

Having an Angioplasty / Stent

Patient information leaflet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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 (CT) or a magnetic resonance scan (MR) 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) into 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 the time of the procedure.

Preparation for your Angioplasty

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.

If you are taking any medication that thins your blood such as aspirin, tinzaparin, clopidogrel or warfarin you must contact the radiology department on the phone number on your appointment letter.

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.

Pregnancy

If you are, or think you could be pregnant, please contact us prior to your appointment on the phone number in your appointment letter.

On the day of your procedure

Who will you see?

A specially trained team of radiographers and nurses 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 test is performed in an sterile setting similar to a surgical theatre all staff will be dressed in theatre scrubs. All staff Members will introduce themselves prior the procedure.



Where will the procedure take place?

The procedure will take place in the Radiology Department in a special “screening room” design specially for this type of procedure. This is similar to an operating theatre into which specialised X-ray equipment has been installed.



What to expect

What will happen during my angioplasty?

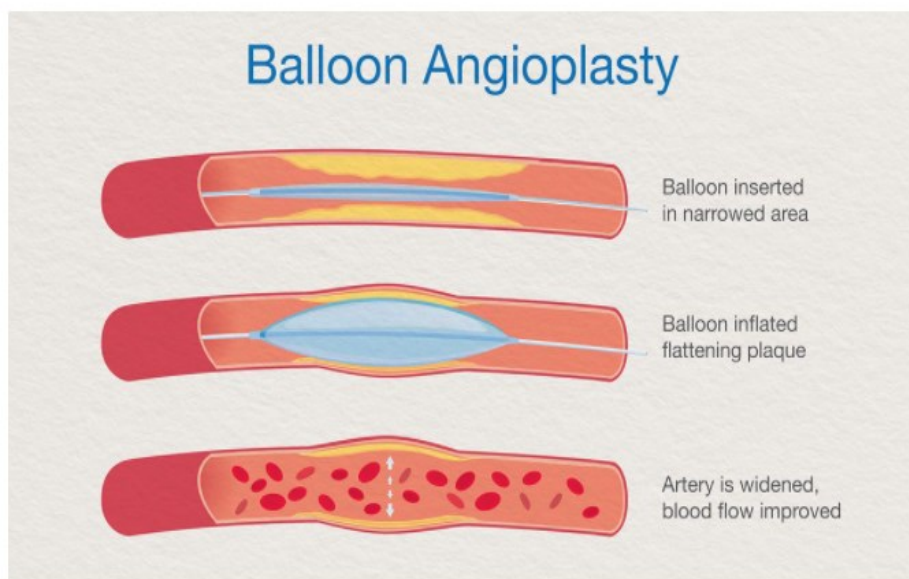
You will be taken into the special “screening room” and asked to lie on your back on the X-ray table. You will be introduced to the staff present which will include the radiologist radiographers and nurses. You will be attached to a heart monitor and blood pressure machine by the Nurse who will be looking after you during the procedure.

The skin at your groin will be cleaned using some cold antiseptic liquid, you then will 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. They 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 radiologist 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.

When the balloon catheter is removed the Radiologist 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 happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will generally stay in bed for a few hours, until you have recovered and are ready to go home.

Risks

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.

Radiation

Angioplasty involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is felt the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualised for each patient depending on the size of the patient and the condition being Investigated.

For more information on radiation please see the link below:
<https://www.ukhsa-protectionservices.org.uk/radiationandyou/>

Extravasation

Occasionally when you are having a contrast (dye) enhanced procedure there is a small risk that the injection of contrast can leak out of the vein and under the skin. This is called an extravasation. We find this occurs in 1 out of 200 injections. If this does happen then further advice will be given to by the Radiographer and Radiologist at the time of the procedure.

Injection of X-ray contrast (dye)

If you have had an allergic reaction to iodine or the X-ray contrast (dye) in the past, then you must tell us prior to, or on arrival for, your appointment. The contrast (dye) used during the procedure contains iodine.

There are risk factors associated with injections of X-ray contrast (dye), which can be increased by certain conditions. We will complete a safety questionnaire to check your suitability to have the X-ray contrast (dye). The risk of serious allergic reaction to contrast materials that contain iodine is extremely rare, and radiology departments are well equipped to deal with them. The injection usually causes nothing more than a warm feeling passing around your body, a metallic taste in your mouth and a sensation of passing water. These effects will pass within a few minutes.

Table 1: Types of allergic reaction to Contrast (X-ray Dye)

Category	Type
Mild	Minor rash, redness, Swelling of the skin, Mild nasal congestion, sneezing, runny nose. Mild high blood pressure, nausea, Mild vomiting.
Moderate	Generalised redness Marked rash, Itching, and swelling of the skin, Hoarseness or throat tightness, Fainting Swelling of face and throat.
Severe	Respiratory arrest Cardiac arrest Fluid on the lung Seizures Cardiogenic shock The risk of death is extremely rare.

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Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology Department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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