

# After Your Angioplasty (PTCA)/Atherectomy/Coronary Stent/Rotablation

This handout will tell you how to take care of yourself during the weeks and months ahead.

## The Procedure

You recently underwent angioplasty (PTCA), atherectomy, coronary stent placement, or rotablation to widen the opening (lumen) of a partially blocked coronary artery or bypass graft. This increases the flow of oxygen and blood to the heart muscle and helps prevent angina.

*Angioplasty* uses a catheter (thin, flexible tube) with an inflated balloon to flatten the waxy build-up (plaque) on the wall of the artery and expand the narrowed opening.

*Atherectomy* uses a catheter (thin, flexible tube) with a tiny blade to shave the waxy build-up (plaque), and a small container to scoop up the pieces that have been shaved away.

A *coronary stent* is a small, slotted, stainless steel tube mounted on a balloon catheter. It is put into your artery right after balloon angioplasty and is positioned at the site of the narrowing. The stent expands and presses against the inner walls of the artery. The stent is a permanent implant that remains in your artery. It opens the artery and improves blood flow.

*Rotablation* uses a tiny burr coated with microscopic diamond crystals to sand away the diseased plaque.

## Taking Care of Yourself

### Medications

You may still have to take some or all of the medications you took before the procedure, such as high blood pressure medicines. Ask your doctor if you should still take your angina medicines. You *may* also take:

- *Aspirin* every day for the rest of your life. This helps prevent clots from forming in the walls of your coronary arteries.

- ***Clopidogrel***, usually temporarily (about 1-12 months), to prevent clots from forming in your stent(s). **Do Not** stop taking this medication during the prescribed period for any procedure or surgery, unless you or your doctor have approval from the cardiology department.

### **Activity - In the Hospital**

Your doctor will decide how long you'll have to be on bed rest. After this time has passed and your nurse has checked your groin site, you may gradually start walking on the ward. Tell your nurse if you have any chest discomfort, shortness of breath, or bleeding/oozing from your groin site.

### **Activity - At Home**

You can drive.

There are no limits on sexual activity.

Do some mild exercise (walking or riding an exercise bike) every day.

Do not lift more than 15 pounds for two weeks. This prevents strain on the catheter site and reduces the workload on your heart.

You may resume activities such as shoveling snow or running after four weeks, if they do not cause chest discomfort, shortness of breath, or dizziness.

If you have a job that involves heavy exertion, your doctor may want you to have a stress test before you return to work. Talk to your doctor about when you can go back to work.

## **Reducing Risk Factors**

Angioplasty, atherectomy, coronary stent placement, and rotablation treat the blockages caused by coronary artery disease but they cannot cure the disease. The best way to slow the disease process is to reduce or remove certain risk factors.

Quitting smoking, controlling high blood pressure, and reducing high cholesterol levels will help slow down the progression of your coronary heart disease. If you have diabetes, it is important to keep your blood sugars well controlled.

For several months after your procedure, smoking may cause the artery to suddenly close. This may result in a heart attack.

You will be given more information about these and other risk factors such as inactivity and stress.

## **Follow-Up**

A nurse will call you within the first six weeks to check on your progress.

It is important that you keep all of your scheduled clinic appointments.

Your coronary artery may narrow again. This happens to 20-30% of the arteries treated with a balloon and to 15-20% of the arteries treated with a stent. It is unusual for this to happen before two months or after one year.

If your angina symptoms (chest discomfort, arm, jaw or back discomfort, or shortness of breath) return, treat them as you have in the past. Rest or take up to a total of three nitroglycerin (NTG) tablets, under your tongue, spaced five minutes apart. Call 911 if three nitroglycerin tablets do not relieve your angina.

**It is important that you call the Cardiology Office at (612) 467-3662, if your symptoms return.**

We wish you well in your recovery.

Content approval: Cardiovascular Section

May 1993

Revised May 1996

Revised May 1999

Revised November 2001

Revised April 2003, July 2005

VA Medical Center  
Minneapolis, Minnesota

