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ANGIOPLASTY STENT DISCHARGE Instructions

PATIENT IDENTIFICATION

The following discharge instructions are intended to assist you during your recovery period following an angioplasty procedure. These instructions will be discussed with you prior to your discharge. Your signature will validate your receipt of these instructions. Thank you again for utilizing the facilities at XXXXXX Hospital.

A. Diet and Fluid Intake

1. You may resume your regular diet. A low fat, low cholesterol diet is recommended.
2. You are encouraged to drink at least six to eight 8 oz. glasses of fluids in the next 24 hours.

B. Activity

1. For the next 48 hours, please avoid excessive walking up and down stairs, driving a car, and strenuous activity.
2. After 48 hours, you may resume normal walking, driving, and climbing stairs.
3. For the next 2-3 days, please avoid the following: lifting more than 15 lbs., activities that involve lower extremity used for your procedure such as jogging or bicycle riding, and activities that involve the upper extremity used in your procedure such as gardening, housework or shoveling snow.

C. Procedure Site Care

1. Keep the site clean. Do not use special soaps or ointments. You may shower or bathe the day following your procedure unless instructed otherwise by your doctor.
2. You may remove the dressing the next day. A Band-Aid may be placed on the site for a few days to prevent irritation of the site by your clothing.
3. You may notice slight discomfort and/or bean shaped knot at the procedure site for several days.
4. A bruise or mild swelling is expected and may take several weeks to resolve.

D. Your Physician Should be Notified if

1. You observe an increase in swelling or bleeding and/or signs and symptoms of infection (increased drainage, fever, chills).
2. The leg or arm becomes difficult to bend.
3. There is a tingling, numbness, or severe discomfort at the site or in the extremity.

E. Emergency Wound Care

1. If bleeding occurs, cover the site with a clean towel and have someone apply pressure on the area for 20 minutes; then slowly release pressure.
2. **If the bleeding does not stop, call your doctor immediately.**
3. **If the bleeding is severe, call 911 or the local emergency number for help.**

F. Follow-Up Appointments

1. Please call your physician's office for a follow-up appointment. If you are unsure of when your doctor wants to see you again, please call within 24 hours of your procedure to schedule an appointment.
2. If follow-up instructions have not been given, please call your doctor's office the next work day.
3. **Your doctor is _____ and can be reached at _____.**

G. Other Instructions (medication administration review, etc.)

Nurse's SIGNATURE / TITLE

DATE

Physician's SIGNATURE

DATE

PART OF THE MEDICAL RECORD