



PREPARING FOR YOUR ANGIOPLASTY

What is Angioplasty?

Angioplasty is also referred to as “**PCI**”: Percutaneous (through the skin) Coronary (heart) Intervention (making a change inside the coronary artery). The procedure involves unblocking your narrowed coronary artery(ies) by inserting a small balloon into the artery and inflating the balloon at the narrowed or blocked site. The balloon presses and stretches the blockage along the sides of the artery to allow the blood to flow more freely.

How is Angioplasty performed?

Angioplasty is performed in a similar way to coronary angiography. A small incision or cut is made in either the groin or the wrist and the balloon equipment is inserted all the way up to the heart.

Will I have any pain during the procedure?

When the cardiologist expands the balloon, you may experience some angina symptoms. This is due to the inflated balloon temporarily blocking blood flow down the artery. The angina may come and go as the balloon is inflated and deflated. Your doctor will warn you that you may experience some angina in the procedure.

What are stents?

Stents are metal coils or tubes that are used to try to improve the results of your angioplasty. A stent is usually delivered to the narrowed site in the artery on an angioplasty balloon. As the balloon inflates, the stent is enlarged and presses against the sides of the artery. The stent is left behind to hold the walls of the artery open. You will not feel the stent being expanded or be aware of it after the procedure.

Radial Artery (Wrist) Angioplasty

You may be a candidate for angioplasty via the radial artery in your wrist rather than the groin. You will have to have a simple circulation test called the Allen’s test which will tell the doctor whether you have one or two open blood vessels in

your wrist. You will need two open blood vessels in your wrist for radial artery angioplasty. The major advantage of radial artery angioplasty is that you can sit up right after the procedure and will avoid a long period of bed rest.

What happens after the procedure is finished?

You will proceed to the recovery area on 9 East at Rouge Valley Centenary. The cath lab nurse will give a report to the nursing staff in the recovery area. You will be asked if you are having symptoms such as chest pain or shortness of breath. It is very important that you tell the nurses if you are having these symptoms.

The nurses will:

1. Check the puncture site regularly for bleeding and bruising
2. Take blood samples 6 hours after the procedure and again early the next morning before you go home
3. Perform an electrocardiogram (ECG)
4. Check your vital signs (heart rate and blood pressure) regularly
5. Put you on a telemetry monitor until the next morning
6. Check your intravenous (IV) lines to make sure they are running properly and that you are getting the correct dose of your medications

Bed Rest and Sheath Removal:

A. Femoral (Groin) Angioplasty: You must not sit up for several hours. There is a risk of bleeding and bruising if you walk too early after angioplasty since angioplasty involves the puncture of a major artery. As well, you have had sedation and the nurses will want to be sure you are no longer groggy when you get out of bed.

Sheath Care: The doctor will leave the sheath in place with a small stitch for about 4-6 hours. This allows time for the blood-thinning drugs to wear off to reduce the chances of bleeding or bruising and also provides access for the doctor if a repeat angioplasty needs to be performed quickly. You will not be able to bend your leg even for a moment because the sheath will bend and cut off the blood supply to your leg. Once your sheath has been removed, you must stay in bed lying flat for a further 5 hours. The nurse may apply a clamp to your groin or a sandbag.

B. Radial (Wrist) Angioplasty: Your sheath will be removed immediately and replaced with a small clamp or tight bandage to prevent bleeding. When this has been applied, you may sit up in bed. The band will be loosened in 1 hour and removed in about 2 hours. You will be on bedrest for 2 hours.

What about a closure device?

Your doctor may choose to use a closure device if you suffer from back problems that would make prolonged bed rest difficult. These devices can cut in half the

amount of time you need to lie in bed. After your arrive in the recovery area, you won't be allowed out of bed right away. You may be able to sit up in bed after lying flat for 1 hour. You may be allowed to get up and walk about 2 hours after your angioplasty.

Will there be any medication restrictions before Angioplasty?

Please continue to take all medications as usual with these exceptions:

- Stop Coumadin 4 days prior to procedure.
- Stop Metformin (glucophage) 48 hours prior to procedure.
- Do **not** take oral diabetic medications on the morning of your procedure.
- Give **one-half** of your usual morning Insulin dose the morning of your procedure.

*Take ASA (aspirin) and Plavix (clopidogrel) as prescribed with a sip of water

What tests will I need before my angioplasty?

Some blood tests, a chest X-ray and an ECG may be performed.

How much time will I need to take off of work?

This will depend on how physically demanding your work is. For example, if your work involves heavy exercise or lifting/pulling, you will need at least 10 days off especially if you are having angioplasty via your groin. It takes about 7-10 days for your artery puncture site to heal. If your work is fairly non-strenuous, you may return to work as early as the next day.

What is the "consent"?

You will be asked to sign a consent form for your angioplasty procedure on the day of the procedure or in the pre-admission clinic. Being provided with the information necessary to give an informed consent is a very important part of your angioplasty experience but may at times cause further anxiety or be misunderstood. Your cardiologist will provide you with the information you need to make a decision. It is very important that you read the information package and consent form and understand what you are signing. Take time to read it through before you sign. If you are worried about any part of the procedure or feel you need further explanation, please ask your cardiologist. Once you have signed the consent form, it is assumed that you understand the information given to you and the potential risks involved. However, if you have any further questions, please make sure to ask.

What about my family and friends?

Your family and/or friends may stay with you before your angioplasty. This often helps to calm you and provide support to you as you await your procedure. Family and friends may not accompany you to the cath lab and will be directed to a special waiting area during the procedure. If they do not wish to remain in the waiting area, suggest to them that they leave information with the nursing staff as to how they might be contacted. They are expected to remain in the hospital while you have your procedure.

Questions you may ask your cardiologist.....

Is my risk for stroke or heart attack increased during the procedure?

Do you intend to use a stent and if so, how many?

Will I be able to reduce my medications after the angioplasty?

What are the chances of my stent blocking in the future?

Will I feel any pain during the procedure?

Notes:

Please call the Angioplasty Coordinator at 416-284-8131 x 5139 with any questions or concerns.

References:

So You're Having an Angioplasty. Steven Fort, MD & Victoria Foulger, RN. Script Medical Press, Inc. 2001.

A Patient's Guide to Coronary and Peripheral Artery Disease. Guidant Canada, 2000.

Understanding Coronary Artery Disease and Your Stent: A Guide for Patients. Cordis Corporation, 1998.