

BUSAMED  
Gateway Private  
Hospital

# Gateway Heart

## *Home time!*

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*Going home is the  
best part of any  
Hospital admission,  
take good care of  
yourself - you are  
not wealthy until  
have something  
money can't buy*

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Dear Patient, included in this information leaflet are details regarding the procedure you've had, as well as important information regarding your discharge from hospital.

Your chronic medication will most likely change and its always best to have the chronic application and other admin done while you are still in hospital

## *Your final diagnosis...*

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*Up to 70% of all post procedural complications are caused by incorrect or inadequate home/after care. Please make sure you fully understand how your chronic medication should be taken and how your angiogram-arm, groin- or pacemaker wound, should be managed at home*

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### □ Normal coronary angiogram

Your angiogram was normal and there was no need to open any arteries or insert any stents. You may go home in the evening once you have seen the doctor. Patients who have had previous bypass surgery or a previous stent with a current normal follow-up angiogram, will also be able to go home in the evening

Please note that you will not be able to drive yourself home as sedatives are used during your procedure that may affect your ability to make decisions and adversely affect your coordination. Do not engage in any strenuous activity for at least 5 to 7 days after your angiogram. Please check the Info regarding your discharge below.

### □ Angioplasty & Stent Procedure

Patients who've had an angioplasty and stent procedure will need to stay overnight, usually in the Cardiac ICU / High-care. Your doctor will explain to you exactly what was done during your angiogram. Accompanying this leaflet will be pictures taken during your procedure to help you understand where the stent/s were inserted and the final result achieved.

Please note that you will not be able to do any strenuous activity for the next few weeks, (usually 4 to 6) or until you have seen your cardiologist for a graded Exercise Stress Test (EST). Training excessively prematurely may elicit life threatening arrhythmia's. Once you have passed your six week EST you will be able to recommence your training program. Always be well hydrated.

Non-strenuous walks on level ground is permitted. Remember that although no physical wound is seen as one would see after a surgical procedure - a fair amount of healing still has to take place in the arteries (around your heart) where the angioplasty and stent procedure was done. Stents can't move or rust and having a stent inserted is a permanent and final treatment of a blocked or narrowed artery. Having had a stent inserted does not mean you will eventually end up with a bypass operation.

Stent closure or acute stent thrombosis (a stent being blocked by a blood clot) is the most dreaded and severe complication following insertion of a stent. Although this is a rare complication with the new generation drug eluting stents we use, it is still mandatory that both Aspirin ( Disprin/Ecotrin) and Clopidogrel (Plavix/Clopiwin/Plagrol) be taken together and that no days should be skipped. This treatment should be maintained for one year and is considered part of your chronic medication.

### □ Permanent Pacemaker

Patients who have had a permanent pacemaker inserted will be able to go home the following day. The pacemaker wound will be cleaned and dressed with a fresh waterproof dressing by the ward staff in the morning prior to your discharge. Please take care to **keep this area dry** and make sure **not to remove the dressing** until you have seen the doctor 10 days later. This will enhance the healing process and keep infections away. Please refrain from scratching, touching or fiddling with the wound (it can get quite itchy) as this can potentially cause infection in the pacemaker pocket. This is the worst possible post-procedural complication. Pacemakers that are infected are extremely difficult to treat, and in most cases will result in the device having to be removed and a new one to be inserted on the other side of the chest.) You will be given a "pacemaker Pack" on discharge – please bring this with on day 10 when we remove you clips. Your plastic pacemaker

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*Patients going home on the same day as their procedure will be able to do so once they have seen the doctor, usually after 18h00*

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## Your discharge

### Radial (wrist) access

Patients who have had an angiogram via the **radial** approach may go home on the same day after 18h00 providing the angiogram was **normal and no intervention was done**. An inflatable wrist band will be fitted to the appropriate arm (in theatre) to prevent any bleeding post procedure. The nursing staff will deflate the band at certain time intervals according to a specific protocol and once completely deflated a patient will be able to go home. Please note that you need to see your doctor prior to your discharge. You will be given feedback on your procedure, blood results and an updated chronic script will be given.

**Doctors rounds are only done once all procedures for the day have been completed and will normally be after 18h00.**

### Femoral (groin) access

Patients who have had an angiogram via the **groin** will need to stay overnight and will be discharged the next morning. Please note that you need to see your doctor prior to your discharge. Feedback will be given on your procedure, your blood results as well as an updated chronic script. Do not participate in any strenuous activity for at least 7 days unless you have had a stent in which case it will be 4 to 6 weeks. Bruising around the access area is normal and the site may be tender. Feeling a small lump at the access site is normal. Please notify your doctor immediately if there is any active bleeding, excessive pain for if the site is red, hot and inflamed .

## Chronic script

A Chronic script, listing all your chronic medication will be given to you on your day of discharge. Most medical aids allow us to send patients home with a week supply of their chronic medication. Some however don't and those patients need to collect their medication from their usual pharmacists on the day of their discharge to ensure that treatment is uninterrupted. Special care must be taken when anticoagulants ( Warfarin, Pradaxa, Xarelto ) or antiplatelet drugs ( Clopiwin, Plavix ) are prescribed, that days are not skipped in taking these drugs.

## Sick leave / Insurance / Dreaded disease claims

Please notify our staff should you need a sick note for work / school. Insurance and dreaded disease claim forms should be handed to our front desk staff. Please note that claim forms are usually done after hours and not during office hours and the waiting period can be up to a month.

### Recommended Sick Leave

Normal Angiogram - 3 working days  
 Angioplasty & Stent - 5 to 7 working days  
 Myocardial Infarct - 10 to 14 working days  
 Permanent Pacemaker - 5 to 10 working days  
 Post Bypass - 6 to 8 weeks

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*The best medicine  
of all is to teach  
people how not to  
need it. When “I”  
is replaced by “we”  
even illness  
becomes wellness*

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## Chronic medication application

Application for chronic medication will be handled by our staff and will be done at your bedside prior to your discharge. Please note that although care is taken to get all meds approved, this does not guarantee that all items on your script will be covered by your specific medical aid plan. Co-payments may be required for some items and appropriate generics will then be used as substitutes. There are however certain medication for which no generic substitutions exist.

## Follow-up appointment

**Please do not leave the hospital without a follow up date.** This will usually be arranged by our staff at your bedside.

Patients who had a normal angiogram should be followed up in 6 – 12 months (usually 12 months, depending on the severity of other co-existing conditions).

Patients who had stents will be followed up at 4 to 6 weeks initially and then 6 monthly and if stable, then yearly.

Pacemaker patients will initially be seen at 10 days for us to remove the clips and then at 6 weeks for us to do the pacemaker test and settings. Patients will be given a “Pacemaker Pack” upon discharge and should bring it along at the 10 day visit. Patients staying far can go to their respective family doctors and take their Pacemaker Pack with. The Pacemaker Pack will contain everything your doctor will need to clean the wound, remove the clips and re-dress it for another 5 days after which it should be left open.

Patients who had bypass surgery should be followed up at 6 to 8 weeks post surgery.



*Happiness is an inside job – take good care of yourself - Dirk Pretorius*

