



Pediatric Cardiology Center of Oregon

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POST-CARDIAC CATHETERIZATION GUIDELINES

Medications:

- Discharge paperwork lists all medications the patient should be taking after the procedure. Unless the cardiologist has directed otherwise, it is okay to resume the patient's normal medications. The discharge paperwork will say whether a cardiac medication the patient was taking before the procedure should be continued or stopped.
- Any patient who has had a device placed (ASD, VSD, PDA, vascular plug devices) should be taking a daily aspirin dose (dose is based on weight) for six (6) months after the procedure.
- Tylenol and/or ibuprofen can be given for pain at the groin catheter access sites in the days following the procedure if needed.

Catheter access site (groin) care:

- Leave the clear dressing on for three (3) days
- Quick showers and sponge baths are okay
- No soaking (baths, hot tub, pool) for three (3) days
- Bruising is normal and may track down into the testicular area on boys.
- If the access site appears to be **red, warm**, or has any **discharge**, notify cardiology office.

Bleeding at the access site:

- For any bleeding, first apply pressure with a washcloth or light rag for FIFTEEN (15) minutes WITHOUT PEEKING ("You peek, it leaks!")
- If the bleeding subsides, limit walking for the next four (4) hours to prevent further bleeding.
- If bleeding persists, call the cardiology office.

Activity:

- Encourage "light activities" for three (3) days after procedure
 - Light walking is okay
 - No running, jumping, bike-riding, weight-lifting, PE classes, exercise, etc.
 - No contact/collision sports for two (2) weeks following implants of devices or valves.

Diet:

- Return to normal diet immediately
- Patients may be nauseated for 24 hours after anesthesia. If nausea occurs, encourage bland foods, and return to normal diet as tolerated.

Vaccines:

- No need to postpone vaccines after cardiac catheterization procedures
- Flu shots are always recommended. FluMist (nasal spray) may be contraindicated based on patient's underlying cardiac disease – consult cardiology.

Dental visits:

- If possible, defer any dental visits for six (6) months following procedure
- If dental visit is required sooner than six (6) months, check with cardiology office to see if antibiotics are required before dental work (SBE prophylaxis).