

Angioplasty

Information for patients

This information leaflet has been produced to give you general information about an angioplasty. It is not intended to replace the discussion between you and the healthcare team, but may act as a starting point for discussion.

If after reading this you have concerns or would like further explanation, please discuss this with a member of the healthcare team. If you need the information in a different language we can arrange this for you through our translation service.

Why do I need this procedure?

This investigation may be needed for a number of different reasons such as:

- You may have experienced pain in your buttocks or legs when walking
- You may have had pain in your legs at rest or when lying in bed
- You may have an ulcer that is not healing.

This can be because the blood vessels (arteries) in your leg have become narrowed. This is called peripheral vascular disease. Your arteries are normally smooth and unobstructed on the inside but they can become narrowed or blocked through a process called atherosclerosis, which means hardening of the arteries. An angioplasty is performed by a radiologist to widen these narrowed vessels.

What are the benefits of the procedure?

An angioplasty will help to widen a narrow blood vessel or open a blockage. It may also help to relieve any pain or discomfort you are experiencing and can help an ulcer to heal.

Can I take my medication as normal?

Most medication can be taken as normal.

If you are taking Metformin or any blood thinning medication such as Aspirin, Warfarin, Clopidogrel, Apixaban, or Rivaroxiban, a plan will be given for any of the above at your pre-assessment appointment.

Covid-19 related information

Every patient at present should have a Covid-19 test approximately 3 days before their procedure. This should have been arranged before your pre-assessment appointment. You should isolate as much as possible after your Covid-19 test until the procedure date.

What happens during the procedure?

On the ward

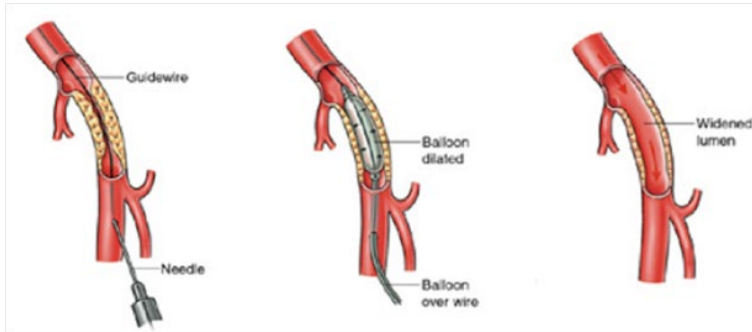
The procedure is usually a day case in day surgery unit or Ward 105. Occasionally an overnight stay is needed. On the ward you will be asked to put a hospital gown on and a cannula (plastic needle) will be inserted into one of your veins.

If your procedure is in the **morning**, you must not eat or drink anything after midnight before your procedure.

If your procedure is in the **afternoon**, you can have a small breakfast at 6am but you must not have anything to eat or drink after that. You should take your morning medication with a sip of water only.

You will be injected with a special dye and a series of x-rays are taken as the dye flows through your blood vessels. This is known as an angiogram. At the same time a balloon or stent may be inserted.

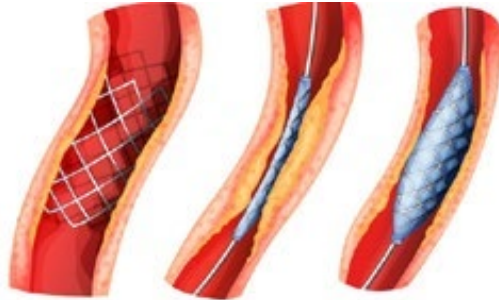
What is a balloon angioplasty?



After the angiogram, a wire is inserted into the artery, usually at the same point as the angiogram has been taken. The wire must then be passed through the blockage or narrowed section of artery – this is not always possible. A special balloon catheter is then passed over the top of the wire. This balloon catheter is inflated to stretch open the blockage or narrowing and allow more blood to flow through.

Once the artery has been stretched up or “dilated” the balloon catheter is removed and an angiogram is done to look at the result.

What is a stent?



A stent is a hollow mesh tube about the size of your little finger. It is made of fine sterile metal and is used to hold open an artery. When it is used, unlike an angioplasty balloon, it is left inside the artery after the procedure is completed and remains there forever. Once it is in position, the stent does not give any discomfort or sensation, but it is important to remember it is there and to tell any doctors treating you in the future of its presence. It can be placed in the artery using similar equipment to an angioplasty and usually needs no additional anaesthetic.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations. You will have instructions to lie flat for 1-4 hours as per radiologist instructions. Do not attempt to get up even to the bathroom within this time frame. If you need assistance a nurse will advise you. You will be allowed home if the medical team are happy with your blood pressure, your wound site has no swelling or bleeding, you are passing urine (if applicable), and you are eating and drinking as per normal diet.

You should not drive in the first 24 hours and where possible, have someone accompany you home.

Angioplasty and stent discharge advice

The following information will help reduce the puncture site and reduce the risk of infection.

- Your puncture site is likely to remain tender for several days and may be bruised
- Limit yourself to gentle activities on the day of your procedure
- Most people can resume normal activities the next day
- Do not take a hot bath for 24 hours
- Avoid strenuous exercise and heavy lifting for 7 days.

Contact the hospital if you have any of the following:

- Persistent tenderness or swelling in the affected limb
- Numbness or increased pain in your affected limb
- Redness or increased warmth in your leg
- Continuous oozing from the puncture site.

What to do if your wound starts to bleed?

Lie flat if possible and keep your legs straight.

Apply firm pressure with your fingers 1-2 cm above the puncture site for 10 -20 minutes or ask a relative/another person to do this for you.

You may be able to feel the pulse below your fingers. Bleeding should stop if you are pressing firmly enough. If your wound continues to bleed, contact the ward for further advice on **0131 242 1051**.

If you notice extensive bruising or firmness/swelling under the skin, contact the hospital for advice **0131 536 1000**.

Returning to work

You will need to take a few days off work depending on your type of job.

Medication

Continue to take your normal medication unless you are told otherwise by your doctor.

Driving

Car and motorcycle driving license holders should stop driving for a week or as advised by the medical team before going home. If you hold a car or motorcycle driving license you do not need to tell the DVLA about your medical condition.

If you hold a bus, coach or lorry driving license you will need to let the DVLA know.

Contact numbers

Hospital switchboard	0131 536 1000
Day surgery Unit	0131 242 3273
Vascular Ward 105	0131 242 1051
Intervention radiology suite	0131 242 3788