

# GUIDELINES FOR REFERRED OUTPATIENT CARDIAC CATHERIZATION FOR YOUR CARE AFTER THE PROCEDURE

## **CARE OF SITE:**

- Keep the groin dressing or band-aid on for today. Keep the site clean and dry to prevent infection. If the Band-Aid becomes wet, remove it and replace it with a dry Band-Aid. Remove it in the morning.
  - You may shower tomorrow. Gently clean groin using soap and water while standing in the shower. Pat dry site thoroughly after showers. Do not apply powders or lotions to site.
  - No tub baths or immersion in water for one week.
  - Normal observations would include soreness or tenderness lasting up to one week. There is a possibility of bruising around the site lasting up to two weeks. A small amount of bloody drainage is not uncommon.
  - For profuse bleeding, or if a large area around the puncture site becomes swollen apply direct pressure and call 911.
  - Call the physician if there is continued soreness, swelling, redness, or drainage.
  - Seek medical attention if you have increased swelling or develop loss of sensation, numbness coolness, or tingling in the groin or leg. Call your doctor if you have unusual pain in the groin or down that leg.
  - Signs of infection: redness, warmth to the touch, drainage (other than blood), poorly healing puncture site, fever or chills.
  - Please read the booklet given to you and follow those instructions.
- Sealing device placed Y / N

## **ACTIVITY:**

- Rest the remainder of the day and avoid activity. The next day should be limited to light activity.
- Limit climbing steps and avoid excessive bending, squatting and stooping for 24 hours to 48 hours.
- Avoid any heavy lifting over 5 pounds for the next 2 days - 3 days.
- Avoid strenuous activity or exercise for one week.
- Delay driving by yourself for 2 days.
- Check with your physician regarding returning to work.
- Discuss with your physician when sexual activity may resume.
- If you smoke, stop smoking.

## **MEDICATIONS:**

- See discharge medication form.

## **ATTENTION DIABETICS:**

- If taking Glucophage (metformin) or any medication containing metformin, please hold this medication for at least 48 hours after your procedure.

## **FOLLOW-UP:** Call your physician for your follow-up appointment

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand the above instructions.**

Patient Signature \_\_\_\_\_

RN Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**Thank you for choosing St. Vincent Charity Hospital for your procedure, it was our pleasure to care for you today.**



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MR.ORDER

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PATIENT LABEL