

GP ADVICE SHEET - recommendations for the six monthly review of percutaneous coronary intervention (PCI) patients

- All PCI patients will be reviewed in the cardiology clinic at 6 weeks post-procedure then discharged back to the care of their GP if appropriate.
- A further review by the general practitioner at six months is recommended.
- Re-stenosis most often occurs between six and nine months and may present as recurrence of angina. Such patients should be referred for an exercise ECG.
- Driving can resume two days after uncomplicated angioplasty but Class 2 drivers licence holders will require an exercise ECG before they return to work (not before 6/52). The hospital will usually organise this, or if not scheduled please request from the cardiologists.

At the 6/12 review please check:

Lifestyle

Stop smoking

Encourage regular appropriate exercise and healthy diet

Maintain ideal weight

Drugs

Ensure patients is on:

- **statin** (aim for TC<4, LDL <2) if simvastatin not tolerated request atorvastatin, if this is not tolerated or ineffectual then consider rosuvastatin now available via referral to cardiology dept.
- **aspirin** (100mg daily)
- **ACE inhibitor** (lifelong)

Clopidrogel may be stopped

Note :- All patients who have and acute coronary syndrome receive six months regardless of stent insertion. All drug eluting stents require six months without exception. Bare metal stents only require one month but receive six if placed in the setting of an acute coronary syndrome. If necessary it can therefore be stopped after one month if patient needs surgery etc.

B blocker. Patients with large infarcts, angina, significant coronary disease resistant blood pressure control and LV dysfunction need life long treatment. No necessity for uncomplicated ACS (acute coronary syndrome) patients to receive them if asymptomatic.

NB. The phosphodiesterase inhibitors -sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra) can be given for erectile dysfunction if patient not on a nitrate.

Blood pressure

Ensure hypertension is less than 140/80 average (if control is difficult a 24hr BP monitor is available via referral to cardiology dept.).

Questions or concerns

Phone the on-call cardiologist, or send a fax if non-urgent