DISCHARGE INSTRUCTIONS AFTER ELECTROPHYSIOLOGY STUDY AND/OR RADIOFREQUENCY ABLATION

• If you are concerned about anything please call Cardiac EP Consultants, 315.277.2707
• An adult family member or friend must drive you home after you are discharged from the hospital. You are not allowed to drive for the next 24 hours.
• Heavy or strenuous activity should be avoided for two weeks after the procedure. It is best to check with your doctor to see when you should return to work.
• Remove bandage, if any present, off your groin site the following morning before bathing.
• Resume your medications as prescribed by your physician. If you have been given a prescription for new medication, have it filled immediately and begin taking it.
• Following an ablation procedure, it is common to be aware of your heartbeat for weeks.
• For discomfort at the groin site site, or for mild chest pains (which are normal after ablation), you may take 1 or 2 extra strength Tylenol tablets every 4 hours as needed.
• There may be a lump and bruising at the vascular access sites. The bruise will usually spread and shift over several days. Please feel how big the lump is when you take the bandage off, so you will be able to tell if the lump is getting bigger. If the lump gets bigger, call Cardiac EP Consultants, 315.277.2707, immediately.
• If you see fresh bleeding from the incision site, you should apply pressure to the area for 10-15 minutes. If bleeding is heavy, call 911; otherwise call 315.277.2707. Remain still as you or your family member applies pressure to the area.
• Family members should know cardiopulmonary resuscitation (CPR). Contact American Heart Association for details (800.242.8721).
• Carry an updated list of your medications with you at all times.
• Follow up appointment date: Cardiac EP Consultants will contact you at phone number provided. If not called within three business days from discharge, please call 315.277.2707.
• Coumadin (Warfarin) or Pradaxa (dabigatran) orders:
  a. ☐☐Not applicable
  b. ☐☐Your Coumadin is managed by ________________
     ☐☐Your Pradaxa is managed by ________________
     You should begin it on: ________________☐☐AM ☐☐PM,
     at __________mg, then take it ☐☐daily ☐☐twice daily.
  c. ☐☐Check your INR on__________and weekly after that in the first month.

Patient signature________________________________________Date: __________
Nurse signature________________________________________Date: __________
MD (or representative) signature_________________________Date: __________