



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Harefield Hospital

Your coronary angioplasty





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This leaflet gives general information on your coronary angioplasty. It does not replace personal advice from a healthcare professional. If you have any questions, please ask your doctors and nurses.

What is a coronary angioplasty?

Coronary angioplasty is a treatment to widen the main blood vessels that supply the heart with blood and oxygen. These blood vessels are called the coronary arteries. Narrowing of the arteries is caused by a build-up of a fatty substance, called atheroma.

A coronary angioplasty is similar to a coronary angiogram. A thin flexible tube, called a catheter, is inserted into an artery in your

wrist or groin. A special dye is injected through the catheter, so the coronary arteries show clearly on X-ray.

Then a catheter with a balloon is directed through your arteries to your heart. The balloon is inflated and deflated to widen the narrowed artery and improve the blood flow. Usually, a small metal tube, called a stent, is left in place to keep the artery open.

Benefits of a coronary angioplasty

Coronary angioplasty aims to widen narrowed coronary arteries and increase the flow of blood to the heart. Widening the arteries

decreases the risk of heart attack, reduces the symptoms of angina, and slows the progress of coronary artery disease.

Risks of a coronary angioplasty

All medical procedures carry some risk. An angioplasty is a relatively safe test and serious complications are rare.

Less than 1 in 100 people (<1%) have a serious complication as a result of

having a coronary angioplasty.

The risks depend on your overall health and the condition of your heart. Your doctor will discuss the risks specific to your condition.



Minor complications

Inserting the catheter causes bruising in 1 in 10 people (10%). The bruising can be painful for a few days, but it usually only covers a small area and will disappear with time.

Removing the catheter causes bleeding in 1 in 100 people (1%). Bleeding is controlled by applying firm pressure.

Blood may build up under the skin to form a lump (haematoma). The haematoma will gradually disappear and does not normally need any treatment.

Vasovagal attack (fainting) is caused by a drop in blood pressure and heart rate, and affects 1 in 100 people (1%). Feeling faint is treated by lowering the head of the bed, or raising your feet, and giving medication (drugs). Intravenous fluids (fluids given straight into a vein) can increase the heart rate and raise the blood pressure.

Development of an abnormal heart rhythm affects less than 1 in 100 people (<1%). If treatment is needed, an electrical shock to the heart

usually restores its normal rhythm.

Major complications

Some people may experience an allergic reaction to the dye used to show the blocked arteries. Allergic reactions can be treated with intravenous medication.

Coronary angioplasty may cause damage to a coronary artery causing it to suddenly narrow or block. This is known as a myocardial infarction (heart attack) and affects less than 1 in 200 people (<0.5%). Damage to the artery is treated by insertion of additional stents, or by using another vein or artery as a bypass to redirect blood around the blocked arteries. This is called a coronary artery bypass operation.

The catheter may cause a small tear in one of the chambers of the heart, in 1 in 1,000 people (0.1%). This can lead to blood collecting around the heart. The blood may need draining, using a small tube inserted below the breastbone, or with an operation.

Damage to the radial or femoral artery, leading to

bleeding or blockage of the artery, affects 1 in 1000 people (0.1%). An operation is usually needed to correct the damage. Very rarely, the lack of blood supply may lead to the loss of a limb.

Less than 1 in 100 people (<1%) have a stroke as a result of having an angioplasty.

The dye could affect your kidney function, but the risk is very low if your kidney function is normal before your coronary angioplasty. If your kidney function is abnormal before your angioplasty, we will give you fluids to protect your kidneys.

In less than 1 in 100 people (<1%) the artery where the

catheter was inserted does not heal completely. This can be at the radial artery (wrist) or the femoral artery (groin), depending on where the catheter was inserted. This can lead to a bulging (swelling) in the wall of the artery, called a femoral or radial aneurysm. If you have an aneurysm, you may need an operation to repair it, which means staying in hospital a few more days.

Less than 1 in 1000 people (<0.1%) people die during a coronary angioplasty, as a result of their heart condition or other complications.

If you have any questions about these risks, please ask your doctor.

Alternative treatments

Alternative treatments include medication or coronary artery bypass grafting (heart bypass

surgery), which involves a general anaesthetic (being put to sleep).

Choosing no treatment

If you do not have an angioplasty, your coronary artery disease may worsen and your risk of heart attack may

increase. If you have any questions about your treatment options, please talk to your doctor.



Female patients

A coronary angioplasty uses X-rays that may be harmful to an unborn baby.

If you think you may be pregnant, please contact the cardiac co-ordinator on **01895 828 963**.

If you have not had a period in the 10 days before your coronary angioplasty, we will carry out a pregnancy test when you come in to hospital.

Having a coronary angioplasty

Before your angioplasty

We will check your general health and fitness at the Woodlands pre-admission unit at Harefield Hospital.

At the clinic, you will have some blood tests and a test for MRSA (methicillin resistant staphylococcus aureus). MRSA is a common infection. If you have MRSA we need to treat it before your angioplasty.

After your health checks are complete, we will give you a date to come into hospital for your angioplasty. This is usually two to four weeks after your pre-admission clinic appointment.

If we need to delay your coronary angioplasty, for any reason, we will explain what happens next.

Preparing to come into hospital

Medication

A pharmacist in the pre-admission clinic will give you advice on your medication.

Please bring all your medication (including warfarin and metformin) with you to hospital.

On the day of your angioplasty, you should take all your other usual morning medication (except warfarin and metformin, see below).

If you have any questions about your medication, please ask your doctor, nurse or pharmacist.

Warfarin

You may need to stop taking warfarin before the treatment. Your doctor will discuss this with you.

The pharmacist in the pre-admission clinic will tell you when to stop taking warfarin.

Metformin

Please stop taking metformin 48 hours before your coronary angioplasty. You should start taking it again 48 hours afterwards.

Medication to reduce blood clots

Taking medication before your angioplasty can reduce the risk of blood clots.

You will need to take aspirin. You will also need to take clopidogrel, unless you are already taking clopidogrel, ticagrelor or prasugrel. The pharmacist or nurse will give you a prescription for clopidogrel in the pre-admission clinic.


You should start taking aspirin and clopidogrel one week before you come into hospital, and continue taking it for one month to one year after your angioplasty.

Your doctor or nurse will discuss your medication with you before you go home.

Eating and drinking

Your confirmation letter has instructions about eating and drinking before your angioplasty. Please follow the instructions.

You may drink water until it is time for your angioplasty. During your pre-admission



appointment, we will remind you when you can eat and drink.

Shaving

Please do not shave or remove hair from your chest, arms, legs or groin before coming into hospital. If needed, shaving will be done in hospital just before your coronary angioplasty.

Hygiene

It is extremely important that you have a thorough shower or bath the night before you come into hospital. Please pay special attention to washing under skin folds such as under the breasts, the groin and genital area. At the pre-admission clinic we will give you an antiseptic body wash to use the night before and the morning of your admission.

What to bring to hospital

Remember to bring:

- your completed hospital forms
- all your medication
- a dressing gown
- slippers that fit well and have a good grip
- something to read.

Appointment date

If you have any questions about your appointment date, or you need to change the

date, please contact the cardiac co-ordinator on **01895 828 963**.

Bed confirmation

Your admission letter will tell you to go to the Cherry Tree day case unit or the acute cardiac care unit (ACCU) for your angioplasty.

If you are going to the ACCU, please telephone the unit before you leave home to check a bed is available.

If you are going to the Cherry Tree day case unit, you do not

need to telephone to check a bed is available.

Arrangements for going home

You will need to arrange for someone to take you home after the treatment. This is

because you must not drive for a week after your coronary angioplasty.

Arriving at hospital

Please go to the main reception and ask for the admission office. An

admissions officer will process your paperwork and direct you to the ward.

On the ward

When you get to the ward, a nurse will show you your bed, where you will wait for your angioplasty.

female patients may be cared for in the same bay.

Male and female patients may share the same ward, but will have separate bays and bathrooms. There are exceptions. For example, in intensive care and high dependency areas male and

We try to keep waiting times to a minimum, but sometimes there are delays when other patients need to be seen in an emergency. We will keep you informed of any changes.

If you have any questions, please ask the ward manager or matron.



What happens during your angioplasty?

You will have your angioplasty in a cardiac catheterisation laboratory (cath lab). The angioplasty takes about one to two hours.

A local anaesthetic is injected in your wrist or groin, to numb the skin. Then a small cut is made, to insert a catheter.

If you feel anxious you can have a sedative. A sedative is a drug that calms you down.

Then the doctor inserts the catheter into the artery and pushes it gently towards the heart. The doctor watches the catheter on a TV monitor, using a low dose X-ray. This is called fluoroscopy.

When the catheter reaches your heart, the doctor injects a special dye into the arteries. The dye confirms the narrowed areas or blockages in your arteries on the X-ray.

When the dye is injected, you may have a hot flushing sensation for a few seconds. You may also feel an occasional missed or extra heartbeat, but you should not have any pain.

The doctor then inserts a different catheter, with a small inflatable balloon at the tip.

When the catheter reaches the narrowed area of the artery, the balloon is inflated and deflated. The balloon squashes the atheroma against the walls of the artery to widen the artery and improve the blood flow. The balloon is inflated and deflated several times.

Usually, the doctor puts a small expandable metal tube, called a stent, in the artery, to keep the artery open. The stent is mounted on a balloon and as the balloon is inflated the stent is pushed into the wall of your artery. The balloon is then deflated and removed, leaving the stent in place.

If you sometimes get angina, you may have chest pain during your angioplasty but it should not be worse than usual. If you have new pain or other symptoms, such as shortness of breath, please tell the doctor or nurse.

When your 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.

After your angioplasty

After your angioplasty, we will take you back to the ward. You will need to lie in bed for one to two hours, and you can have some food and drink when you feel ready.

If you have a TR band, the nurses will gradually remove the air, and then remove the

band, and apply a dressing.

Nurses will also monitor your pulse, blood pressure and use a heart monitor to check your heart rate and rhythm.

You will need to stay in hospital for at least four hours after your angioplasty.

Visiting times

If you are in the Cherry Tree day case unit, a family member or close friend can stay with you the whole time.

If you are in ACCU, you can

have visitors 3pm to 8pm each day.

We ask that you only have two visitors at a time on Cherry Tree and ACCU.



Going home

You will be able to go home on the same day of your angioplasty, or the next day.

Your admission letter will say if you need to stay in hospital overnight.

Before you go home, we will ask you to walk up and down

the ward several times to make sure that the wound in your wrist or groin has healed well enough.

If you go home on the same day as your angioplasty you will need to have someone to stay with you for the first night.

Medication

Before you go home, the ward nurse will give you a supply of clopidogrel (if you do not take ticagrelor or prasugrel). You will need to take clopidogrel for either a month or a year after your coronary angioplasty, depending on the type of stent

inserted. Your doctor or nurse will tell you how long to take the tablets. You will need to get more tablets from your GP.

We will also give you information on how to care for yourself after your angioplasty.

Cardiac rehabilitation

After your angioplasty you may see a member of the cardiac rehabilitation team. They will talk about your recovery and risk factors for heart disease.

You will also be invited to take part in a cardiac rehabilitation programme to help with your recovery. This may include

education and exercise sessions, at Harefield Hospital or your local cardiac rehabilitation centre.

If you do not see a member of the team before you go home, we will give you an information pack about the cardiac rehabilitation programme.

Getting back to normal

We will give you a leaflet called 'After your angiogram or angioplasty' that gives more information about your recovery.

Work

It is normal to have one week off work after your angioplasty. Please discuss this with your doctor or nurse.

Exercise

For a week after your angioplasty, walking is the only exercise you should take.

Start by walking short distances and gradually build up. Rest after walking and avoid heavy lifting. This allows

the wound in your wrist or groin to heal.

You should be back to normal by the end of the week. If you have any questions about exercise, please ask your doctor or nurse.


Hygiene and wound care

You will have a dressing on your wound when you go home. You can take the dressing off the next day.

You may have some bruising and a little tenderness around the wound. Remember to keep the area clean and dry. It is ok to have a shower, but do not have a bath for 24 hours after your angioplasty.

If you have any questions when you are at home, please contact the Cherry Tree day case unit or ACCU. The contact details are at the end of this leaflet.

If you feel you need treatment urgently, please contact your GP, or go to the nearest accident and emergency (A&E) department.



Please remember that Harefield Hospital does not have an accident and emergency (A&E) department.

Driving

You must not drive for one week after your angioplasty. This is a DVLA regulation.

If you hold a bus, coach or lorry licence you must tell the DVLA about your angioplasty. This is a DVLA regulation.

You can find more information on the DVLA website:

www.gov.uk/angioplasty-and-driving.

Follow-up

You will have a follow-up appointment in the nurse-led clinic at Harefield or at your local hospital. We will tell you

the approximate timing for the appointment before you leave hospital. You will get a letter with the date and time.

Useful contacts

ACCU	01895 828 667 or 01895 828 648 (24 hours)
Woodlands pre-admission unit	01895 828 827 Monday to Friday, 8am-4pm
Woodlands answer machine	01895 828 729 (24 hours)
Cherry Tree day case unit	01895 828 658 Monday to Friday, 7.15am-8pm
Cardiac rehabilitation nurses	01895 828 944 Monday to Friday, 8am-4pm

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 PALS on 01895 826 572 or email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
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textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 01895 823 737
textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

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 tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

