

Guidelines for activity

	Heart attack	Angioplasty/ stent
ACTIVITY	TIME AFTER	TIME AFTER
Driving a motor vehicle	Minimum 2 weeks <i>Must confirm with your cardiologist</i>	3–5 days <i>Must confirm with your cardiologist</i>
Housework		
Light: washing/drying dishes (<i>not heavy pots and pans</i>), wiping down benches, making cups of tea/coffee, simple snack	Gradual build-up from light to heavy over 6–8 weeks	3 days
Moderate: mopping, making beds, ironing, hanging out light washing		5 days
Heavy: scrubbing shower/bath, hanging out towels/sheets		1 week
Vacuuming	3–4 weeks	1 week
Sweeping	1–2 weeks	1 week
Cooking (<i>light meals</i>)	1–2 weeks	No restrictions
Gardening		
Light: watering with hose, pot plant activities	2–3 weeks onwards	1 day
Moderate: pruning, watering with watering can, raking		1 week
Heavy: heavy weeding, sawing, chopping		1–2 weeks
Lawn mowing: may need assistance to start mower	4–6 weeks	1–2 weeks
Weeding	2 weeks	1–2 weeks
Digging	At least 6 weeks	2 weeks
Golf (<i>putting, chip, drive</i>)	4–6 weeks	1–2 weeks
Tennis	6–8 weeks	1–2 weeks
Bowls	8–12 weeks	1 week
Sexual activity	No restrictions Gradual return	No restrictions
Work (<i>please check with your cardiologist</i>)		
Sedentary	3–4 weeks	3 days
Moderate	4–6 weeks	3 days
Heavy	At least 8 weeks	1 week

The above times for return to activities are only guidelines. Please check with your cardiologist.

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 Free WiFi available by connecting to WiFiHotSpot



 Developed in consultation with our consumers (October 2016)



Discharge
information
following
angina/heart attack
(acute coronary syndrome)
or
angiogram/
angioplasty/stent

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

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The following information is provided as a guide for your recovery. Please follow the instructions provided by your doctor. Prior to your discharge, please ask your nurse for clarification of any instructions you may be unsure about.

General advice

- Do not drive your car home.
- There are driving restrictions following an angioplasty/stent and after a heart attack. *Please see guidelines over page.*
- Rest on the day of discharge.
- Normal activities may be restricted in the first month. *Please refer to guidelines over page or discuss with your cardiologist.*
- No baths or swimming pools for ten days.

Please see your GP within 1–2 weeks after discharge

- Take a list of your medications with you.
- Discuss any information given to you in hospital e.g. a picture of your procedure.
- Ensure your GP checks your puncture site.

Diet

- Resume a good nutritional diet that is low in fat (unless previously instructed).
- Ensure you drink plenty of water as the contrast solution that is used in the procedure is excreted via your kidneys.

Driving

As a Queensland driver licence holder you must report any medical condition that may affect your ability to drive safely to the Department of Transport and Main Roads.

Legislation relating to your requirement to report medical conditions is called 'Jets Law'. Please ask your nurse for a brochure explaining this further.

Return of angina symptoms

Sit down immediately and rest. Then administer your Anginine™ or Nitrolingual™ spray as follows:

1. Take one Anginine™ tablet under the tongue and let it dissolve or use one to two sprays of Nitrolingual™ spray, also under the tongue.
2. If your symptoms are not relieved after 5 minutes, repeat the above step.
3. Repeat again in 5 minutes if the symptoms have still not been relieved.
4. If after 15–20 minutes (from the onset of symptoms) the symptoms persist, immediately phone for an **ambulance (000)**. You will need to be seen at the hospital for treatment if necessary.

If the symptoms are relieved, rest and then inform your GP of the return of your angina.

Cardiac rehabilitation program

This is a program that forms part of your ongoing care. It is an education and exercise program that encourages lifestyle modification and is also a great source of support. The nursing staff will discuss your eligibility to attend and where applicable, will refer you to a service located nearest to you.

This service will contact you. If you haven't heard from them within 14 days of your discharge, please call our Cardiac Rehab Team on 07 **3326 3276**.

Further information

If you have any queries please contact your Specialist or GP.

Visit the Heart Foundation website at **www.heartfoundation.org.au** for additional information about your procedure.

Alternatively, you can obtain a copy of the booklet *My Heart My Life* by completing the request form found in the brochure provided by your nurse.

Care of the puncture site

- If you notice bleeding from the puncture site, sit down and apply firm pressure to the area for 10–15 minutes (a family member could also do this).
- If swelling occurs at the puncture site, apply firm pressure for 15 minutes. If there is no decrease in the size of the swelling, seek medical advice.
- If you experience some slight discomfort, you can take some pain relief (e.g. paracetamol).
- Remove the dressing in the shower the day after your procedure. The antiseptic lotion used in the procedure will take a few days to fade.

For groin punctures (*Femoral artery*)

Avoid heavy lifting (more than 3kg), strenuous exercise or any activity that puts strain on the puncture site for at least seven days post-procedure.

It is normal for you to have some tenderness at the puncture site and for there to be a 'pea-sized' lump for about 1–2 weeks.

For wrist punctures (*Radial artery*)

Same as for a groin puncture site but also elevate hand upright.

Treat arm as broken and avoid use of limb for two days, then avoid heavy lifting, strenuous exercise and any activity that puts strain on the puncture site for at least seven days post-procedure.

Please see your GP if you notice any of the following:

- increased or continuing pain, redness, swelling or ooze from the puncture site
- change in sensation or feeling at the puncture site or in the limb of the puncture site.

Important

If puncture site bleeding continues, **phone an ambulance (000)** and continue to apply pressure until help arrives.

Definition of terms

Acute coronary syndrome: the general term for heart attack and unstable angina.

Atherosclerosis: the accumulation of fat and fibrous material (atheroma) on the inside surface of arteries. This can block or rupture, causing lack of blood supply to the heart muscle.

Angina: chest pain caused by reduced blood supply to the heart muscle (often caused by atherosclerosis).

Heart attack: blood supply via a coronary artery or arteries to area(s) of the heart muscle is blocked, causing a section of the heart muscle to die (infarct).

Infarction: an area of tissue such as the heart, that is dying or dead, having been deprived of its blood supply.

Angiogram: a procedure in the cardiac catheter laboratory where a catheter is placed in the artery (via the groin or wrist) and a special dye is injected during x-ray. This allows the cardiologist to assess the flow of blood through your coronary arteries and assess the level of blockage or narrowing.

Angioplasty: during an angiogram, if a blockage or narrowing is identified, the blood vessel may be dilated using a tiny balloon.

Stent: after an angioplasty, a tiny stent (a metal mesh-like device) may be inserted to maintain the opening of the artery. This may be performed in multiple vessels.