would like further information on any lifestyle issues, please ask your nurse or help yourself to the health education leaflets displayed on the ward.

The risk factors for heart disease are:

- smoking
- family history of heart disease
- eating an unhealthy diet
- high cholesterol levels
- if you have diabetes
- how much exercise you take
- high blood pressure.

For more information about these risks, please ask for a booklet on lifestyle changes and 'secondary prevention'.

Support from Cardiac Rehabilitation

Cardiac Rehabilitation at the Oxford University Hospitals NHS Foundation Trust is based over two sites:

- John Radcliffe Hospital, Oxford.
- Horton General Hospital, Banbury.

Across these sites we have a team of Specialist Nurse Practitioners and Exercise Physiologists, who work closely with other Healthcare Professionals.

The aim of the Cardiac Rehabilitation Programme is to provide patient- centred care, to optimise your health and wellbeing, helping to enhance your quality of life.

The Cardiac Rehabilitation Programme consists of an individual assessment of cardiac risk factors, the opportunity to set personalised goals, an eight-week supervised exercise programme and information sessions.

If you have had an angioplasty or PCI but not had a heart attack, you may be seen by the Cardiac Rehabilitation team, or you can refer yourself to the team by calling the numbers below.

If you have had a heart attack, you will be referred to the Cardiac Rehabilitation team to be seen either in hospital or contacted at home after you are discharged.

Cardiac Rehabilitation contact numbers

If you live within Oxfordshire and feel that you may benefit from some cardiac rehabilitation support, you can contact the service:

Cardiac Rehabilitation, John Radcliffe, Oxford

Telephone: 01865 220 251

Cardiac Rehabilitation, Horton General Hospital, Banbury

Telephone: 01295 229 753

If you live outside the Oxfordshire area, please contact the Cardiac Rehabilitation service that is closest to where you live:

Swindon

Telephone: 01793 646 218

Email: gwh.cardiacrehab@nhs.net

Northampton

Telephone: 01604 545 345

Email: cardiacrehab.ngh@nhs.net

Aylesbury, Amersham, High Wycombe

Telephone: 01494 426917

Email: buc_tv.cardiacrehabilitationsservice@nhs.net

Milton Keynes

Telephone: 01908 996 408

Email: cardiac.rehab@mkuh.nhs.uk

Gloucester

Telephone: 0300 421 8151

Email: gcs_cardiac.rehab@nhs.net

If you have not had a stent or angioplasty (PCI), you can get support through your GP services.

Further information

This booklet is designed to complement other publications available about heart disease and cardiac procedures. The British Heart Foundation produces a number of patient leaflets, which can be ordered from them or downloaded from their website.

British Heart Foundation

Telephone: 0300 330 3311

Website: www.bhf.org.uk

NHS Choices

You may also find useful information on the NHS Choices website.

Website: www.nhs.uk

Our hospital website has information on all our Cardiac services.

Website: www.ouh.nhs.uk

Notes:

You might find it useful to write down any questions you have here.

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This booklet has been produced through the collaboration of doctors, nurses and patients. We welcome your feedback.

If you have any comments about the content of this booklet, please put them in writing to:

Practice Development Nurse

Cardiac Medicine

Cardiac Angiography Suite

Level Minus 1, Oxford Heart Centre John Radcliffe Hospital

Oxford OX3 9DU

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Practice Development Nurse, Cardiac Medicine, JR

Approved by: Cardiac Directorate

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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

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