

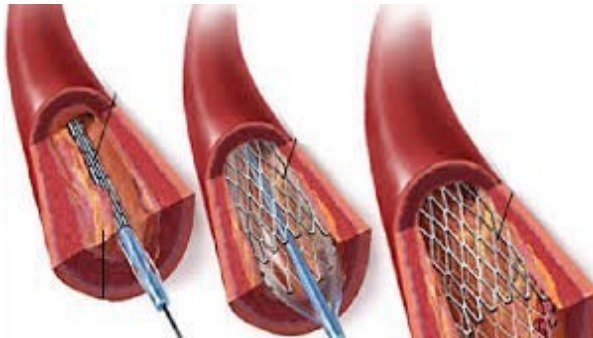


POST-HOSPITALIZATION VADEMECUM FOR PATIENTS TREATED WITH CORONARY ANGIOPLASTY

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Introduction

This handbook was written in order to provide a series of practical suggestions to patients discharged from hospital after undergoing coronary angioplasty, and to his relatives who will be help him/her in the rehabilitation process.



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1. “What happened to me?”

If you are reading this handbook, it means that you have been discharged from hospital after undergoing coronary angioplasty: this is the procedure that restores normal blood flow within the coronaries, the vessels that carry blood to the heart. Narrowings of the coronary arteries are dilated during the angioplasty using balloon-tipped catheters. The balloon and the stents are the materials that introduced deflated and inflated at the level of the narrowing and allow to break the plaque causing the narrowing (balloon) and to consolidate the result obtained (stent).

After angioplasty

Of course, after an acute event the risk of having another one is greater than before, but it is also important to know that there are many things you can do to reduce this risk and that much depends on your commitment.

So don't get discouraged, gradually resume your

daily activities and know that by following the advice of the medical staff, constantly taking the therapies and above all maintaining a healthy lifestyle, you can take care of your heart: in fact, the commitment of the doctor, but also and above all of the patient, is essential for the prevention of a new acute event.

After an acute event, in fact, not only clinical controls are necessary, but also correct prevention, adequate pharmacological therapy and a correct lifestyle in order to minimize cardiovascular risk factors.





Some essential things to get you started:

- follow the doctor's prescriptions: taking the medicines in the right way and for the time indicated will ensure their effectiveness.
- agree with the doctor the program for check-ups and any tests to be performed and follow it scrupulously.
- adopt an adequate lifestyle, keep your weight under control, exercise and, if you are NOT doing it yet, stop smoking (see tips and lifestyles).
- gradually resume your daily habits. Taking control of your life will also help you feel better, more active and healthier.

Pharmacological therapy after coronary angioplasty

Atherosclerosis is a chronic disease that affects the arteries causing a reduction in blood flow and this progressive or acute closure of the arteries is the basis of clinical events such as the one that concerned you.

Closure of a vessel in the heart (coronary artery) can cause chronic pain symptoms or an acute coronary event.

The purpose of pharmacological therapy is to restore blood flow in the coronary arteries to get the oxygen that the heart needs, but also to reduce the risk of other damage to the heart.

This is why it can sometimes be complex and include many medicines: however, each one has a

specific task and therefore none can be suspended without the doctor's opinion.

Antiplatelet medicines, in particular, are used to keep the blood fluid, prevent the formation of thrombi and thus prevent your coronary arteries from becoming blocked again.



In the event of even a minor surgery such as the extraction of a tooth, or the removal of a mole, or even in the case of invasive tests such as gastroscopy, inform the doctor or surgeon in advance of the therapy you are taking.

Adherence to therapy

Consistency in taking all medications as prescribed is called adherence.



Taking "THE" treatment, that is to say adhering to the therapy that your doctor has prescribed for you, is the main weapon you have to take care of your health.

Unfortunately adherence to therapy is in some cases poor and this is considered one of the main reasons why therapies do not work as they should.

Numerous studies have shown that patients who

continue to take all prescribed medicines survive longer than those who stop taking them on their own.

Always remember to take the treatment prescribed by your doctor, it is important for your health.

2. Some guidelines for everyday life

The guidelines tell us that keeping all risk factors under control makes you live longer and better, reduces acute episodes and the need for new hospitalizations for revascularization operations. How can you take care of your risk factors yourself? Here the European guidelines (LG) come to our aid with various tips to improve your lifestyle.



[Life's simple 7: The rules of the American Heart Association: Exercise, Check your cholesterol, Eat healthy, Reduce the blood pressure, Lose weight, Lower your blood sugar, Stop smoking]

Smoking

Tobacco use increases the risk of having a heart attack or stroke.

Many scientific studies have shown that cigarette smoke releases many toxic substances (more than 4000 have been counted!) which damage above all the cardio-thoracic-pulmonary system.



They also demonstrated that the free radicals present in smoke worsen the evolution of atherosclerosis. Quitting smoking is one of the most important things you can do to protect your heart and improve your health. So, if you still smoke, it's time to quit: your doctor can give you precise indications to do so.



Diet

Your doctor will recommend a specific diet for your health condition.



The European guidelines for the prevention of cardiovascular diseases generally indicate the characteristics of a healthy diet:

- reduce the intake of saturated fats;
- limit the use of salt;
- consume fruit, vegetables and vegetable fibers every day;

- eat more fish;
- limit the consumption of alcohol;



Alcohol

A healthy diet includes limiting the use of alcohol. If you are used to taking it, remember to moderate the amount and consume it only during meals.

Ask your doctor about how much you can afford each day.



Physical exercise

A sedentary lifestyle is one of the main risk factors for heart disease, while regular physical activity is associated with reducing this risk.

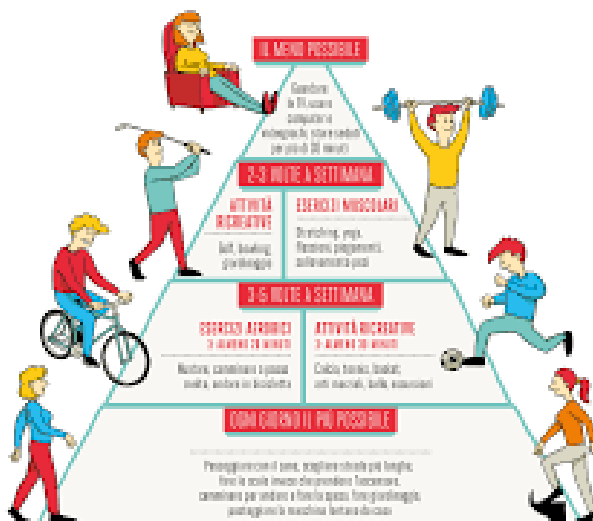


It is advisable that you resume physical activity gradually and regularly. In general, the maximum level of effort that can be reached can be assessed on the basis of the number of heartbeats that are reached during effort and can be determined on the basis of the charts available to your doctor. You can ask your

physical therapist or doctor what your training heart rate is.



Physical activity also means: not using motorized vehicles, when possible, and parking far from the places of destination.



Get off the bus a stop or two before your destination and walk as much as possible. The guidelines suggest about 150 minutes of physical activity per week.

Limit the use of elevators or stop them a few floors below.

Stand instead of sitting, and use breaks to walk around.

So everyday activities are already good exercise, such as going to the grocery store or going to buy the newspaper.

Always ask your physical therapist or doctor which exercise is best suited for your health condition.



Weight management

Overweight and obesity are associated with increased risk in patients with coronary artery disease; European guidelines on the prevention of cardiovascular disease strongly recommend reducing weight in order to reduce risk.



Follow a balanced diet, exercise and manage to keep your weight under control.

Return to work

More than two thirds of patients who have had ischemic heart disease or heart problems can return to work.

This recovery depends mainly on two factors: how much damage your heart has had and what kind of commitment your work requires.



[I have to change job]

You have to learn to organize your activities to better control the "stressful" conditions: schedule commitments, establish priorities, carve out moments for yourself.

In the case of work activities that require intense physical effort, it is advisable to consider the possibility of changing the type of work to one that is less "heavy" from a physical point of view.

In some cases, rehabilitation programs adapted to the patient's clinical characteristics allow even high effort thresholds to be reached and therefore the usual work to be resumed, even if "heavy".

The “values” to be kept under control

- blood pressure: high blood pressure is a risk factor for diseases of the heart, blood vessels and other important organs such as the brain and kidneys. This is why it is essential to keep it under control. You can do it directly at home, in complete comfort, if you have a device to measure it (sphygmomanometer): in this case, let your doctor teach you how to do it. Otherwise, you can have it

measured periodically by your doctor or at the pharmacy.



- cholesterol: Cholesterol and triglycerides, together with phospholipids, represent the fats contained in our body. To be transported in the blood, cholesterol and triglycerides need specific proteins, called lipoproteins. There are high density lipoproteins (High Density Lipoproteins, HDL) which remove excess cholesterol and carry it to the liver where it is eliminated; it is the so-

called "good" cholesterol, or HDL-cholesterol, which acts as a sort of "sweeper" in our arteries.



High levels of "good" cholesterol therefore protect our arteries, and the opposite is also true: low levels of HDL-cholesterol appear to expose our body to an increased risk of cardiovascular disease. Cholesterol and triglycerides therefore perform an essential function in our body, but their concentration must not be too high (dyslipidemia). This condition, which affects 15-20% of the population in Western countries, is an important risk factor for the onset of arterial and heart disease. Everyone can, and should, know their cholesterol and triglyceride values, which must be below a maximum value; in heart patients,

diabetics and in the presence of other cardiovascular risk factors (e.g. smoking and/or arterial hypertension), the maximum reference values can be lower and the therapeutic strategies more aggressive, as agreed and discussed with your doctor.

In fact, to keep the values under control, it is important to follow a healthy diet and if the diet is not sufficient, the doctor will prescribe a therapy capable of having a beneficial effect on cholesterol.

3. Before a medical visit

Here are three simple things to do before a medical visit:

- ① a copy of all the exams you have taken in the last year
- ② a list of questions you want to ask the doctor
- ③ take them to the visit

4. Danger signs: when to be alarmed and what to do

In the recovery phase that you will go through there is of course the possibility that you do not feel well and there is also the possibility that danger signs appear: you need to know them, in order to be able to interpret them correctly and react to them effectively and promptly.

Heart attack is always a dangerous event, knowing what it looks like and knowing what to do can save a life, maybe yours.

It is important to know what a heart attack can look like and what the usual warning signs are. Not being able to decide what to do prevents timely help and effective treatment.

Warning signs of a heart attack are:

Chest Pain: A feeling of severe tightness, weight, painful tightness in the center of the chest that lasts for a few minutes, may come and go, or lasts longer.

Pain in other areas: The pain may radiate to one or both arms, shoulders or back, neck, jaw or stomach.

Shortness of breath: Often accompanies pain or may precede it.

Other signs: cold sweats, nausea, lightheadedness or fainting, severe malaise. Sometimes a heart attack can be confused with indigestion.

If the chest pain lasts for more than 10 minutes

and you fear you may have a heart attack, call the emergency number 112 without hesitation.



Call the emergency number 112

Timing is everything in the event of a heart attack. Those who feel the warning signs of an attack often tend to deny that the situation is serious and prefer to wait and see. But time is too important and whoever feels these signs must have a medical evaluation as soon as possible and prompt treatment if necessary.

You don't have to wait more than 10 minutes to call 112 and reach, thus protected, the hospital as quickly as possible, avoiding using one's own vehicles or those driven by family or friends.

What are the benefits? Being able to start treatment immediately.

In the event of cardiac arrest during transport, the emergency system personnel are equipped with a defibrillator and authorized to perform early defibrillation to get the heart back to beat.

The patient with a heart attack transported to the hospital by ambulance certainly has faster

treatment upon arrival at the hospital as the emergency doctor and the cardiologist of the coronary unit have already been alerted



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