



PATIENT NAME:

MRN:

DOB:

Care After Your Cardiac Catheterization and/or Percutaneous Coronary Intervention

Follow these and other instructions for your care at home after your cardiac catheterization and percutaneous coronary intervention (PCI). You may call **718.250.8291** or **718.250.8284** for any questions.

ACTIVITY

- It is important to allow your body time to heal after your procedure to avoid health complications. **DO NOT** engage in any strenuous activity for five (5) days following your procedure, such as: lifting, pushing or pulling anything greater than ten (10) pounds (nothing more than two (2) pounds if the procedure was done through the wrist); participating in any sporting activities (golf, basketball, jogging, etc.); household chores. **DO NOT** drive for 24 hours after procedure. Discuss with your doctor about when it is safe to resume work, exercise, sexual activity and travel.
- Limit the amount of stairs you climb as much as possible for the first week after your procedure. Step up with the leg that was not used for the procedure first and then lift your other leg to meet it. Place light pressure over the procedure site as you climb to provide support.
- **DO NOT** strain during a bowel movement.

WOUND CARE

- **DO NOT** shower for 24 hours after your procedure. **DO NOT** take a bath, swim or go in a hot tub for 72 hours after your procedure to avoid infection.
- The dressing can be removed after 24 hours after the procedure and a new adhesive bandage can be applied everyday to the site for three (3) days. It is normal to have a small amount of bruising and slight discomfort at the procedure site the first few days.
- The procedure site should be washed gently with soap and water. **DO NOT** rub the area, pat dry only. **DO NOT** apply powder, ointment or lotion to the area.

DIET

- Resume a heart-healthy diet (low salt, low fat, low cholesterol).
- Be sure to drink extra amount of water for several days after your procedure to help flush the contrast dye out of your system, unless you are on fluid restrictions.

FOLLOW-UP CARE

- Call your primary physician the day after your procedure and schedule a follow-up appointment in two (2) to three (3) weeks after your procedure.
- Ask your doctor about your medications because they may want to make some changes or additions depending on the results of your procedure.



MEDICATIONS

- If you are diabetic and are taking _____, **DO NOT** take this medication for 48 hours after the procedure. You can restart this medication on: _____.
- If you are on a blood-thinning medications such as _____, you can restart this medication on _____.
- If you underwent a percutaneous coronary intervention (PCI), you will be started on an antiplatelet medication in addition to aspirin 81 mg that you **MUST TAKE EVERY DAY** as prescribed by your doctor. Failure to do so can lead to serious complications. Contact your doctor immediately if there are any problems with your prescription.
 - o You have been prescribed the antiplatelet medication called: _____.
DO NOT skip a dose or stop taking this medication without speaking with your doctor first.

WHEN TO CALL

- If you experience **CHEST PAIN OR SHORTNESS OF BREATH** call 911.
- If you are **ACTIVELY BLEEDING** from your procedure site—lay down on a flat surface, apply firm pressure to the area and call 911.
- If you experience numbness or tingling in your hands and feet, redness or itching anywhere in your body, difficulty urinating, swelling at the procedure site, or any signs and symptoms of infection such as redness and pus at the site or prolonged temperature greater than 101F or 38.8C, contact your physician immediately.

SMOKING CESSATION

- Smoking has been proven to be a major cause of countless health issues including cardiovascular disease. If you are a smoker, there are different options available to help you quit. Contact your doctor to learn more about your treatment options.

Thank You for Choosing The Brooklyn Heart Center!

These instructions have been explained to my understanding with no further questions.
I have received a copy.

Patient's Signature

Date/Time

Telephone Number

Escort's Signature

Date/Time

Telephone Number

RN Signature

Date/Time



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