Life After Angioplasty
Maybe you had a heart attack — or maybe you had a procedure to relieve chest pain. Either way, your cardiologist opened blockages in your arteries. Now, once again, blood can flow more freely, delivering oxygen to your heart muscle to help you breathe easier and feel better. Soon, you’ll be able to do as much as, if not more than, before the procedure. But there’s something really important you need to know: Your heart isn’t cured — it’s mended. The procedure you just had is a very important part of treating heart disease, but it’s not a cure. You have atherosclerosis, or hardening of the arteries. It’s a disease process that can’t be eliminated. That’s the bad news. The good news is that taking your medications and making lifestyle changes will slow the disease’s progress and reduce your risk of more problems in the future. There is hope. Just ask any trained and accredited visitor from Mended Hearts, a nationwide network of heart patients supporting other heart patients. Like you, they are surviving and living productive lives with heart disease. They know what it’s like, and they want to help. The next part of your treatment is up to you, but you are not alone. Your doctors and other members of your healthcare team, including volunteers from Mended Hearts, are ready to answer your questions and support you.
1. When can I leave the hospital?

Your doctor will work with you to decide when you’re ready to go home. Most patients need to stay overnight. There are multiple factors for you and your doctor to consider: Did you have a heart attack? Do you live alone? What about complications? It all depends on your particular situation. Please, talk with your doctor, nurse and other members of your healthcare team.

2. What do I need to do when I’m released from the hospital?

- **Review and follow any instructions** from your doctors, nurses, dietician, cardiac rehab specialist or any other healthcare professionals.
- **Fill all prescriptions** so you can take your medications on schedule as soon as you get home.
- **Make arrangements** to have someone with you, or available to help for the next day or two.

3. Now that I’ve been treated, what should I be concerned about once I get home?

- **Take your medications.** Even if you feel great, take all the medications your cardiologist and primary care doctor have told you to take. It is extremely important that you take any anti-clotting medicines in the amount and as frequently as directed by your cardiologist for as long as your cardiologist says. These medications are your primary defense against blood clots, heart attack and stroke.

  **DO NOT STOP taking any heart medications (especially anti-clotting or anti-platelet medications) without talking to your cardiologist first.** These medications are absolutely essential for preventing heart attacks in the future. Your cardiologist will tell you how long you need to take them.

- **Report chest pain.** If you have chest pain or other symptoms similar to what brought you to the hospital, report it immediately to your doctor. If the chest pain lasts more than 10 minutes, call an ambulance. If the pain seems different, but you’re not sure, play it safe — call your doctor.

- **Check for bleeding.** Keep an eye on the entry point for the procedure — your elbow, wrist or groin. You should not have ANY bleeding after you leave the hospital. If you do, stop the bleeding by applying pressure, call your doctor and return to the hospital as soon as possible.

- **Watch for hematomas.** A hematoma is a collection of blood under the skin that might be painful. It will look like a lump under the skin. The size of the lump may vary. A lump smaller than a pecan that is not enlarging can be watched, but any lump larger than a pecan should be reported to your cardiologist. If you have a hematoma, or severe back or lower abdominal pain, call your doctor or return to the emergency room as soon as possible.

- **Report infection or rash.** Infection is extremely rare after angioplasty, but if you suspect infection or develop a rash of any kind, tell your doctor.

- **Restrict your activity.** Take it easy. Ask your doctor when you can resume normal activity, including going back to work and lifting anything that weighs more than 10 pounds.

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This brochure is not intended to provide medical diagnosis or medical advice and must be considered as an educational service only. Talk to your doctor for advice and guidance tailored to your medical condition, as medical conditions and medical advice change on a patient-to-patient basis.
4. How soon should I see my doctor again?

Make an appointment to see your doctor **10 to 14 days** after your procedure, or sooner if your doctor recommends.

5. I feel great! I’m working, gardening, playing tennis, and taking long walks. Why do I need to take all these medications?

Remember, you should be making healthy lifestyle changes. These changes are important to your well-being, and so are the medications prescribed by your doctor. They will reduce your risk for heart attacks and strokes in the future. The combination of medications you are taking helps to combat the hardening of the arteries (atherosclerosis) that caused your heart blockages and reduces the chance of blood clots and future heart attacks. Your cardiologist treated isolated blockages in your heart blood vessels, but other places in these blood vessels are prone to developing problems in the future.

6. But didn’t my cardiologist fix my heart?

That’s a very common misconception. Your heart is actually a muscle about the size of your fist that pumps blood to the rest of your body. Your cardiologist did not actually work on the heart muscle. He or she fixed blockages in the blood vessels so oxygen-rich blood can flow freely again. But, because you have atherosclerosis, or hardening of the arteries, more places in your arteries could become blocked. Atherosclerosis affects every blood vessel in your body, which means you need medications to treat all the blood vessels in your body. These medications reduce your risk of developing blockages in the arteries of your heart, kidneys and legs. By preventing blockages, medicines also reduce your risk of heart attack, stroke, kidney failure and poor circulation in your limbs.

7. What are risk factors?

Atherosclerosis is a complex disease. In part, we inherit it from our families, but certain individual traits and habits called risk factors make it worse — for example, high blood pressure, not enough exercise, being overweight, diabetes, high cholesterol and smoking.

8. Why is my diet so important?

The good news about heart disease is that you have the ability to slow its progress by making changes. Diet is one of those changes. Talk to your dietician or doctor about changing your diet to reduce your risk of having a heart attack or stroke.

9. What about exercise?

Your doctor will probably allow you to resume your usual activities within a few days after your procedure. He or she may also encourage you to participate in a cardiac rehabilitation program that includes exercise testing, counseling, and starting an exercise routine that is right for you.

If you have chest pain, difficulty breathing, or an irregular heartbeat during exercise, stop until you feel better. If these problems continue, seek help immediately.
10. But I feel great, so why do I need to exercise?

Along with a nutritious, low-fat diet, exercise is a way you can slow the progress of heart disease. Many people with heart disease find that joining a cardiac rehabilitation program helps them develop an exercise program they can stick with. Talk to your doctor to get more information on cardiac rehabilitation.

11. How soon can I have sex?

Sex is like exercise — the same rules apply. When the doctor tells you it’s okay to climb stairs or jog again, it’s probably okay to have sex with your partner. But don’t be embarrassed to ask your doctor about it. It’s a very common concern after this procedure.

Do not take medications like Viagra for erectile dysfunction (ED) without first discussing it with your cardiologist. These medications can create dangerous interactions with the medications you may be taking to treat your heart problem.

12. What do other people who have heart disease do? Do they follow all these rules?

That’s a great question for a Mended Hearts volunteer visitor. The “rules” are designed to reduce your risk of more serious heart disease problems, so it’s worth it to you to follow them.

13. What are my risks for more serious heart disease problems?

As someone with heart disease, you are at higher risk than the general population for having chest pain or heart attack. Taking your medicines, exercising, and eating right will help to reduce your risk for more chest pain and heart attack in the future.

14. If I follow all these guidelines, will I be able to do everything I want to do?

In general, yes. But it depends on how sick you are. If you’ve had a heart attack, you might not be able to do everything you want right away, but you will most likely feel better after the angioplasty procedure. If you had angioplasty to relieve chest pain that wasn’t responding to medication, you can expect some improvement in how you feel and what you can do.

15. I still have questions. Who can help me?

Ask your doctor or other healthcare professionals involved in your treatment. If you need immediate medical treatment, call your doctor or go to the emergency room.

16. Where do I go from here?

Go easy on yourself. You’ve taken a big step toward recovery by having this procedure, but your life is different now. Try not to get depressed. Depression creates stress and stress puts you at greater risk for more problems with your heart and health in general.

If you do feel anxious or depressed, ask for help. People often feel that way after a heart attack or after procedures like angioplasty or surgery. There’s no reason to suffer in silence. The Mended Hearts volunteers can offer you the information and support you need to get on with a full and satisfying life.
More about The Mended Hearts, Inc.

The Mended Hearts volunteer who visited you before or after your procedure represents a support group for people who have heart disease and others who are interested, including the families and loved ones of the patient. Founded in 1951 and affiliated with the American Heart Association, Mended Hearts provides patient-to-patient visits as well as educational and supportive meetings in partnership with more than 430 hospitals nationwide. While our volunteers are careful not to dispense medical advice, our activities are designed to help you learn more about your disease and procedures as well as provide social interaction with others who have been where you are. Ask about Mended Hearts during your next medical checkup or use the Web site listed below. The Mended Hearts motto is, “It’s great to be alive … and to help others!”

The Mended Hearts, Inc.

1-888-Heart99
www.mendedhearts.org

More about The Society for Cardiovascular Angiography and Interventions

The Society for Cardiovascular Angiography and Interventions, or SCAI, is the primary professional association for invasive and interventional cardiologists — physicians who diagnose and treat cardiovascular disease, as well as congenital and structural heart conditions, through catheter-based procedures, such as angioplasty and stenting. Members of SCAI are among the world’s foremost authorities on cardiovascular disease and its treatment. SCAI’s membership currently includes more than 4,000 physicians in 70 nations. Highly experienced members who have met performance standards established by SCAI and have garnered excellent peer recommendations can achieve the status of FSCAI, which stands for Fellow of the Society for Cardiovascular Angiography and Interventions. When you are choosing an interventional cardiologist, look for the FSCAI designation as validation of your doctor’s training, experience and commitment to the highest standards of treatment for cardiovascular disease.

The Society for Cardiovascular Angiography and Interventions

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