

Date: [Date]

Discharge Letter: Percutaneous Coronary Intervention (PCI)

Patient Details

Name: [Patient Name]

Date of Birth: [DOB]

Hospital Number: [ID Number]

Address: [Patient Address]

Admission Details

Date of Procedure: [Date]

Indication: [e.g., NSTEMI, STEMI, Stable Angina]

Consultant: [Doctor Name]

Procedure Summary

Access Site: [e.g., Right Radial / Femoral]

Vessel(s) Treated: [e.g., LAD, RCA, Circumflex]

Stent Type: [e.g., Drug Eluting Stent (DES)]

Closure Device: [e.g., TR Band, Angio-Seal, Manual Pressure]

Outcome: [e.g., Successful / Uncomplicated]

Medication Changes & Antiplatelet Therapy

Aspirin: [Dose] [Duration - e.g., Lifelong]

Second Antiplatelet (e.g., Ticagrelor/Clopidogrel): [Dose] for [Duration - e.g., 12 months]

Statin: [Dose]

Other Changes: [List any other new or stopped meds]

Follow-Up Plan

- Cardiac Rehabilitation: [Referred / Not Referred]
- Cardiology Clinic: [e.g., 6 weeks / 3 months]
- GP Review: [e.g., 1 week for blood pressure and wound check]

Advice to Patient and GP

Wound Care: Keep the access site clean and dry. Avoid heavy lifting for [Number] days.

Driving: Patient advised not to drive for [Duration] as per DVLA/Local guidelines.

Emergency Symptoms: If the patient experiences heavy bleeding at the site, sudden chest pain, or shortness of breath, they must seek emergency medical attention immediately.

Sincerely,

[Doctor Signature]
[Doctor Name/Grade]
[Department Name]