

Harefield Hospital

After your primary angioplasty





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This leaflet gives you general information to support your recovery after your primary angioplasty. It does not replace the need for personal advice from a qualified healthcare professional. Please ask your doctor or nurse if you have any questions.

What is a primary angioplasty?

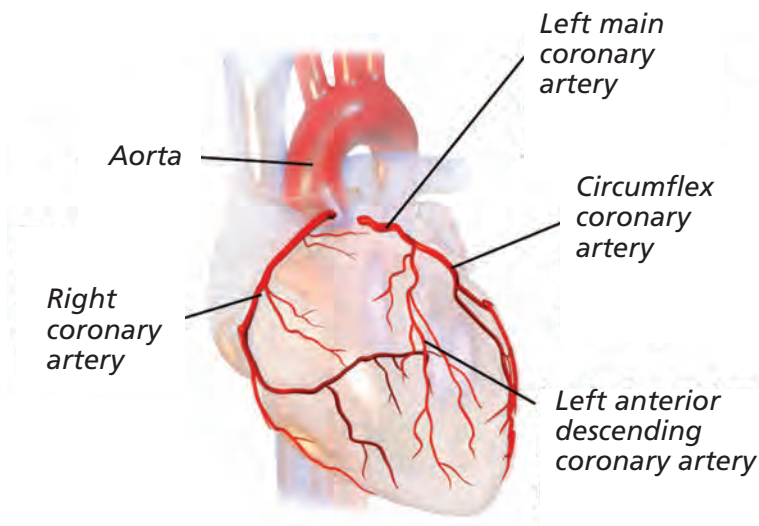
A primary angioplasty is an emergency treatment for a heart attack. A heart attack (also called a myocardial infarction) happens when a blood clot blocks a coronary artery.

Coronary arteries are the vessels that supply the heart with blood and oxygen. If they become blocked, the heart muscle does not receive blood and oxygen, and becomes damaged.

Most heart attacks are as a result of coronary artery disease (CAD). This is a condition in which a waxy substance called plaque builds up in the coronary arteries, causing them to narrow. This build-up of plaque occurs over many years. Eventually an area of plaque can break open inside the artery, which causes a blood clot to form.

The longer the artery is blocked, the more damage there is to the heart. The aim of any heart attack treatment is to clear the blockage in the artery as quickly as possible. Primary angioplasty is one way of doing this.

Your nurse can use the picture below to show which of your artery/arteries we have treated.



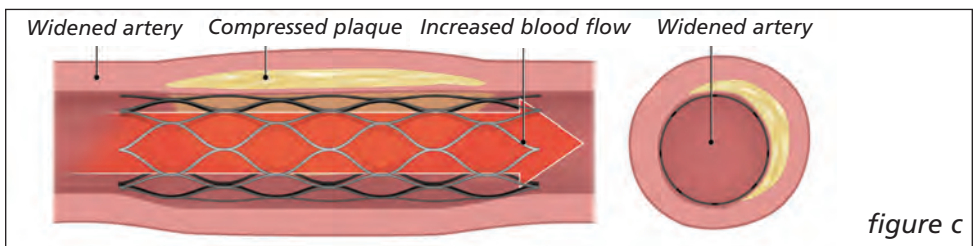
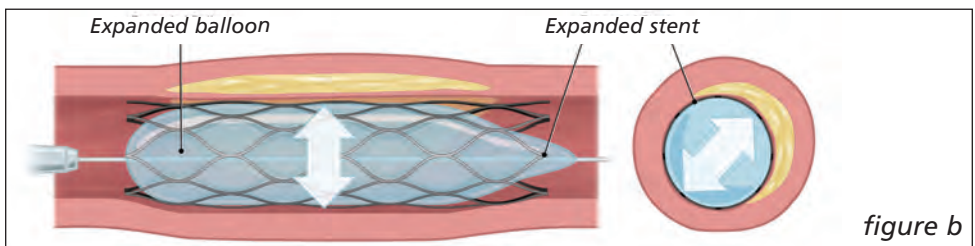
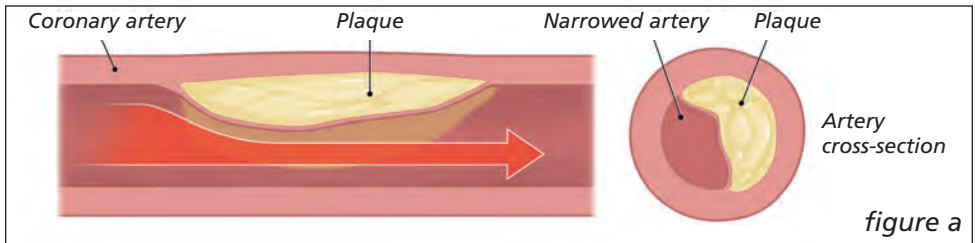
How is a primary angioplasty carried out?

A catheter (thin, hollow tube) is inserted through a small cut in your wrist or groin. The catheter is guided through the aorta (the main artery of the body) into the blocked artery in the heart (a).

At the tip of the catheter is a small balloon. This is inflated, clearing the blockage in the artery (b). Around the balloon is a small metal tube, which can expand, called a stent. After 10 to 20 seconds, the balloon is deflated and taken out.

The stent stays in place and holds the artery open. This means that blood can flow down through the artery again (c).

Occasionally we may decide to use a special type of catheter to remove the blood clot in the artery.



When your primary angioplasty is finished, the doctor will remove the catheter.

You will have a small wound in your wrist or groin, where the catheter was removed.

The doctor will apply firm pressure to stop bleeding from the wound.

If your angioplasty is carried out through your wrist, the doctor may put a band, called a TR band, on your wound. The TR band is inflated with air, to stop bleeding.

If your angioplasty is carried out through your groin, the doctor may use a small plug, called an angioseal, to stop bleeding. The angioseal is made of collagen and is absorbed by the body over 90 days.


What is the difference between an elective angioplasty and a primary angioplasty?

When an angioplasty is carried out as a planned treatment, it is called an elective coronary angioplasty. When it is carried out as an emergency after a heart attack, it is a primary angioplasty.

What happens after my primary angioplasty?

Once you are on the ward, we will carry out a test called an electrocardiogram (ECG), to check the rhythm and electrical activity of your heart. We will monitor your heart with a cardiac monitor for the first 24 hours. We will also monitor your blood pressure, and check the dressing on your wrist or groin where the catheter was inserted.

You can eat and drink when you return to the ward. You should be able to get out of bed a day after your primary angioplasty.



If you feel pain in your chest or are short of breath, there is no need to worry, but please tell one of the nurses. It is normal to feel soreness or tightness in the chest after a primary angioplasty.

We can provide pain relief if you need it.

We will repeat the ECG several times, to check your progress, before you leave hospital.

You will also have an echocardiogram (an ultrasound of the heart) to check the damage your heart attack has caused. This is usually carried out before you go home, but we occasionally arrange for it to be done in the first few weeks after you have left hospital. In addition, you will have an X-ray of your chest.

Blood tests can help us to check different areas of your health.


We will take daily blood tests while you are in hospital.

Your nurse can explain in more detail what we are checking for.

What medication will I need to take after my primary angioplasty?

Please ask your nurse to add the names of the medicines that we have prescribed for you to the table opposite.

Medicine	Use
<p>Medicine type: Anti-platelet</p> <p>Medicine names: Aspirin and ticagrelor, prasugrel or clopidogrel</p>	<p>Aspirin is used to thin the blood. Ticagrelor, prasugrel or clopidogrel works with aspirin to stop blood clots from forming in the stent/s.</p>
<p>Medicine type: Beta blockers</p> <p>Medicine names:</p>	<p>Beta blockers slow down the heart rate so the heart does not need to work as hard to pump blood around the body. They help to reduce the risk of more heart attacks and chest pain.</p>
<p>Medicine type: ACE inhibitors or angiotensin receptor blockers</p> <p>Medicine names:</p>	<p>ACE inhibitors / angiotensin receptor blockers relax and widen blood vessels. This lowers blood pressure and the heart does not need to work as hard.</p>
<p>Medicine type: Statins</p> <p>Medicine names:</p>	<p>Statins reduce the level of blood cholesterol. Blood cholesterol is a fat that can cause plaque formation in the blood vessels, increasing the risk of a heart attack.</p>
<p>Medicine type: GTN spray (glyceryl trinitrate) spray or tablets</p>	<p>GTN helps to improve blood flow to the heart and treat chest pain. We will give you GTN medication to take home with you when you leave hospital.</p>



You will need to take Ticagrelor, Prasugrel or Clopidogrel for at least a year after your primary angioplasty. It is very important that you take these drugs for the full period they have been prescribed.

If your GP or practice nurse tells you to stop taking the medication before the end of the course, please let us know before you do this.

You will need to take aspirin and most of the other medication for the rest of your life.

When can I go home?

You should be able to go home two to three days after your primary angioplasty.

Before you go home

We will check the area of your wrist or groin where the catheter was inserted. It is normal for this area to feel a bit tender for a few days after your primary angioplasty.

We will make sure there are no problems, such as swelling or more bruising than is expected.

If you are worried about pain, or if you notice any change in this part of your wrist or groin, please let a nurse know before you go home.

Cardiac rehabilitation

The aim of cardiac rehabilitation is to help you to recover and get back to as full a life as possible after your heart attack, and help keep you well after you go home from hospital.

A member of our cardiac rehabilitation team will visit you to provide advice on changes you can make to your lifestyle that will reduce your risk of having another heart attack. He or she

will give you advice on getting back to your normal daily activities and exercise.

If you worked before you had your heart attack, the cardiac rehabilitation team will also discuss with you when the best time is for you to go back to work. We usually suggest that you take at least one month off work.

They will arrange to contact you a week after you leave hospital, and again the following week, to check how well you are doing. They will also invite you to attend cardiac rehabilitation classes. A team member will explain what these classes are and how they can benefit you during the recovery process.

Going home

It is very important that you do not run out of any of your medication. Your GP may increase the dose of some of your medication in the first few weeks after your primary angioplasty to ensure that you are taking the right doses.


We will give you medication to last you for the first 21-28 days.

You should see your GP in the first two weeks after going home to get a repeat prescription. We will send a letter to your GP with information about your condition and treatment, and give you a copy to take home.

We will also give you:

- Information leaflets on heart attacks and the medicines that are used afterwards
- A card explaining the type of stent/s we used during your primary angioplasty, with details of how long you need to take the two anti-platelet medications

It is important that you carry this card with you at all times, as it includes important information about your care.



You are not allowed to drive for a period of time after a heart attack; we will tell you when you are able to drive again. If you have an additional licence, such as HGV (heavy goods) or PSV (public service vehicle) or you are a taxi driver, please ask one of the cardiac rehabilitation team, or the medical staff, to explain what happens now that you have had a heart attack.

If you hold an HGV/PSV licence, you will need to tell the DVLA about your heart attack.

At home

If you feel you need treatment urgently, please contact your GP or go to the nearest accident and emergency (A&E) department. Please note that Harefield Hospital does not have an A&E department.

Some patients experience a bruised feeling in their chest that fades away over two to three weeks after the angioplasty. If this happens to you, but the pain does not go away, please contact your GP.

Patients often have aches and pains in their chest after a heart attack. This may not be due to your heart, so do not worry if this happens. If you are concerned, please talk to your GP.

If you have pains in your chest on a regular basis when you are doing physical activity such as walking, please see your GP. This may indicate a further problem with your heart and we may need to see you in the outpatient clinic earlier than planned.

Your GP will be able to arrange this.

What to do if you have chest pain

If you do have chest pain, stop what you are doing, sit down and rest. If the pain lasts longer than five minutes, use your GTN spray. Take one or two sprays under your tongue. The medicine will increase the blood supply to your heart muscle.

If you have rested for a while and taken a GTN dose, but are still having chest pains, repeat the dose and wait another five minutes. If the pain does not go away by the end of 10-15 minutes, you should call an ambulance. One of your coronary arteries may have become blocked again.

You will need to be treated as soon as possible.

Outpatient clinic

We will arrange a follow-up appointment in the nurse-led post-angioplasty clinic with a nurse specialist or nurse consultant. This will be for between four and six weeks after you go home. This appointment will be carried out by video or telephone.

Please have an updated list of your current medication and a list of any questions you may have for the appointment. If the appointment date or time is not convenient, please contact the outpatient department so we can give you an appointment at another time.

Who can I contact if I have questions after going home?

Please contact your GP or the acute cardiac care unit (ACCU) at Harefield Hospital on **01895 828 667**, **01895 828 648** or **01895 828 723**. For non-urgent queries, you can also call the cardiac rehabilitation team on **01895 828 944**.



Patient information videos about angioplasty

A series of videos about coronary angioplasty is available on our website:

www.explainmyprocedure.com/brompton/qr/angioplasty

Although the information is for patients who have an elective coronary angioplasty, not a primary angioplasty, you may still find a lot of the information useful.



Your notes

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on 01895 826 572 or email pals@rbht.nhs.uk. This is a confidential service.

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Sydney Street
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SW3 6NP
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Harefield
Middlesex
UB9 6JH
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Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

