Discharge advice after your coronary angiogram, angioplasty or stent insertion (PCI)
This booklet contains important information. Please read it carefully. It contains advice about discharge 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.

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1. Discharge summary

The procedure you had was: .................................................................

The results of your procedure were: ....................................................

Your consultant at the John Radcliffe Hospital is: .................................

(Your consultant at your local hospital is: .............................................

Coronary arteries

- Right Coronary Artery
- Left Coronary Artery
- Circumflex Artery
- Marginal Branch
- Left Anterior Descending Artery
- Diagonal Branch
- Posterior Descending Artery
For your reference your blood results were:

Total cholesterol ........................................ (Normal range < 6.5 mmol/L)

If you have coronary artery disease the aim is for the result to be < 4.0 mmol/L (NICE Guidance)

Blood glucose ........................................ (Normal range 4 – 7 mmol/L)

Your nurse will be able to explain these results.

Approximately two weeks after your discharge 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.

Follow-up

(Your nurse will tick the section applicable to you)

☐ You will be sent an outpatient appointment for the clinic of:

.................................................................................................................................

(This appointment will be sent in the post. If you do not receive an appointment date within 6 weeks, please call your local hospital and ask to speak to the secretary of your local Consultant.)

OR

☐ You will not be sent an outpatient appointment. 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. For Oxfordshire patients a directory of these services is available at www.oxonrcc.org.uk under directories.
2. What to do when you get home

After your procedure you should have a quiet evening resting the limb that was used for access. You may eat and drink as normal and sleep in your usual position at night time. The next morning you can shower or bath as normal.

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

- **Femoral artery (groin)**
  The doctor used a special stitch called an ‘angioseal’ and you will be given a separate card with instructions about wound care. (Delete if not applicable)

  1. The plaster or bandage 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 the groin area, making it more likely that the wound will bleed (see page 7).
  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 swollen or very red and more painful, please contact your GP immediately as the wound may need further attention.

- **Radial (wrist) / brachial (elbow) artery**

  1. The dressing may be removed the day after the procedure. If you have stitches, keep dry and cover with a clean dressing if needed.
  2. Avoid lifting or strenuous activity for 3 days.
  3. Check your wound for redness or swelling. If this becomes excessive (i.e. very red or swollen) or painful, contact your GP.
  4. Brachial (elbow) wounds have stitches that should be removed at your GP surgery on .................................................................

Please call your surgery for an appointment or ask the nurse to call for you before you go home.
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. 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 are a day patient someone needs to stay with you overnight on the day of your procedure.

Driving
There are DVLA driving restrictions after some procedures

(Your nurse will tick the section which is relevant to you.)

☐ After an angiogram – please do not drive for 24 hours. If your wrist has been used as the insertion site, you must not drive for 3 days.

☐ After a stent or angioplasty (PCI) – please do not drive for 1 week.

☐ If you have had a heart attack, please seek advice from your doctor or cardiac rehabilitation nurse who will advise you on DVLA guidelines as you will be restricted from driving for a short period. You must tell your car insurer before driving again to make sure that you are covered. You do not need to tell the DVLA.

Return to work
You may return to work ..............................................................................................................

Medication
Your medication will be explained to you before you go home or we will give you a card explaining your medication. Please ask if you have any questions about your medication.

Your nurse will tick the sections which apply to you.

☐ If you have had a stent inserted during your angiogram, you need to take a tablet called Clopidogrel for a minimum of 1 to 12 months (Pharmacy will give you a card). This is a super-aspirin and prevents the risk of a blood clot forming around the stent site. You must take this as well as your aspirin.
If you have had a stent or angioplasty (PCI) or heart attack you must tell your GP if you have any further heart symptoms or chest pain.

**Contact numbers for queries or problems**

If you have any queries about your procedure or care within 48 hours of your discharge, please contact the ward on which you were a patient, and the nurses will do their best to help.

Ward: ..................................................................................................

Telephone: (01865) ..............................................................................

**After 48 hours please contact your GP for advice.**

### 3. Lifestyle changes and ‘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 the risk of cardiac problems in the future. This advice is relevant to everyone, not just people with disease in their arteries and 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.

**Smoking**

As you will know, smoking is a risk to your health. It is especially risky if you have coronary heart disease. **The importance of giving up smoking if you have heart disease cannot be stressed enough.**

There is a lot of support and information available while you are in hospital and when you go home. Most nurses attached to GP practices, cardiac rehabilitation nurses and GP’s are trained in smoking cessation (helping people to stop smoking) and are available to give you advice and support.
Contacts and helplines
Here are some contacts if you want to stop smoking:

**NHS Smoking Helpline:**
Tel: 0800 169 0 169  www.givingupsmoking.co.uk

**Quit Line** (an independent charity):
Tel: 0800 002200  www.quit.org.uk

If you live in Oxfordshire:

**Oxfordshire smoking cessation advice service:**
Tel: 01865 226663
or e-mail them at: smoking.advice@oxon-ha.anglox.nhs.uk

or Contact your GP / Health Centre and ask to speak to the smoking cessation advisor.

Family History
You are considered to have a family history of coronary heart disease if either of your parents or any of your brothers or sisters has had angina, a heart attack or heart bypass surgery under the age of 60 years.

If you do have a family history you will be predisposed (i.e. more likely) to have some heart disease yourself. As a result it is considered to be a risk factor for you. It is worth bearing in mind that if you are under 60 years, and have children, they will now also have a family history of heart disease. Your children should consider making similar lifestyle changes that will benefit their health too. We call this primary prevention.

Healthy Diet
Heart disease is linked to a number of different factors, many of which are affected by what we eat. Here are the main points to follow to maintain a healthy diet:

1. Have 2 portions of fish each week including at least one portion of oily fish.
2. Have at least 5 portions of fruit and vegetables each day
3. Reduce your intake of fat, particularly saturated fat
4. Have less salt in what you eat
5. Cholesterol – ‘The lower the better’
**Cholesterol**

Cholesterol levels can be measured with a blood test. If you have coronary heart disease, ideally your cholesterol should be below 4.0 mmol (normal level is less than 6.5 mmol). The lower your cholesterol is, the more your risk of a heart attack in future is reduced. We will prescribe a tablet (a statin) to lower your cholesterol level. You can also help to lower it by eating a diet which is high in fibre and low in saturated fat.

**Diabetes**

People with diabetes have a higher chance of developing other problems such as heart disease and damage to the kidneys and eyes. These risks are reduced if diabetes is well controlled.

Ideally your blood glucose level should be 4-7 mmols / litre before meals, rising to no higher than 10 mmols / litre two hours after a meal.

A combination of good control of blood glucose levels and blood pressure, plus healthy eating and exercise, will greatly reduce the chances of developing cardiac complications.

**Exercise**

Is it important to do some physical activity? The simple answer is **yes**.

Do you have to go to a gym to exercise? The simple answer is **no**.

The government recommends moderate intensity activity such as walking for at least **30 minutes, five times a week**. If you exercise your heart, it will get stronger and work more efficiently.

If you would like further advice about exercising, please contact the Cardiac Rehabilitation department at your local hospital. Advice is also available from your GP or Practice Nurse. (For contact numbers at the John Radcliffe and the Horton hospitals, see page 11.)

If you experience any of your anginal symptoms or excessive shortness of breath while you are undertaking physical activity, then stop and contact your GP. See Page 10 – ‘What to do if you get chest pain’.

**Sexual activity**

Please allow 48 hours after an angiogram, angioplasty or stent before resuming sexual activity. Sexual activity uses the same amount of energy as climbing 2 flights of stairs. After a heart attack sex is fine
once you are able to climb two flights of stairs without any chest pain or shortness of breath. But everyone is different. Cardiac Rehabilitation can give you more support and advice if you need it.

**High Blood Pressure (Hypertension)**

If you have high blood pressure your doctor is likely to have started you on medication to help lower it. So what can you do to help keep your blood pressure low?

- Reduce the salt in your diet. **Too much salt in your diet increases your blood pressure.**
- Beware of hidden salts, especially in processed foods – check food labels.
- Exercise regularly. Regular exercise helps to lower your blood pressure.

**What to do if you get chest pain**

**Use of GTN Spray – Glyceryl trinitrate)**

If you get pain you should rest

1-2 GTN spray/tablet under the tongue

If pain not relieved within 5 minutes
1-2 GTN spray/tablet under the tongue

If pain not relieved within 5 minutes
1-2 GTN spray/tablet under the tongue

If pain not relieved by 15 minutes – Dial 999 for an ambulance
If your pain increases in severity at any stage use your GTN spray immediately. If the pain is not relieved, phone 999 immediately.

If your pain is relieved but episodes of angina are more frequent or are taking longer to go, you should see your GP.

If you notice that your angina has started to occur at night or at rest, it is important to see your GP to let them know about your changing symptoms.

**Support from cardiac rehabilitation**

If you have an angioplasty/stent (PCI) you may feel that you would like some support afterwards. Cardiac rehabilitation is available nationwide to give you support if you would like it. Most rehabilitation services offer information classes, exercise programmes and outpatient clinics.

**Cardiac rehabilitation contact numbers**

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

  John Radcliffe, Oxford: (01865) 220251
  Horton General Hospital, Banbury: (01295) 229753

- If you live outside the Oxfordshire area then contact the cardiac rehabilitation service that is closest to where you live

  Swindon 01793 604 268
  Northampton 01604 545 345
  Aylesbury 01296 315 179
  Milton Keynes 01908 243 966
  Gloucester 08454 266 893
  High Wycombe 01494 526 161

If you have not had a stent or angioplasty (PCI), support is available through your GP services.
4. Further information

The 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**  www.bhf.org.uk
14 Fitzhardinge Street
London
W1H 6DH

You may also find information on the NHS Direct website useful.
NHS Direct: 0845 4647  www.nhsdirect.nhs.uk

NICE Guidance 2008  Lipid modification
MI secondary prevention  www.nice.org.uk

Our hospital website has information on all our cardiac services.
www.oxfordradcliffe.nhs.uk

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, Cardiology Ward
John Radcliffe Hospital
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If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk

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