



Rouge Valley Health System Coronary Angioplasty Information

Your physician has recommended coronary angioplasty as treatment for your coronary artery disease. This, and the rest of the patient information package that has been given to you, will provide you with some of the information that you should know before making a decision about having angioplasty. It is not intended to replace consultation with your cardiologist, but to add to it. Your cardiologist who does angioplasty at the Hospital, will be talking to you about your particular situation and explaining how this information might apply to you. Your cardiologist understands that you may have questions as a result of reading this and wants you to be sure to ask them when you see him.

As you may know from discussions with your physician, for some patients, medication or surgery are alternative treatments to coronary angioplasty. Your cardiologist will discuss the options that apply to you.

Angioplasty is a procedure in which a small balloon is used to open the narrowed or blocked arteries in your heart. This procedure will likely also involve implanting a small steel device call a "stent" to keep the artery open. The balloon will be removed at the end of the procedure. The stent, however, becomes part of the artery wall. You may have some chest pain while the balloon is inflated, but this is usually mild and brief in duration. You will have to rest in bed for several hours after the procedure and be discharged home the following day.

The likelihood of successful outcome is greater than 95%. Complications such as significant bruising, bleeding or damage to the artery used to insert the catheters occurs less than 5% of the time. Stroke or heart attack can occur after coronary angioplasty, but less often than 1 in 400 cases. A blood clot may form on the stent causing a blockage but this occurs in less than 1% of people. Death occurs in less than 1 in a thousand cases.

When a coronary artery is opened with a balloon (dilated) it can become more blocked. The use of stents has dramatically reduced the frequency of this outcome to less than 1 in 150 cases. If a severe blockage occurs during the procedure and cannot be resolved with a stent, urgent cardiac surgery maybe required to reestablish blood supply to the heart and prevent heart damage. A recent review indicated that urgent bypass (required in less than 2 hours) was needed in approximately 1 in 1000 cases.

Rouge Valley Centenary does not have on-site cardiac surgery. In the event that urgent bypass surgery is needed, you would be transferred to a cardiac surgical center by ambulance with your cardiologist. A device (intra-aortic balloon pump) would support the blood supply to the heart during this transfer.

If you are going to have angioplasty, you may have to consider whether you want to have the procedure done at Rouge Valley Centenary or at a Hospital that provides cardiac surgery as well as angioplasty. Patients with more complex coronary disease will be referred by their cardiologist to a center with on-site cardiac surgery. Depending upon your condition, you will have to consider the risks associated with choosing an option that might result in delay in having your procedure. Your cardiologist will review these options with you. For those patients who elect to have angioplasty at Rouge Valley Health System, arrangements have been made with Hospitals that have cardiac surgery, and with the ambulance service, to transport patients as quickly as possible where the need arises.

Your relevant medical information including parts of your health record and tests would also be sent to surgical center with you.

I have read this information, have discussed it with my cardiologist and had any questions answered. I understand that my treatment options include having angioplasty at a center with on-site surgery.

Patient signature

Date

Witness signature

Witness name