

## 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.

**EPS (Electrophysiology study):** a procedure in the cardiac catheter laboratory where a catheter is placed in the femoral vein and fed up into the heart to assess the electrical conduction of the heart, looking at different rhythms in the heart.

**Ablation:** a procedure in the cardiac catheter laboratory where a catheter is placed in the femoral vein and fed up into the heart. The cardiologist can then set-off the problematic rhythm and create barriers by 'burning' pathways either with radiofrequency or extreme cold (cryoablation). This then stops the problematic rhythm.

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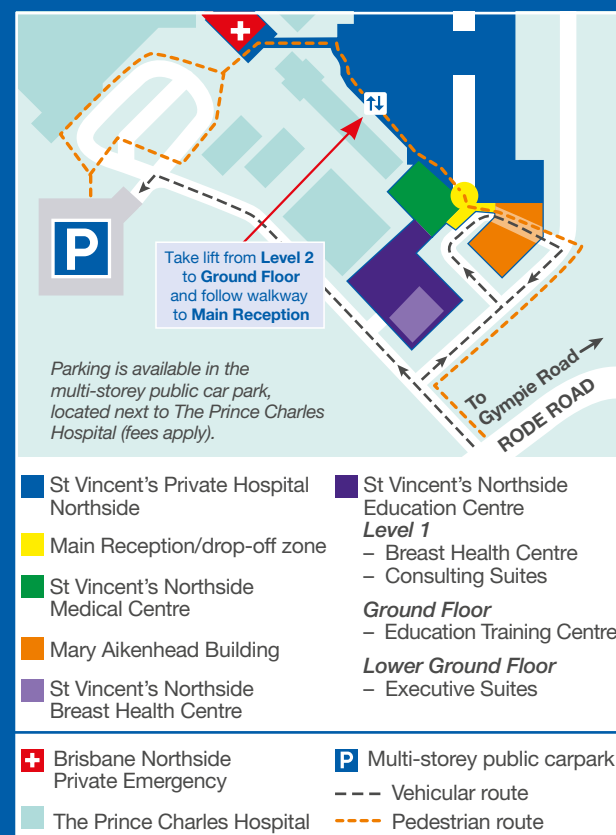
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Developed in consultation with our consumers (October 2016)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

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# Discharge information following angiogram, electrophysiology study (EPS) and ablation



**ST VINCENT'S  
PRIVATE HOSPITAL  
NORTHSIDE**

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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.

### 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).
- If you have pets, avoid letting them into direct contact with your puncture site until they have completely healed.
- 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 a 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*) – angiograms only

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.

### General advice

- Do not drive your car home.
- Do not drive for two days, or as per your cardiologist's instructions.
- Rest on the day of discharge.
- Normal activities can usually be resumed in a couple of weeks.
- No baths or swimming pools for ten days.
- Follow your cardiologist's advice with regards to returning to work. Ask them for a medical certificate if needed.

### 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**.

### 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 your usual diet as desired.
- Ensure you drink plenty of water as the contrast solution that is used in the procedure is excreted via your kidneys.

### 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.

### Further information

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

Visit the Heart Foundation website at **[www.heartfoundation.org.au](http://www.heartfoundation.org.au)** for additional information about coronary artery disease.

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.