SCARSTORIES · A LITTLE COMPANY ON THE WAY

Your discharge medications, explained one by one

The list of medicines you leave hospital with — each one has a specific job. Here is what the types do, in plain words, and why following the script exactly matters.

The first two weeks at home

> Educational content.

Your discharge medications are the medicines you leave hospital with, and together they form the bridge between the procedure and your recovery — each one has a specific job, and none of them are there by accident.

Nobody explains the list once and has it stick — you are tired, the pharmacist talks fast, and the list is long. That is normal. You do not need to become a pharmacologist; you need to know, in plain words, what each type is doing for you, and what to do when something feels off.

The types, in plain words

Most people leave after a cardiac procedure with medicines from a few familiar families. The exact combination is personal to you — this is what the families do.

Type of medicine	What it does, in plain words
Antiplatelets — aspirin is the most common	Stop blood platelets from sticking together, so clots don’t form on a stent or a new graft. Usually long-term.
Statins	Lower the cholesterol your body makes and help quiet the plaques in your arteries. Usually long-term.
Beta-blockers	Slow the heart rate and lower the heart’s workload, so each beat costs less effort.
ACE inhibitors or ARBs	Relax and widen blood vessels, easing blood pressure and reducing strain on the heart.

Type of medicine	What it does, in plain words
Diuretics — “water tablets”	Help the kidneys remove extra fluid, which relieves swelling and breathlessness. Sometimes only for the first weeks.
Sometimes: anticoagulants — “blood thinners”	Slow the blood’s ability to clot — more common after valve surgery or with certain heart rhythms. Usually long-term.
Sometimes: stomach protection and short-term pain relief	Protect the stomach lining from other medicines, and help you breathe, cough and walk in the first days.

Why “just follow the script” is the whole job

Your discharge script is the exact plan your team settled on for your body. Missing a heart medicine is not like skipping a vitamin — the effect of these medicines is usually silent, which means the harm of stopping them is silent too, until it isn’t. Take them as written. If a medicine makes you feel unwell, do not stop it on your own — call your team and let them adjust the plan. That is their job, and they would rather change it than have you change it.

A few practical things most people wish they’d known: fill the prescriptions before you need them, use one pharmacy if you can, keep the list on your phone and a paper copy on the fridge, and bring the boxes — or a photo of them — to every appointment.

What to ask your team

- Can you tell me what each of my medicines does, in one line each?
- Which ones should I take in the morning, and which at night?
- What should I do if I miss a dose?
- Which of my previous medicines do I stop, and which do I continue — and who decides that?
- Which side effects should I report, and which will settle on their own?

> “I kept the paper list on the fridge for the first month. When visitors asked what all the pills were, I could answer every one — it made me feel like I was running my own recovery, not just taking orders.”

> **Call for help if**

> You have signs of an allergic reaction — a rash, swelling of the face or lips, or sudden wheezing; you faint or feel like you might; you have chest pain that is new, different or doesn't settle; or you notice unusual bleeding or bruising — especially if you take a blood thinner. Call your team immediately, and mention every medicine you take.

> **Take it to your team**
>
> Bring your medicine list — the actual boxes or a photo — to every appointment. Ask for each medicine's job in one line, and write it down. Never start, stop or change anything on your own; that decision belongs to your team, and they can make it quickly and safely when you ask.

Understanding your medicines is the best protection you have, but decisions about them — doses, changes, what to stop and when — belong to you and your own team alone.

Questions to take to my team

- ☐ Can you tell me what each of my medicines does, in one line each?
- ☐ Which ones should I take in the morning, and which at night?
- ☐ What should I do if I miss a dose?
- ☐ Which of my previous medicines do I stop, and which do I continue — and who decides that?
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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.