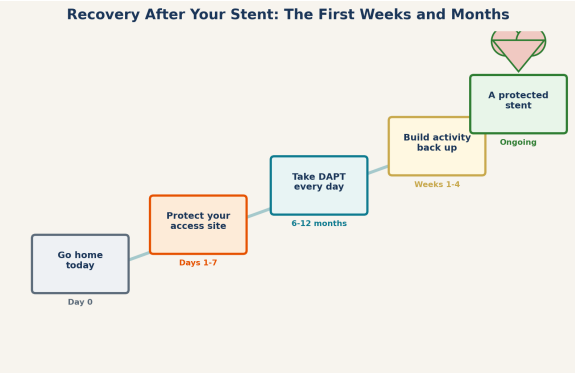
Recovery After Stent (PCI)

Your first days and months after angioplasty and stenting

The stent opened the artery. Your access-site care and daily medicine are what keep it open.



Online: https://go.riasalimd.com/post-pci-guide

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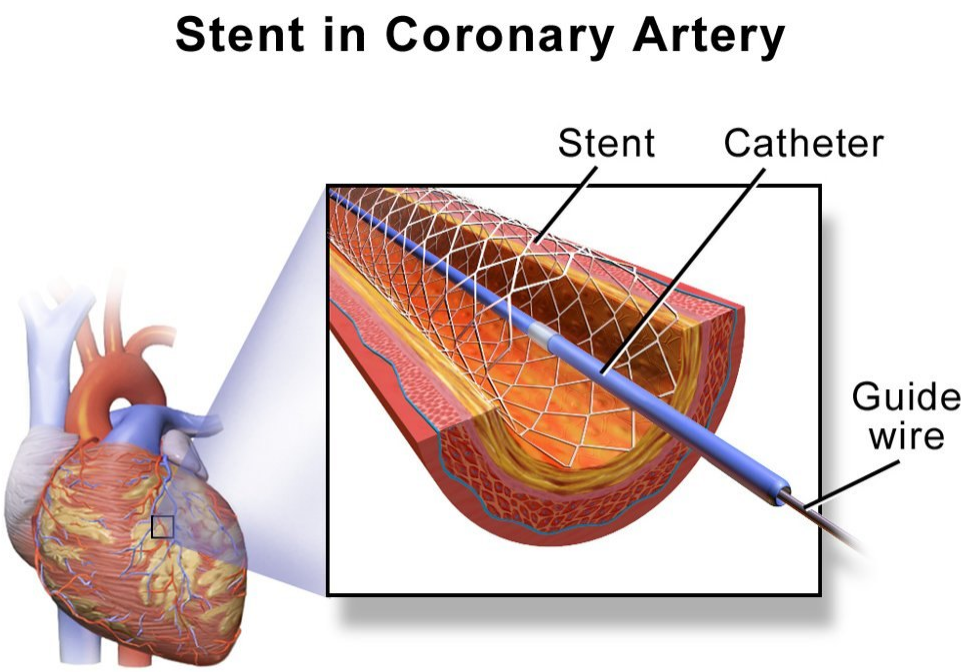
Names & Terms You Will Hear

Term	Meaning
PCI (percutaneous coronary intervention)	The medical name for angioplasty and stenting - opening a narrowed heart artery with a balloon and usually a stent, through a small tube (catheter).
Stent	A small mesh tube left in the artery to hold it open after the balloon widens it.
Access site	Where the catheter entered your body - either the wrist (radial) or the groin (femoral).
Radial access	Entering through an artery in the wrist. It is the more common approach today and usually means faster recovery and less bleeding.
Femoral access	Entering through an artery in the groin. Sometimes needed for complex cases; recovery care is different from radial.
DAPT (dual antiplatelet therapy)	Two blood-thinning pills taken together: aspirin plus a second drug. The second drug is clopidogrel, ticagrelor, or prasugrel. DAPT keeps the new stent from clotting.
Stent thrombosis	A sudden blood clot inside the stent that blocks it - a rare but dangerous event most often caused by stopping DAPT too early.
Pseudoaneurysm	A pulsing lump at a femoral access site caused by blood leaking into the tissue around the artery. It needs prompt medical attention.
TR Band	The inflatable wristband used to apply pressure and stop bleeding after radial access.
Closure device	A small device (such as Angio-Seal or Perclose) sometimes used to seal a femoral access site faster than pressure alone.

Chest pain after your stent is an emergency. If you have chest pressure, tightness, or pain like before your procedure, or sudden shortness of breath, sweating, or nausea - **call 911. Do not drive yourself.** If someone collapses and is not breathing normally, call 911, push hard and fast in the center of the chest (100-120 beats a minute), and use an AED if one is nearby.

Recovery After Stent (PCI)?

- This guide covers what happens after your stent - not the procedure itself. See our Angioplasty and Stents guide for how PCI works.
- Recovery after PCI (percutaneous coronary intervention) is usually faster than recovery after a full heart attack, especially with radial (wrist) access.
- The two things that matter most in the first weeks are caring for your access site and taking your DAPT medicines every day, exactly as prescribed.
- Whether your PCI was planned (elective, for stable narrowing) or urgent (during a heart attack) changes some details, but the core recovery steps are the same.
- Most people go home the same day or the next day and are back to light activity within days.



A stent props the artery open after angioplasty. This shows the stent, the balloon catheter, and the guidewire used to place it. Image credit: BruceBlaus, Wikimedia Commons (CC BY 3.0).

Why It Matters

- The stent itself does not finish the job - your body needs time to heal around it, and DAPT is what protects it while that happens.
- Stopping DAPT early is the single most dangerous mistake after a stent - it can let a sudden clot form and block the artery again.
- Access-site problems, while uncommon, can become serious quickly if missed - knowing what is normal versus what needs a call matters.
- Getting cholesterol, blood pressure, and other risk factors under control protects the rest of your arteries, not just the one that was stented.
- Radial access has become the preferred approach for most patients because it lowers bleeding and lets you get back to activity faster.

The Two Jobs That Matter Most Right Now

Protect the access site	Take DAPT every day
• Follow radial or femoral care steps	• Aspirin plus your second pill
• Watch for bleeding or a growing lump	• Full prescribed course - 6-12 months
• Avoid heavy lifting the first few days	• Never stop without calling us

Risk Factors

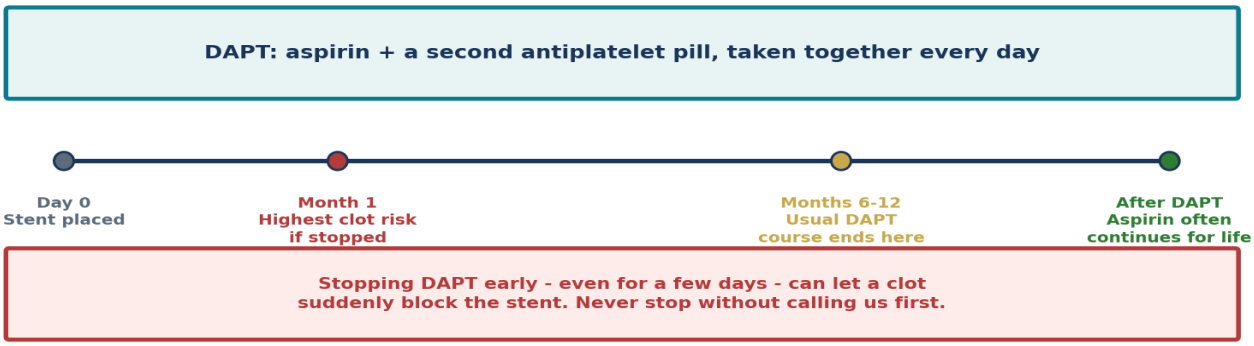
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Stopping DAPT on your own	Even a short gap in the two blood-thinning pills can let a clot form inside the stent. Never stop without calling us first.
High LDL cholesterol	Cholesterol continues to build plaque in the rest of the artery, not just where the stent is. A statin drives it down.
High blood pressure	Uncontrolled pressure strains the artery walls and increases bleeding risk at the access site while it heals.
Smoking or vaping	Tobacco injures arteries and makes clots more likely, raising the risk to both the stent and the rest of the heart.
Diabetes or high blood sugar	High sugar speeds up artery disease throughout the body, including in and around the stented segment.
Heavy lifting or straining too soon	Straining raises pressure at a healing access site, especially femoral, and can cause bleeding or a bulge.
Missing follow-up visits	Follow-up is when we check your access site, review medicines, and catch problems early.

Treatment Options

- Take DAPT (aspirin plus your second antiplatelet pill) every single day for the full course we prescribe - usually 6 to 12 months, sometimes shorter or longer.
- Never stop any heart medicine on your own, even for a planned surgery or dental work - call us first so we can plan around it safely.
- Care for your access site exactly as instructed for the first several days - see the Access-Site Care section for radial versus femoral.
- Take your statin every day. Most patients need a high-intensity statin after a stent to lower cholesterol and calm the artery wall.
- Keep blood pressure, blood sugar, and weight in target range with medicines and lifestyle changes.
- Build activity back up gradually rather than jumping straight back to full effort - see the activity ramp below.
- Quit all tobacco and vaping - it is one of the most powerful things you can do to protect the stent and the rest of your arteries.
- Keep every follow-up appointment so we can check your access site, review your medicines, and adjust the plan as you heal.

DAPT Duration: Do Not Stop Early on Your Own



The highest risk of stent thrombosis is in the first month. Stay on both DAPT pills for the full course we prescribe - do not stop early on your own.

Your Recovery Medicines After a Stent

Medicine	What it does	Why it continues
Aspirin (low dose)	Makes platelets less sticky	Part of DAPT during the prescribed course, then often continued alone for life
Second antiplatelet (clopidogrel, ticagrelor, or prasugrel)	Adds a second, stronger brake on platelet clotting	Paired with aspirin as DAPT for 6-12 months (sometimes shorter or longer) to protect the new stent
High-intensity statin	Lowers LDL cholesterol and calms the artery wall	Long-term protection for the stented artery and the rest of your arteries
Blood pressure medicine (if prescribed)	Lowers blood pressure and reduces strain on the arteries	Protects the healing access site and the whole cardiovascular system

DAPT - The Critical Medicine

- DAPT means two blood-thinning pills together: aspirin plus a second drug - clopidogrel, ticagrelor, or prasugrel.
- The usual course is 6 to 12 months after a stent, though your cardiologist may prescribe a shorter or longer course based on your bleeding and clotting risk.
- The first month carries the highest risk of stent thrombosis if DAPT is interrupted - but the danger of stopping early continues throughout the whole prescribed course.
- Never stop DAPT on your own for any reason - including planned surgery, a dental procedure, a new bruising concern, or cost. Call us first; we will coordinate a safe plan.
- After your DAPT course ends, most patients continue single antiplatelet therapy (usually aspirin) long term, plus a statin - do not stop everything just because DAPT is finished.
- For more detail on how these medicines work, see our DAPT guide.

Never stop DAPT without talking to your cardiologist first. Stopping either pill early is the leading cause of stent thrombosis - a sudden clot that can block the stent and cause another heart attack. This includes stopping for a planned surgery or dental visit. **Call us before stopping or pausing any heart medicine.** See our DAPT guide for the full details.

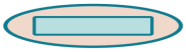
Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Staying on DAPT for the full prescribed course	Increased bruising and bleeding risk - usually minor, but sometimes serious (stomach or brain bleeding) in rare cases.	Keeps the stent from suddenly clotting (stent thrombosis), which can otherwise cause another heart attack.	A shorter DAPT course or a single stronger antiplatelet, chosen with us for patients at high bleeding risk - never decided alone.
Radial (wrist) access when it is possible	Some hand discomfort. Rarely, the wrist artery narrows. Slightly more radiation exposure during the procedure.	Lower bleeding risk than femoral access. Faster recovery. Earlier walking. Same-day discharge is more often possible.	Femoral access, when the wrist anatomy or a complex case requires it. It has its own aftercare plan.
A high-intensity statin after PCI	Muscle aches in a minority of patients; rarely affects the liver. We check labs and can adjust if needed.	Lowers LDL cholesterol and calms artery walls throughout the body, lowering the chance of future blockages.	A lower dose plus a non-statin drug (such as ezetimibe) if a high dose is not tolerated.
Building activity back up gradually	Feels slower than you might want, and some soreness at the access site is normal in the first days.	Lets the access site heal properly and avoids straining a healing artery, while still restoring strength quickly.	A cardiac-rehab-guided ramp, if your case is more complex or you want structured supervision.

Access-Site Care: Wrist (Radial) vs Groin (Femoral)

RADIAL (WRIST)



Wrist with TR Band

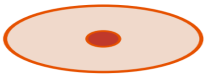
DO

- Keep the wrist still for the first few hours
- Leave the TR Band on as directed (about 1.5-2 hours)
- Support the wrist when you stand or move
- Resume light hand use gently once the band is off

WATCH FOR - CALL US

- Growing swelling or a tight, throbbing feeling
- Numbness or tingling in the fingers
- Bleeding that soaks through a bandage
- The hand turning pale or cold

FEMORAL (GROIN)



Groin puncture site

DO

- Lie flat as your care team directs, often 2-6 hours
- Keep the leg straight - do not bend at the hip
- Press firmly on the site if you cough, sneeze, or strain
- Ask for help the first time you get up

WATCH FOR - CALL US

- A bruise that keeps growing or a firm, pulsing lump
- Bright red bleeding that will not stop with pressure
- New or worsening pain, swelling, or warmth in the groin
- Numbness, weakness, or color change in that leg or foot

Wrist (radial) and groin (femoral) access sites heal differently. Follow the care steps for the site actually used in your procedure.

Access-Site Care - Radial (Wrist) vs Femoral (Groin)

Access site	Do	Watch for - call us
Radial (wrist)	Keep the wrist still at first; leave the TR Band on as directed (about 1.5-2 hours); support the wrist when standing	Growing swelling, numbness or tingling in the fingers, bleeding through the bandage, a cold or pale hand
Femoral (groin)	Lie flat as directed (often 2-6 hours); keep the leg straight; press firmly on the site if you cough or strain	A growing or pulsing lump, bright red bleeding that will not stop, new numbness or weakness in the leg

Access-Site Care

- Radial (wrist): keep the wrist still for the first few hours, leave the compression band (TR Band) on as directed - usually about 1.5 to 2 hours - and support the wrist when standing or moving.
- Radial watch-for signs: growing swelling, a tight or throbbing feeling, numbness or tingling in the fingers, bleeding through the bandage, or a hand that turns pale or cold.
- Femoral (groin): lie flat as your care team directs - often 2 to 6 hours - keep the leg straight, and press firmly on the site if you need to cough, sneeze, or strain.
- Femoral watch-for signs: a bruise that keeps growing or a firm, pulsing lump (a possible pseudoaneurysm), bright red bleeding that will not stop with pressure, or numbness or weakness in that leg.
- If a closure device (such as Angio-Seal or Perclose) was used at a femoral site, follow the specific instructions given at discharge - closure devices can still bleed or bruise.
- Most access-site bruising is normal and fades over one to two weeks. When in doubt, call us - it is always reasonable to check.

Common Misconceptions

Myth	Reality
The stent fixed the problem, so I can stop the blood thinners once I feel fine.	Feeling fine is not a sign it is safe to stop. DAPT protects the stent while your artery heals around it - stopping early risks stent thrombosis, a sudden and dangerous clot.
A little bruising or a firm lump at the access site is nothing to worry about.	Small bruising is common and expected. But a growing, pulsing lump (possible pseudoaneurysm) or bleeding that will not stop needs a call right away.
Radial (wrist) and femoral (groin) recovery care are basically the same.	They are different. Radial recovery is usually faster and has less bleeding risk. Femoral needs more time lying flat, and you must avoid bending and straining.
If I need surgery or a dental procedure, I should just stop my blood thinners on my own to be safe.	Never stop DAPT without calling us first. We coordinate with your surgeon or dentist to manage the medicines safely around any procedure.
PCI recovery takes as long as recovering from a full heart attack.	Uncomplicated elective PCI recovery is usually faster. Most activities return within days to a couple of weeks. Your exact pace depends on your access site and overall health.
Once my DAPT course ends, I am done with heart medicines.	Most patients continue aspirin and a statin long term after DAPT ends. Stopping every medicine at once is a common and risky mistake.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Stent thrombosis (a clot in the stent)	The most serious PCI recovery complication - a sudden clot blocks the stent, most often triggered by stopping DAPT too early. It can cause another heart attack and needs emergency care.
Access-site bleeding or hematoma	Bruising is common and expected. Bleeding that will not stop with pressure, or a bruise that keeps expanding, needs urgent attention.
Femoral pseudoaneurysm	A pulsing lump caused by blood leaking into tissue around a femoral puncture; incidence is roughly 0.2-8% and rises with larger sheaths and blood thinners. The three warning signs are a growing pulsatile mass, a bruit (a whooshing sound), and tenderness - two of three raises strong suspicion.
Radial artery occlusion	The wrist artery can narrow or close after radial access. This is usually painless. The hand has two blood supplies, so it rarely causes problems. We check for it and use steps to lower the risk.
Access-site infection	Infection is uncommon. Watch for redness, warmth, drainage, or fever at the site and call us. A closure device carries a small added infection risk compared with hand pressure.
Restenosis (the artery narrowing again)	Scar tissue can slowly narrow the stented segment again over months. This happens in roughly 5-10% of cases with modern drug-eluting stents. It usually causes symptoms that return slowly, not a sudden event. We treat it if it happens.

Points to Know

If you remember nothing else, remember these key points.

- Take DAPT every day for the full course - usually 6 to 12 months. Never stop it on your own; call us first.
- Care for your access site as instructed: keep the wrist still and watch for swelling with radial; lie flat and watch for a growing lump with femoral.
- Chest pain, or bleeding at the access site that will not stop - call 911 or call us urgently.
- Radial access usually means a faster return to activity than femoral - ask us about your specific timeline.
- Stay on your statin and keep blood pressure and blood sugar controlled - this protects the rest of your arteries, not just the stent.
- Avoid heavy lifting and straining for the first several days, especially with femoral access.
- Keep your follow-up visits so we can check your access site and fine-tune your medicines.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, or tightness, especially if it feels like before your procedure - call 911. Do not drive yourself.
- Bleeding at the access site that soaks through a bandage or will not stop with firm pressure - call us urgently or go to the ER.
- A groin lump that is growing, pulsing, or firm (possible pseudoaneurysm) - call us right away.
- Growing swelling, spreading bruising, numbness, tingling, or a cold or pale hand or leg near the access site - call us the same day.
- Fever, redness, warmth, or drainage at the access site (possible infection) - call us.
- You missed a dose of DAPT, ran out of medicine, or are thinking about stopping any heart medicine - call our office before stopping anything.
- Any new or unusual symptom that worries you - it is always reasonable to call and ask.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- Cleveland Clinic - After Your Interventional Procedure (Angioplasty and Heart Stent) - Discharge instructions, activity pacing, and access-site care after angioplasty and stenting.
- Mayo Clinic - Coronary Angioplasty and Stents - What to expect during recovery, including activity restrictions and medicine guidance.
- MedlinePlus - Angioplasty and Stent - Heart - Discharge - US National Library of Medicine self-care instructions after stent placement.
- SCAI - Best Practices for Transradial Angiography and Intervention - Professional society guidance on radial access-site hemostasis and care.
- ACC - Postcatheterization Femoral Pseudoaneurysms - Signs, risk factors, and management of femoral access-site pseudoaneurysm.
- AHA - Life After a Heart Attack - Secondary-prevention and lifestyle guidance relevant to anyone who has had a stent.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization *[Guideline]*
  Primary revascularization guideline: PCI vs CABG equivalence framing, Heart Team referral for complex disease, and post-PCI DAPT duration recommendations
- 2016 ACC/AHA Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease *[Guideline]*
  DAPT duration recommendations after stenting (6-12 months standard, shorter/longer per bleeding vs ischemic risk); Class I minimum 6 months, Class IIb prolonged therapy
- PEGASUS-TIMI 54 - Long-Term Use of Ticagrelor in Patients With Prior Myocardial Infarction (NEJM) *[Trial]*
  Evidence for extended DAPT beyond 1 year reducing cardiovascular death/MI/stroke, balanced against higher TIMI major bleeding (2.3-2.6% vs 1.06% placebo)
- MATRIX Trial - Radial Versus Femoral Access in Patients With Acute Coronary Syndromes (individual patient data meta-analysis, Circulation) *[Trial]*
  Randomized evidence that radial access lowers major (BARC 3/5) bleeding (1.6% vs 2.3%) and the composite of death/MI/stroke compared with femoral access
- SCAI Expert Consensus Statement Update on Best Practices for Transradial Angiography and Intervention *[Guideline]*
  Radial band (TR Band) compression protocol - patent hemostasis, 90-120 minute deflation window after interventional procedures, radial artery occlusion prevention
- NCDR CathPCI Registry - Bleeding and Vascular Complication Rates by Access Site *[Registry]*
  Real-world major bleeding rates by access site (approximately 2.5-2.7% femoral vs lower with radial) used for the complication-rate figures in the procedure checklist
- ACC - Postcatheterization Femoral Pseudoaneurysms (10 Points to Remember) *[Clinical-Summary]*
  Femoral pseudoaneurysm incidence (0.2-8%), the three cardinal signs (pulsatile mass, bruit, tenderness), and risk factors used for femoral warning-sign content
- Cleveland Clinic - After Your Interventional Procedure (Angioplasty and Heart Stent) *[Patient-Education]*
  Plain-language discharge and access-site care instructions, activity pacing, and follow-up cadence framing
- Mayo Clinic - Coronary Angioplasty and Stents *[Patient-Education]*
  Recovery timeline framing: no lifting over 10 pounds for 5-7 days, easing back into activity, and the role of antiplatelet medicines
- MedlinePlus - Angioplasty and Stent - Heart - Discharge *[Patient-Education]*
  US National Library of Medicine self-care instructions after angioplasty and stent placement
- AHA - Life After a Heart Attack *[Patient-Education]*
  Secondary-prevention and statin/risk-factor framing shared with the sibling post-MI recovery guide, scoped here to the PCI/stent context

About This Guide

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Reviewer note: Reviewed against the Cleveland Clinic 'After Your Interventional Procedure' page, the Mayo Clinic coronary angioplasty page, and MedlinePlus discharge instructions. Ours adds: a side-by-side radial-vs-femoral access-site care diagram, a DAPT timeline that visualizes the 'do not stop early' message across the full prescribed course, a PCI-specific activity ramp (faster than post-heart-attack recovery), a tinted access-site do's/watch-for table, and cross-links to our procedure, DAPT, and statin guides so patients are not re-taught what was already explained before the stent.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

Take This Guide With You

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