

Having an Angioplasty/ Stent

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in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Introduction

This leaflet tells you about having an angioplasty. It explains what is involved and what the possible risks are. It is not meant to replace an informed discussion between you and your doctor, but can act as a starting point for such discussions.

Why do you need and angioplasty / stent?

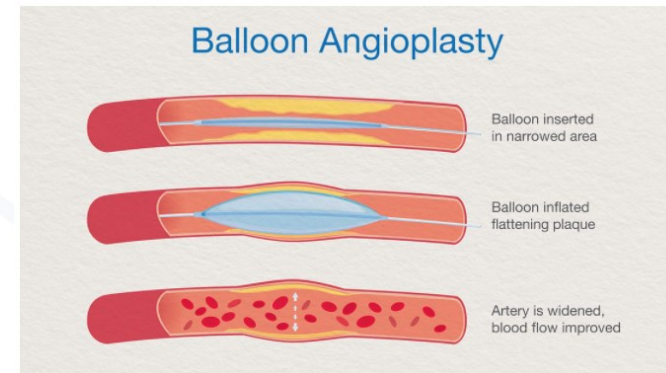
Your doctor has identified that there is a narrowing or blockage in one of your blood vessels that is causing you a problem. If the arteries in your legs are affected, this may be causing pain in your calf or thigh. This may occur after you have walked a certain distance or may be causing more severe symptoms such as severe pain in your foot, especially at night. Other tests such as a Doppler ultrasound scan, a computed tomography scan (CTA) or a magnetic resonance scan (MRA) may have already been performed.

What is an angioplasty / stent?

If you have a narrowing of one of your arteries, the doctor may be able to stretch the artery to reduce the area of narrowing and improve the blood flow. This is done using a small balloon attached to a thin tube (catheter) which can be inflated at the narrowed area.

If the angioplasty fails to improve the blood flow, it may be possible to place a stent (metal scaffold) in the artery. Once the stent is in place it cannot be removed and will eventually become covered by the lining of the artery. This can usually be done immediately after your angioplasty extending time of the procedure.

When the balloon catheter is removed the doctor will then either insert a device to plug the hole in your artery or press on your groin for approximately 10 minutes so that the artery does not bleed and cause severe bruising.



What will happen after my angioplasty?

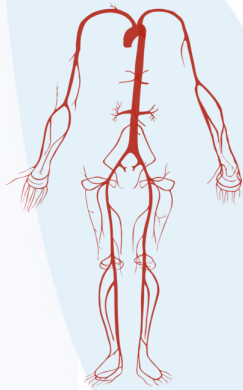
You will be transferred on to a trolley and you will be returned to the recovery ward. Depending on how the doctor has closed the puncture wound in your groin, you will be advised by staff as to when you can sit up and move around etc. Very rarely you may need to lie flat for up to 4 hours. The nurses on the ward will check your pulse, blood pressure and groin area regularly. It is important that you call a nurse in between these checks if you feel unwell or wet in the groin area where the catheter has been. You will also be given something to eat and drink.

You will usually be discharged the same day. You must have a responsible adult at home overnight after the procedure. However, on occasion it may be necessary to stay overnight so you will be advised to bring an overnight bag and all of your medications. It is important that you do not drive for 48 hours or do any strenuous exercise for several days following your angioplasty. You will be given a written advice sheet on discharge from the ward.

What will happen during my angioplasty?

You will be taken to the interventional theatre and asked to lie on your back on the X-ray table. You will be introduced to the staff present which will include the doctor, radiographers and nurses. As this is a teaching hospital there may also be students in the room, if you do not wish students to be present please inform a member of staff.

You will be attached to a heart monitor and blood pressure machine by the nurse who will be looking after you during the procedure. The skin at your groin will be cleaned using some cold antiseptic liquid, you will then be covered with a sterile sheet. Some local anaesthetic will be used to numb the skin over your groin. The doctor will guide a needle into the artery in your groin. He will then pass a fine wire in to the artery and down through the narrowed area.



A thin tube called a catheter will be positioned over the wire and dye (contrast agent) injected to demonstrate the narrowing. The doctor will watch all this on television screens to guide it to the correct place.

There is a small balloon attached to the catheter, when this is inflated it will stretch the narrow part of the artery. This may be uncomfortable for a few seconds.

Are there any risks?

Angioplasty is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. A small bruise (haematoma) around the site of the needle can occur, but this is quite normal. The bruise might be sore for a few days but will disappear in a few weeks.

Rarely, a large bruise may develop and require a small operation to drain it. Occasionally, a tender pulsating swelling called a false aneurysm may develop over a few days due to an ongoing leakage from the arterial puncture site. This can usually be treated by an injection of a blood-clotting agent under ultrasound guidance.

Very rarely, some damage can be caused to the artery by the catheter or by displacement of the material causing a blockage in other arteries (an embolus). This may require a small operation or another procedure.

The dye (contrast agent) used during the procedure is very safe, but occasionally can cause damage to the kidneys. This occurs mainly in patients whose kidney function is abnormal already and this will be identified on the blood tests that are performed before the procedure. Allergic reactions to the dye are also possible, but are very rarely serious.

What happens before my angioplasty?

Before the angiogram, the interventional radiologist will explain the procedure and ask you to sign a consent form.

Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will already have been to the hospital for a pre procedure visit at which you will have had an examination and may have blood samples taken.

You will be admitted to the hospital on the morning of the procedure.

You can have a light breakfast at 6am on the morning of the procedure but nothing after until told otherwise.

You should also take all of your normal medications including aspirin.

However, if you are diabetic or take warfarin

If you take warfarin and are unsure of what preparation to take regarding your medication. Please ring X-ray appointments on:

0151 430 1233

And ask to speak to a nurse or superintendent radiographer.

If you are diabetic you will have been advised regarding what medications to take on the day of your procedure by the nurse at the pre procedure visit.

What happens on the day of my angioplasty / stent?

A blood sample will be taken on admission to the ward and one or both your groins may be shaved. (You may prefer to do this at home the night before.)

You will be asked to change in to a hospital gown and because you will be in the X-ray room for some time we advise you to empty your bladder before you leave the ward to come in to the room for the procedure.

The doctor will visit you on the ward and will explain the procedure, the risks and benefits and answer any questions you may have. You will be asked to sign a consent form, this is to say that you understand what will happen and that you are agreeing to have the procedure done.

Who will you see?

A specially trained team led by an interventional radiologist within the Radiology Department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

As the procedure takes place in a theatre all staff members will be wearing scrubs. All members of the team will introduce themselves

