

Living with a stent: dual antiplatelet therapy explained

If you have a stent, you're likely on two antiplatelet medicines for a while. Here's what they do together, why the time matters, and what to do about the small bleeding risk.

Long-term heart health

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

Dual antiplatelet therapy — usually shortened to DAPT — is the name for taking two antiplatelet medicines together for a set period after a stent. Antiplatelet medicines stop platelets, the tiny blood cells that form clots, from clumping together. After a stent, that matters, because the stent is a new surface in your artery where clots are most likely to form in the first months.

Why two medicines, not one

Two medicines work in different ways to slow the same process — like two locks on the same door. Together they are far stronger at preventing a clot inside the stent, and that protection matters most in the early period, while the stent is healing into the artery wall. The two medicines are a team, and they're prescribed as one plan.

Why the duration is set by your team

How long you take both depends on your situation: the kind of stent, why you needed it, and your personal bleeding risk. Plans are individual, and they're usually discussed in months — often roughly a year or so for many people, but sometimes shorter or longer, and sometimes it changes along the way. What matters is not the general pattern but your plan. The most important habit is simple: don't stop either medicine early on your own. The moment you stop, the protection stops — and the team is the one to decide that timing, not chance.

Living with it, day to day

The main thing you'll notice is a slightly higher tendency to bruise, or gums that bleed a little more when brushed. That's the medicines doing their job. Two practical things matter: tell any dentist or surgeon about your medicines before any procedure — even a cleaning — and don't stop beforehand without the team's plan for it. And if you cut yourself, pressure works the same as ever; it may just take a moment longer.

Take it to your team

Ask: how long is my dual therapy planned for? What should I do if I need dental work, surgery, or a procedure while on these medicines? Which side effects should I report, and which will settle? What's my plan if I ever need to stop temporarily?

Call for help if

You get signs of significant bleeding — blood in stool or urine, black tarry stools, coughing blood, bleeding that won't stop, or fainting. And until you've spoken to your team, don't stop your antiplatelet medicines: the clot risk from stopping can be far greater than the bleed that prompted the call.

A last word

Two extra pills a day can feel like a lot of machinery for a tiny metal tube — but the medicine is doing what the stent can't do alone, and the duration is planned with the same care as the procedure itself. How long you take them, and when they're stopped, are decisions for your own team. Your part is to take them as agreed, mention the medicines before any procedure or dental work, and call early if bleeding worries you. That's the whole of it — and it becomes routine faster than you'd expect.

Questions to take to my team

☐ How long is my dual antiplatelet treatment planned for?

☐ Who should coordinate my medicines before dental work or another procedure?

☐ Which side effects or bleeding signs need urgent help?

☐ If a clinician proposes a temporary interruption, who must agree to the plan?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.