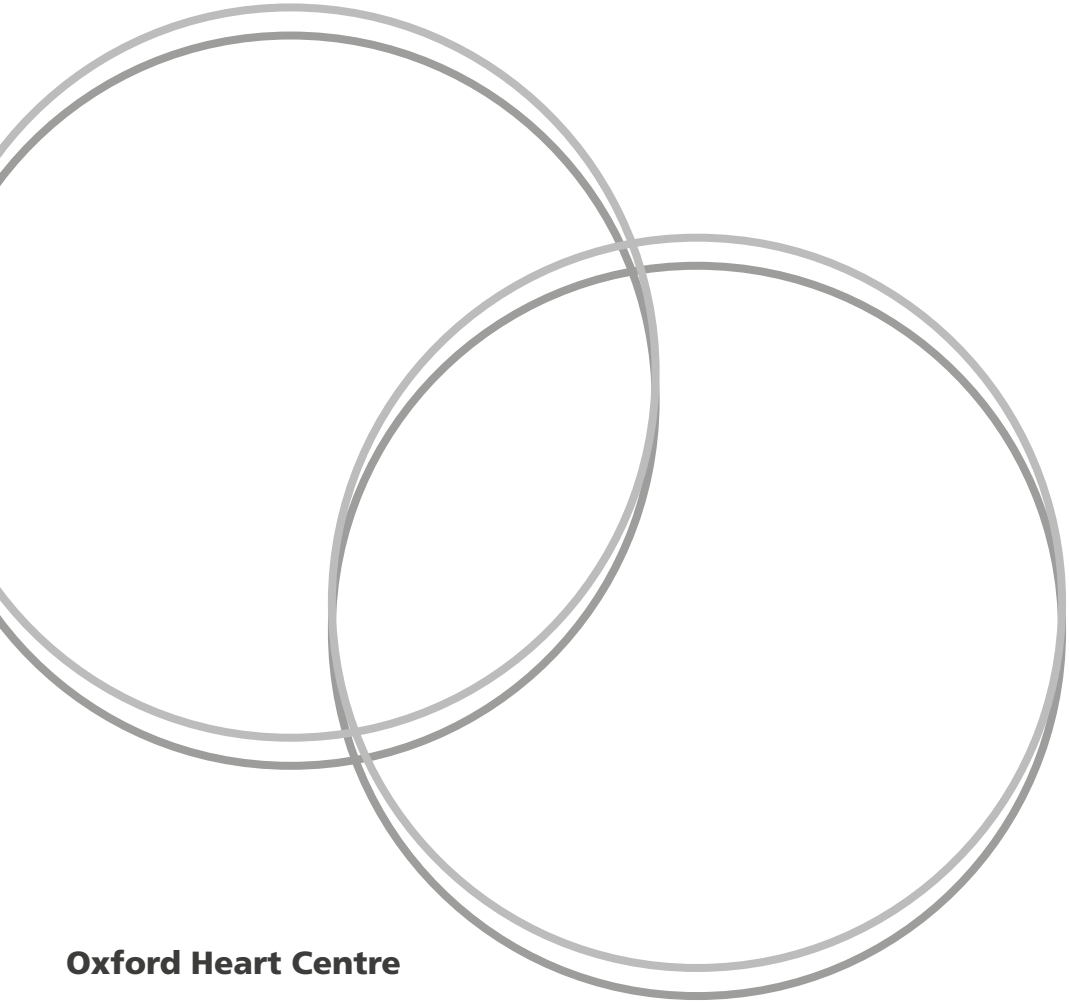
Oxford University Hospitals
NHS Foundation Trust

Discharge advice after closure of an Atrial Septal Defect (ASD)

Information for patients



Oxford Heart Centre

This booklet contains important information. Please read it carefully. It contains advice about discharge after your ASD closure. It also contains information about what to do when you get home.

Contents

1. Discharge summary

The procedure you had was:

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The results of your procedure were:

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Your consultant at the John Radcliffe Hospital is:

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Your consultant at your local hospital is:

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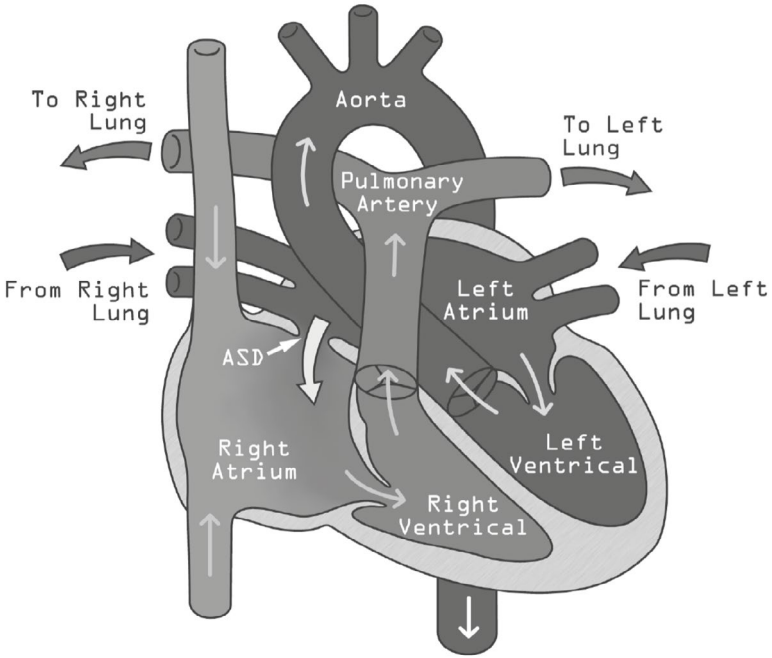

Approximately two weeks after your discharge we will send a summary of your hospital stay to your GP or to the Consultant who referred you, explaining your outcome and planned treatment.

Follow-up

You will be sent an outpatient appointment with the adult congenital heart disease service (ACHD)

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.

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, but do not drink any alcohol. You may sleep in your usual position at night time. The next morning you can shower or have a bath as normal.

Wound care

Access site (groin)

- The plaster or bandage can be removed the day after your procedure and does not need to be replaced.
- Avoid any lifting or strenuous activity for one week after the procedure as this increases the pressure in the groin area, making it more likely that the wound will bleed (see next page).
- Serious complications are rare. The most common problem is a bruise at the access site, which may be uncomfortable for a few days. If this area becomes swollen, or red and more painful, please contact your GP as the wound may need further attention.

Bleeding

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

- lie flat
- apply sustained and firm pressure to the insertion site for 10 minutes
- 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

Although there are no specific DVLA driving advice, we strongly recommend that you do not drive for 3 days after ASD closure. This is to allow time for the access site wound to heal properly.

Return to work

Patients usually take 2 to 3 days off work after an ASD closure procedure. We will discuss this with you before you leave the hospital.

3. Recommendations

Medication

For most patients we recommend dual antiplatelet therapy (aspirin 75 mg once daily and clopidogrel 75 mg once daily) for 3 months after the procedure, followed by single antiplatelet therapy for a further 9 months. This single agent is usually aspirin 75 mg once daily, though if the patient prefers to take clopidogrel 75 mg once daily, then this is entirely reasonable. For patients already taking anticoagulation (blood thinners) for other reasons, we will give specific instructions.

Antibiotic prophylaxis

To reduce the risk of infection, antibiotics prophylaxis is recommended for the first six months after the procedure for dental work, respiratory tract procedures, skin and soft tissue procedures and any further cardiac procedure. Genitourinary and gastrointestinal procedures do not generally require prophylaxis. The European Society of Cardiology (2023) guidelines for the management of endocarditis (infection of the heart) recommend antibiotics are given 30-60 minutes before the procedure.
For patients without penicillin allergy, amoxicillin 2g orally is recommended. For patients with penicillin allergy, clindamycin 600mg orally is recommended. Please contact the ACHD nursing team if you are unsure or require specific advice.

If you have difficulties with your dentist or GP prescribing antibiotics, please contact the adult congenital heart disease nursing team – see next page.

Palpitations

It is quite common to have palpitations in the first few months after the procedure. Where this occurs, patients usually have a sensation of an extra heartbeat or short runs of rapid heartbeat. These are generally not a cause for concern and if you are feeling well they do not require any action. If they persist, then we will generally arrange an ambulatory monitor. Occasionally, where a fast heart rhythm is sustained, the rhythm may be atrial fibrillation (this occurs in

around 1 in 30 patients), and if this is identified please get in touch with our team. Before any procedures are carried out, always tell any medical or dental staff that you have had a hole in your heart closed. This is recommended by your cardiologist. You should have regular dental check-ups, i.e. every 6 months.

4. How to contact us

If you have any questions or concerns about your procedure after your discharge, please contact the adult congenital heart disease specialist nursing team on the below details. **If you are unwell, please seek urgent medical attention by calling 999**, or visit the nearest emergency department.

Telephone: **01865 740412** (answer machine)

Monday to Friday 8am until 4pm.

Email: ACHD&PHT.Nurse@ouh.nhs.uk

5. 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

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

Somerville Heart Foundation

www.shf.org.uk

John Radcliffe Hospital

Our hospital website has information on all our cardiac services.
www.ouh.nhs.uk/hospitals/jr/

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.

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