



Faisal Bahadur, MD
Bashar Markabawi, MD
Gautam Kedia, MD

Peripheral Angiogram **Discharge Instructions**

After Your Procedure:

- Leave dressing on for 24 hours
- Ok to shower on day after the procedure; (no baths/swimming pools/spa/sauna x1 week)
 - Gently wash the catheter insertion site with soap and water when you are in the shower. Pat dry with a clean towel. Do NOT scrub over the area. Make sure to keep the groin area clean and dry. Do NOT apply lotion or creams to the catheter insertion site.
- No exercise until post op visit
- No lifting more than 10 pounds, for 10 days
- Avoid squatting or stairs as much as possible
- Routine walking and activities of daily living are permitted
- No driving for a minimum of 24 hours
- Take all medications as prescribed

We Encourage Patients To Call Our Office If:

- Your leg with the puncture becomes numb or tingles, or your foot feels cold or turns blue.
- The puncture site swells or fluids drain from it.

Call 9-1-1 if you notice:

- The puncture site swells up very fast.
- Bleeding from the puncture site does not slow down when you press on it firmly.

Follow Up Care:

- Mild bruising and swelling may occur, but typically resolves within a few weeks. Some pain and tenderness may persist on and off over several weeks.
- Patients are allowed to take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin), unless otherwise indicated by the physician. No Rx pain medication is given to patients since any discomfort should be minimal.
- Follow up care is important to ensure all procedures are successful and each patient is progressing with treatment. Please ensure you have an appointment to follow up with us, 1 week after the procedure.

Complications of Procedure:

Complications associated with this procedure are very rare, but there have been reported incidents involving thrombophlebitis, deep venous thrombosis (DVT), and pulmonary embolism (PE).



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If you experience bleeding, discomfort, or have any concern once you're home after the procedure, please call our office, and we will be more than happy to provide further assistance.

OFFICE HOURS: MONDAY – FRIDAY
8AM TO 5PM

TO SPEAK WITH THE ON-CALL VASCULAR PHYSICIAN
AFTER HOURS WITH AN URGENT ISSUE, PLEASE CALL:
480-699-5536

By signing this, the patient acknowledges that this Discharge Summary Form for RFA Procedures has been provided to them at time of service.

Patient Signature: _____

Print Patient Name: _____ **DOB:** _____

Employee Witness Signature: _____

Your follow-up ultrasound is scheduled for: _____