

Patient Clinical Guide: Coronary Angiography & Interventions

This guide provides objective clinical information regarding transradial coronary angiography (CAG), catheter-based revascularization, procedural preparation, and recovery standards under the care of Dr. Gopal Krishna Rai at Star Hospital, Varanasi.

1. UNDERSTANDING TRANSRADIAL ANGIOGRAPHY (CAG)

Coronary angiography is a diagnostic procedure performed inside a digital Cath Lab to assess blood flow through the coronary arteries. Introducing radiographic contrast dye under low-dose fluoroscopy pinpoints the exact site, severity, and length of vessel narrowings.

Clinical Parameter	Transradial Access (Wrist)	Transfemoral Access (Groin)
Puncture Site Bleeding Risk	Significantly lower due to superficial compression over the radius bone	Higher incidence of puncture-site hematoma or local bruising
Post-Procedure Mobility	Immediate sitting posture; patient can walk within 1–2 hours	Mandatory flat bed rest for 6 to 8 hours with limited hip flexion
Discharge Timeline	Day-care observation (discharge typically within 2 to 4 hours)	Often requires overnight observation or extended bed stay

2. CLINICAL INDICATIONS FOR EVALUATION

Recurrent Angina or Chest Tightness Unstable or exertional chest pressure, squeezing sensations, or discomfort radiating to the left arm or jaw unresponsive to routine medication.	Positive Non-Invasive Screening Evidence of inducible ischemia confirmed on a Treadmill Exercise Stress Test (TMT) or wall-motion abnormalities on 2D Echocardiography.
Acute Myocardial Infarction Emergency primary evaluation during acute coronary events to identify the culprit lesion for immediate balloon dilation and DES stenting.	Pre-Surgical Clearance Comprehensive coronary arterial evaluation prior to major non-cardiac surgery or structural cardiac valve repair/replacement.

3. PRE-PROCEDURE PREPARATION GUIDELINES

Fasting & Diet Protocol Maintain complete fasting for 3 to 4 hours prior to the scheduled Cath Lab procedure. Small sips of plain water are permitted unless instructed otherwise.	Renal Safety Verification A recent Serum Creatinine report is mandatory to ensure kidney safety before contrast injection. Hydration protocols are initiated where indicated.
Medication Management Bring a complete list of ongoing prescriptions. Certain oral diabetic medications (e.g., Metformin) or anticoagulants may require temporary timing adjustments.	Comfortable Clothing & Support Wear loose attire. Please ensure an adult family member or attendant is present during procedure briefing and post-test recovery instructions.

4. POST-PROCEDURE RECOVERY & HOME CARE

- **Wrist Care:** Keep the radial compression dressing clean and dry. Avoid lifting heavy weights (over 3 kg) with the access arm for 48 hours.
- **Fluid Intake:** Drink 1.5 to 2 liters of water over the next 12 hours (unless fluid-restricted due to heart failure) to facilitate natural dye clearance.
- **Prescription Adherence:** Do not discontinue prescribed antiplatelet or cardiac medications without explicit consultation with Dr. Gopal Krishna Rai.
- **Follow-Up Consultation:** Schedule your clinical follow-up within 5 to 7 days for review of angiographic records, blood pressure, and recovery status.

Emergency Warning Signs • Do Not Delay Medical Attention
Seek urgent emergency medical evaluation immediately if you experience: sudden crushing chest pain, cold sweating, acute breathlessness at rest, persistent bleeding or swelling at the wrist puncture site, or sudden lightheadedness and fainting.

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