



Intraoperative Angiogram with Angioplasty and/or Stent

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INTRODUCTION

You are scheduled for admission and surgery to NYU Hospitals Center for **Intraoperative Angiogram with Angioplasty &/or Stent**. Please read this handout, which discusses how you can prepare for your procedure as well as what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers, and nutritionists -- will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be **ready for discharge the day of the procedure if you only have an angiogram. You will be discharged the day after the procedure if you have an angioplasty and/or stent placement**, although this will vary depending on your specific needs. Many people are surprised at how quickly they can return home after the procedure. The discharge plan will be discussed with you starting in your doctor's office at your pre-procedure visit. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your physician or nurse practitioner.



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BEFORE PROCEDURE

MD OFFICE

You will be given a pre-admission packet in your doctor's office or Pre-Admission Testing containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing. This history needs to include all medications that you are currently taking. Please fill out this form as thoroughly as possible.
- Sign a consent form giving your permission for the procedure after it has been explained to you.
- Discuss when to discontinue medication such as Ecotrin, Plavix, and Coumadin.
- Discuss the risks and benefits of the procedure.

PRE-ADMISSION TESTING

Several days to a week before your procedure, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- Have an interview and an assessment with a nurse and a nurse practitioner/resident.
- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests, supply a urine sample, and in some cases a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the reports with you.



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- Have additional tests if they are indicated.
- You may meet with a social worker to discuss your discharge needs.

ADDITIONAL PREPARATION

- Avoid unnecessary aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, such as Ibuprofen or Naproxen for one week prior to surgery. However if you are taking aspirin once a day or other similar products for heart, vascular or neurological reasons, continue the product. If you taking Coumadin (warfarin) or Lovenox, check with your doctor for specific instructions
- Do not eat or drink anything after midnight the night before your surgery. Try to have a healthy dinner and limit fats and salt intake, as these will increase your thirst. Drink liberally the evening before midnight.
- Shower the night before or morning of surgery.
- Your physician, nurse practitioner, or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.
- You only need to bring toiletries, slippers (with enclosed backs), and a robe to the hospital; your family can bring other items once you are assigned a room.
- Please do not bring any valuables, such as furs, jewelry, cash or credit cards, to the hospital. Leave rings and good watches at home.



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- AVOID SMOKING/DRINKING ALCOHOL BEFORE THE PROCEDURE.
- Bring any x-rays or test results to the hospital with you.

DAY OF PROCEDURE

Report to the **Same Day Admission Unit**, 400 East 34th Street, 6th floor (“K” elevators), at the time specified. You will be admitted and final preparation for your procedure will take place.

- Immediately before you go to the Operating Room, you will need to go to the bathroom, change into a hospital gown and remove all jewelry, including wedding rings. Give any valuables to a family member for safekeeping.
- You may be given a sedative to help you relax.
- You will be awake when arriving at the Operating Room. You will be given medications through an intravenous (IV) in your arm that will help you relax. The Anesthesiologist will give you more details about this during the consultation at Pre-Admission Testing.
- The procedure will generally take 1-3 hours. You will spend an additional period of time in the Post-Anesthesia Care Unit (PACU).
- Your visitors can wait in the Same Day Admission Unit (2 visitors maximum). It is advisable that one contact person let the surgeon’s office know where he/she can be reached after surgery. The surgeon may ask that your visitors wait at the FPO office (Suite 6F).



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Immediately after the procedure, you will be taken to the PACU on the 6th floor until the effects of the anesthesia wear off. Visiting hours vary and are limited in the PACU. Your family members can check on the 6th floor for visiting times, or your family members or friends will be able to visit you soon after you are transferred to the nursing unit.

WHILE IN THE HOSPITAL

The following is an overview of what you can expect during your hospital stay. Your “Patient Pathway” is a day-by-day plan of what to expect and what you can do to assist your recovery.

ASSESSMENT

- Your nurse will closely monitor your condition. Initially after the procedure, your blood pressure, pulse, and temperature will be taken frequently.
- Your nurse will inspect the puncture site and help you change position to help make you comfortable. As your recovery progresses, these observations will be less frequent.

DIET

- Initially in the PACU, you will not be given anything by mouth. Fluids will be given intravenously (IV) to help avoid the nausea and vomiting from anesthesia.
- When you are tolerating liquids, you will be advanced to your usual diet.

ACTIVITY

- You will remain in bed with your leg straight for 6 hours after the procedure.



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- The nursing staff will help you do coughing, deep breathing, and ankle pump exercises.
- Walking is important. Try to walk short distances and increase the distance you walk when you no longer require bed rest. Ask for help from staff as necessary.

PAIN MEDICATIONS

- You need to let the staff know your level of pain/discomfort after the procedure so the nurse can give you pain medication.
- To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being the worst pain you can imagine. Tylenol is usually all that is necessary for pain relief.

CARE OF YOUR PUNCTURE SITE

- Your puncture site will be covered by a dressing, which your surgical team may remove the following morning or ask you to remove after you go home.
- Your nurse will discuss any special instructions regarding caring for your puncture site.
- You may shower on the second post procedure day. Have someone help you if you are unsteady. Soap and water on the incision is not harmful. Rinse the soap off well and pat dry. A band-aid may be all that is needed to cover the site.



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BLADDER/BOWEL FUNCTIONS

- A catheter is usually inserted during the procedure to drain urine from the bladder. This catheter will generally be removed the night of or morning after the procedure.
- You may experience some constipation after surgery. Increasing fluids and fiber in your diet, as well as walking, can minimize this.

DISCHARGE INFORMATION

- You will be ready for discharge the day of or the day after the procedure. Discharge depends on your specific needs and the procedure that was done. If you have questions or concerns about your discharge plans, speak with your doctor, nurse practitioner, nurse, or social worker.
- Specific instructions about discharge will be given to you before you return home.
- If needed, a visiting nurse may be recommended.
- Discharge time is 10 a.m.



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GENERAL DISCHARGE INSTRUCTIONS

INTAOPERATIVE ANGIOGRAM / ANGIOPLASTY / STENT

The following are general guidelines. Individuals vary in returning to their usual activity. Your physician and nurse will review information that is specific for you.

DIET

- Follow a prudent diet, which stresses moderate restriction of salt and fat. A copy of this diet that is recommended by the American Heart Association is included in this packet.
- If you have other medical problems, other dietary changes may be needed.
- A nutritionist will be available for consultation.

ACTIVITIES

- Gradually increase your activities. Do not overexert yourself to the point of fatigue. If you become tired, rest more. Gradual return to your normal, a full activity over 3-4 days is recommended.
- Walking, especially outdoors in good weather, is encouraged. Walking is the best exercise for your circulation. Walk short distances, even in the house, and gradually increase the distance as tolerated.
- Climbing stairs is permitted as tolerated.



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BLADDER/BOWEL FUNCTIONS

- You should be able to pass urine without difficulty. Call your doctor if you experience any burning, pain, bleeding, hesitancy, or frequency or decrease.
- Walking and increasing fluids and fiber in your diet can minimize constipation.

INCISION CARE

- A band-aid is usually all that is needed.
- Mild swelling, small black and bruised areas may be present but will not increase after discharge.
- Look at your puncture site daily to see if there are any changes and report any changes to your surgeon.

MEDICATIONS

- Prescriptions for any new medications started this admission will be given to you on the day of discharge.
- Resume your previous medications unless specifically told not to do so by the doctor or nurse practitioner.

HOME CARE

- Speak with your Social Worker to discuss your needs and available resources.



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FOLLOW-UP CARE

Primary Care Physician

- See your local physician within 2 weeks for reevaluation of your blood pressure and medications.
- Your surgeon will send a report of your hospitalization to your local doctor at the time of your surgical office visit.
- Referral to visiting nurse or home care agency is usually not needed. However, you can discuss this with the health care team.

Your Surgeon

- Call your surgeon's office for an appointment when you go home. He/she will usually want to see you 2 to 4 weeks after discharge.

GOOD HEALTH PRACTICES

Smoking Cessation

- **AVOID smoking.**
- Research has proven that smoking contributes to the progression of vascular disease. Discuss ways to stop smoking with the nurse practitioner or social worker. In addition, call the Cardiac Rehab Unit at 212-263-6129 for information on programs to help you stop smoking.

Cholesterol Management

- Follow a well-balanced diet, which includes a moderate restriction of salt and fat. A copy of the Prudent diet that is recommended by the American Heart Association is included in this packet. Though not proven to prevent atherosclerosis, following this diet may



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reduce the risk of the condition progressing. Ask to speak to the nutritionist if you want more information on this diet.

- It is important to maintain a normal blood cholesterol level to help prevent progression of your vascular disease. See your Internist or Cardiologist for optimal control of your cholesterol.

Diabetes Management

- If you have diabetes, it is important to maintain your blood sugar under good control. This chronic disease also contributes to the progression of vascular disease.
- Check your blood sugar at home as recommended by your doctor.
- Follow dietary guidelines recommended by the nutritionist.
- If you have diabetes, it is very important that you perform the recommended daily foot care. Follow the guidelines included in this packet.

Hypertension

- If you have high blood pressure, it is important to maintain your blood pressure under good control. See your Internist or Cardiologist for optimal control of your blood pressure.

Surgeon: _____

Telephone Number: (212) 263-7311

Date of Appointment: _____ / _____ / _____
(Day) (Date) (Time)



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WHEN SHOULD I CALL THE DOCTOR?

Contact your doctor for the following symptoms (possible danger signs):

- ◆ Increased redness, tenderness, or pain at the groin procedure site.
- ◆ Bleeding or drainage from the groin procedure site.
- ◆ Development of a lump in the groin.
- ◆ Changes in color, sensation, or strength in the feet or legs.
- ◆ Fever over 100.4° F orally on two or more occasions during the first 1-3 weeks after surgery. For a reliable temperature reading, do not take aspirin, acetaminophen (Tylenol), or ibuprofen for 3-4 hours before checking your temperature. Hot liquids should not be taken immediately before checking your temperature.
- ◆ Back pain, new abdominal pain, or chest pain.