

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

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## **DISCHARGE SUMMARY: PERIPHERAL ARTERY ANGIOPLASTY**

**Date of Procedure:** [Date]

**Procedure Performed:** Percutaneous Transluminal Angioplasty (PTA) [with/without] Stenting.

**Access Site:** [Right/Left] [Groin/Arm]

### **1. PROCEDURE OVERVIEW**

The patient underwent a successful endovascular intervention to treat a blockage in the [Specific Artery, e.g., Superficial Femoral Artery]. A balloon was used to open the vessel, and a stent was [placed / not placed]. Blood flow to the limb was successfully restored.

### **2. MEDICATIONS**

Please continue the following medications to prevent blood clots at the treatment site:

- **Aspirin:** [Dose] mg daily.
- **Antiplatelet (e.g., Plavix):** [Dose] mg daily for [Duration].
- **Other:** [List other relevant medications].

### **3. ACTIVITY RESTRICTIONS**

- Do not lift anything heavier than 10 pounds for the next [3-5] days.
- Avoid strenuous exercise or vigorous activity for [1 week].
- Do not submerge the access site in water (baths, pools, hot tubs) for [48] hours; showering is permitted.

### **4. WOUND CARE**

Keep the bandage on the access site for 24 hours. After removal, keep the area clean and dry. A small bruise or a pea-sized lump is normal.

### **5. WHEN TO CALL THE DOCTOR**

Seek medical attention immediately if you experience:

- Bleeding or a rapidly growing lump at the puncture site.
- Sudden coldness, numbness, or "pins and needles" in the treated leg/arm.
- Fever, chills, or redness/pus at the puncture site.
- Severe pain that is not relieved by medication.

## **6. FOLLOW-UP APPOINTMENT**

**Provider:** Dr. [Physician Name]

**Date/Time:** [Date and Time]

**Location:** [Clinic Address]

Signed,

[Doctor Name]

[Department/Hospital]