



A lifetime of specialist care

Royal Brompton & Harefield 
NHS Foundation Trust

Royal Brompton Hospital

Your coronary angioplasty





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This leaflet gives general information about 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?

A 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

A 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 treatment 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 medication.

The 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 1,000 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 (how your kidneys work), 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.

Fewer than 1 in 1,000 people (<0.1%) 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 get worse 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 pre-assessment nurse specialists on **020 7349 7753**.

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 into hospital.

Before your coronary angioplasty

You may have a pre-assessment appointment before your angioplasty. A nurse specialist will check your health, and do blood tests and MRSA swabs. MRSA is a common infection. If you have MRSA we need to treat it before your angioplasty.

If you do not have a pre-assessment appointment, you will have the health checks when you come into hospital.

If you have any questions, please ask your nurse or call the pre-assessment nurse specialists on **020 7349 7753**.

Preparing to come into hospital

Medication

The nurse at your pre-assessment 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 usual morning medication (except warfarin and metformin, see below).

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

Warfarin

You may need to stop taking warfarin before your coronary angioplasty. Please talk to the pre-assessment nurse specialists for advice, on **020 7349 7753**.

Metformin

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

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.

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. At your pre-assessment appointment, your nurse will remind you when you can eat and drink.

If you do not have a pre-assessment appointment and have questions about eating and drinking, please call the pre-assessment nurse specialists on **020 7349 7753**.



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 bookings team on **020 7352 8121, bleep 1195.**

Bed confirmation

Most angioplasty patients are admitted to either York Ward or Paul Wood Ward.

The day before you come into hospital, please call the

cardiology bed manager to confirm your bed. If you are coming into hospital on a Monday, or over the weekend, please call on Friday afternoon.

Arrangements for going home

You will need to arrange for someone to take you home after your angioplasty, as you will not be able to drive for the first 48 hours.

Arriving at hospital

When you get to hospital, please go to the 5th floor, Sydney Street and report to the nurses' station on your allocated ward.

On the ward

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

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

female patients may be cared for in the same bay.

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 shows 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 (pain in the heart), you may have chest pain during your angioplasty, but it should be no 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 up to four hours. You can have 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 your heart rate and rhythm.

You will probably stay in hospital overnight and go home the next day.

Visiting times

Visiting times are 10am–1pm, and 2pm–8pm, on York Ward and Paul Wood Ward. We ask that you only have two visitors at a time.



Going home after your angioplasty

You will probably stay in hospital overnight and go home the next day. 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.

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 do.

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 pre-assessment nurse specialists. 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 Royal Brompton Hospital does not have an 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 about six weeks after your angioplasty. This will either be at Royal Brompton Hospital or at your local hospital.

Useful contacts

York Ward

020 7351 8592
(24 hours)

Paul Wood Ward

020 7351 8598
(24 hours)

Pre-assessment nurse specialists

020 7349 7753
(Monday–Friday, 10am–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 the Patient Advice and Liaison Service (PALS) on 020 7349 7715 or email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
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 tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

