

A GUIDE FOR PATIENTS

Coronary Angioplasty



AMAZING HEALTHCARE

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HOLLYWOOD
PRIVATE HOSPITAL

Coronary Angioplasty

Angioplasty is a procedure where a small balloon tipped catheter is inflated inside a coronary artery where there is a blockage or narrowed section. The balloon catheter is deflated and then removed, after which blood flow in the coronary artery is improved.

A stent can be used in combination with an angioplasty. The stent is a small, tubular shaped stainless steel wire cage that ranges in size from 2-5mm in diameter to 8-33mm in length. The size used depends on your particular coronary artery size and narrowing. The stent remains permanently in the artery and helps to prevent the blockage or narrowing from recurring.

Angioplasty with or without stent insertion is similar to an angiogram, but takes longer to perform. You will need to stay in hospital for up to 24 hours following the angioplasty.

Preparing For The Procedure

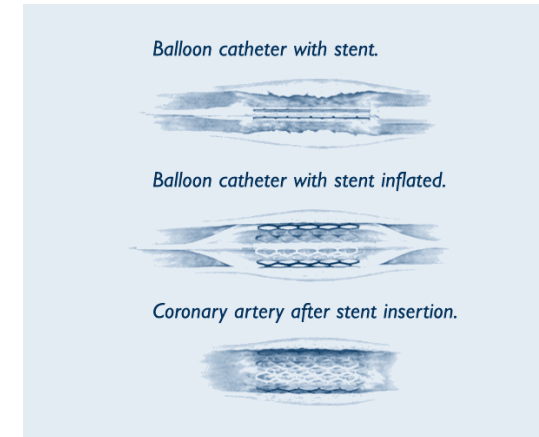
- Prior to the angioplasty, you will be asked to sign a consent form.
- Fast for 6 hours before the procedure, but keep drinking water.
- Take all medications except Metformin, including your Aspirin, as instructed by your cardiologist. If you are on Warfarin or Pradaxa please check with your cardiologist.
- Bring all your medications in the original packaging to hospital with you.
- You will need to have a shower before the procedure and change into a gown (which opens at the back).
- An intravenous cannula (IV) will be inserted, usually in your left arm and an ECG (Electrocardiograph) will be done.
- The hair at the operation site (groin or arm) will be removed by electric clippers.
- You may bring your glasses, hearing aides or denture. Please ensure all your items are labelled.
- If required, a sedative will be given to you before and/or during your procedure. It will help you to relax, but shouldn't make you sleepy.
- You should go to the toilet before your procedure.



The Procedure

- The catheter laboratory is similar to an operating theatre. You will be helped onto a narrow table and connected to an ECG machine to monitor your heart rhythm. Your blood pressure will be checked frequently.
- The operation site will be cleaned with iodine and covered with sterile sheets. **Please alert ward staff if you have an iodine/shellfish allergy.**
- The first part of the procedure is an angiogram.
- The site will be numbed with local anaesthetic and catheters will be inserted through a plastic sheath into the arm or leg artery. The catheter's progress is observed with an x-ray machine.
- Once the catheter is in place, dye is injected through it and the x-ray pictures are taken.
- Remain as still as possible throughout the procedure and follow the cardiologist's instructions. You may experience any of the following symptoms as the dye is injected: nausea, palpitations, chest pain, hot flushes or a desire to pass water. These feelings should subside quickly, but if they persist, please tell the cardiologist.
- The angioplasty begins when a balloon tipped catheter is inserted. The cardiologist will align the balloon tipped catheter with the narrowed or blocked artery and will inflate and deflate the balloon several times. The inflated balloon pushes the fatty deposits against the wall of the artery, causing it to dilate. This allows for better blood flow to the heart muscle.
- When the balloon is inflated, you may experience chest pain similar to your angina. The pain should subside when the balloon is deflated, but let your cardiologist know if the pain continues.
- If required a stent will then be inserted.

How A Stent Is Inserted?





After The Procedure

- When the angioplasty is finished you will be transferred to the Coronary Care Unit.
- You will be connected to an ECG monitor and your pulse, blood pressure, hand or foot pulses and puncture site will be checked frequently. Two or more ECGS will be obtained after your angioplasty.
- Please report the following immediately:
 - chest pain/discomfort
 - difficulty breathing
 - palpitations
 - any bleeding from the puncture site
 - numbness, swelling or pain at the puncture site
 - feeling unwell
- After the procedure you can eat and will be encouraged to drink at least one glass of water every hour to help flush out the dye.
- Nursing staff will remove the sheath with firm pressure as per your cardiologist preference. If a seal device has been used this pressure is not required.
- You will need to remain resting in bed with your leg straight for approximately 4 - 6 hours.
- The morning after your angioplasty ECG and blood tests will be done.
- You will be reviewed by a doctor and your discharge will be discussed with your cardiologist. Your medications and any changes made will be discussed with you prior to your discharge.

• **Almost always your treatment will include both Aspirin and another blood clot preventer, Clopidogrel Prasugrel or Ticagrelor. You should not stop these without discussing with your cardiologist. Carry the Medication Advice Card provided by ward staff.**

Arm Approach

- Pressure will remain on your arm with a TR Band. Nursing staff will remove this pressure as per cardiologists preference.

Groin Approach

- You will need to remain resting in bed and your head can only be raised to a maximum of 30 degrees. Please ask your nurse to assist you with repositioning.



Reduce Your Risk

- A Cardiac rehabilitation program will help most patients reduce their risk for further coronary artery disease. Cardiovascular Prevention and Rehabilitation WA based at Hollywood Private Hospital provides comprehensive multidisciplinary, hospital and community-based services, including:
 - **Supervised and guided exercise**
 - **Education**
 - **Emotional & self management support**

The program is flexible and tailored to individual needs. For further information please talk to the ward staff or contact the cardiac rehabilitation team on 08 9389 9655.

Remember heart disease is largely preventable: Know your cardiac risk factors and take your medications as prescribed by your doctor.

Cardiac Risk factors include:

Non-modifiable risk factors

- increasing age
- having family history of heart disease

Modifiable risk factors

- smoking - both active smoking and being exposed to second-hand smoke
- high blood cholesterol
- high blood pressure
- diabetes
- being physically inactive
- being overweight
- depression, social isolation and lack of quality support



Discharge Instructions

- Ensure you have someone drive you home the day after your angioplasty.
- Prior to discharge feel and observe the puncture site with your nurse as this will help you to recognise any changes that may occur to the area.
- For 48 hours after your angioplasty you must avoid strenuous activity and heavy lifting.
- Driving restrictions may apply and the length of time can vary depending on your diagnosis/procedure. Please discuss your situation with your cardiologist.
- Returning to work and resumption of regular physical activity should also be discussed with your cardiologist.
- Remove the dressing after 24 hours. Keep the site clean and dry. Watch for the following:
 - increased swelling or redness around the wound.
 - excessive bleeding (if bleeding occurs, apply firm pressure, rest quietly and call for help).
 - a change in sensation or feeling in your leg.
 - a hard 'lump' forming at the puncture site.
- Bruising will occur and can possibly extend further e.g. down to your knee. It can go dark purple and will fade to yellow.
- Please contact your GP, cardiologist or Hollywood Private Hospital should any of the above problems occur.
- If you had an Angioseal closure device please carry your Angioseal Information Card with you for 90 days after the procedure and follow the instructions on the card.

Please contact Hollywood Private Hospital Coronary Care Unit on 08 9346 6021, if you have any further questions or concerns.

Reviewed November 2012

