
Coronary Angioplasty

The following information should be read by patients prior to a Coronary Angioplasty.

An angioplasty can be referred to as a 'balloon dilation' procedure. A small balloon tipped catheter is inflated inside a coronary artery where there is a blockage or narrowed section. The balloon catheter is deflated and then removed, after which blood flow in the coronary artery is improved.

A stent can be used in combination with an angioplasty. The stent is a small tubular shaped stainless steel wire cage, that ranges in size from 2-5mm in diameter to 8-33mm in length. The size used depends on your particular coronary artery size and narrowing. The stent remains permanently in the artery, preventing the blockage or narrowing from recurring.

Angioplasty with or without stent insertion is similar to an angiogram, but takes longer to perform. You will need to stay in hospital for 24 hours following the angioplasty.

Preparation for the Procedure:

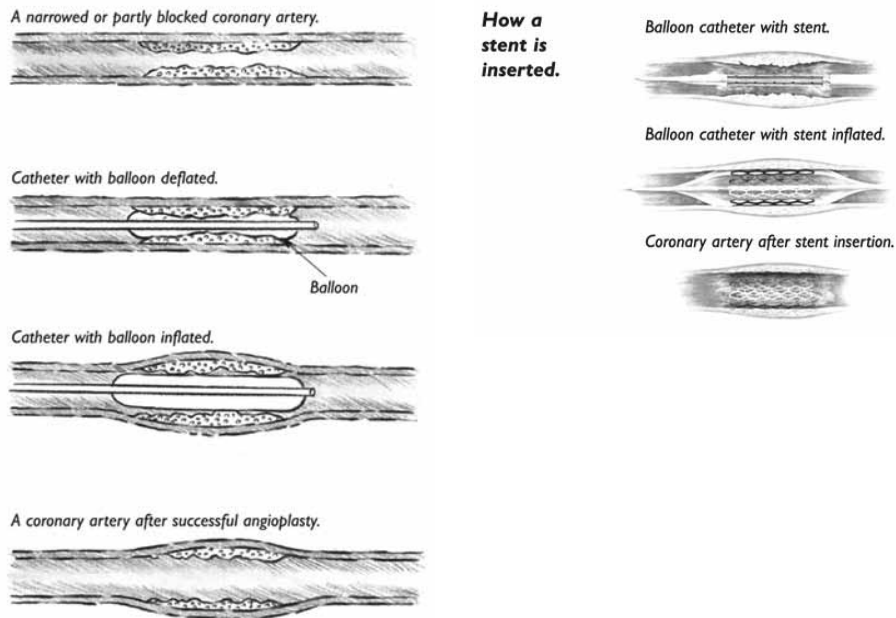
- Prior to the angioplasty you will be asked to sign a consent form.
- Fast for 6 hours before the procedure but keep drinking water.
- Take all medications including your aspirin as instructed by your cardiologist.
- Bring all your medications into hospital with you.
- You will need to have a shower before the procedure and change into a gown (which opens at the back).
- An intravenous cannula (IV) will be inserted, usually in your left arm.
- The hair at the operation site (groin or arm) will be removed by electric clippers.
- You do not need to remove glasses, hearing aids or dentures.
- If required, a sedative will be given to you before and/or during your procedure.
- It will help you to relax, but shouldn't make you sleepy.
- You should go to the toilet before your procedure.

The Procedure

The catheter laboratory is similar to a theatre. You will be helped on to a narrow table and connected to an ECG machine to monitor your heart rhythm. Your blood pressure will be checked frequently.

- The catheter laboratory is similar to an operating theatre. You will be helped onto a narrow table and connected to an ECG machine to monitor your heart rhythm. Your blood pressure will be checked frequently.
- The operation site will be cleaned with iodine and covered with sterile sheets.
- The first part of the procedure is an angiogram.
- The site will then be numbed with local anaesthetic and catheters will be inserted through a plastic sheath into the arm or leg artery. The catheter's progress is observed with an x-ray machine.
- Once the catheter is in place, dye is injected through it and the x-ray pictures are taken.
- Try to remain as still as possible throughout the procedure and follow the cardiologist's instructions. You may experience any of the following symptoms as the dye is injected: nausea, palpitations, chest pain, hot flushes or a desire to pass water. These feelings should subside quickly, but if they persist, please tell the cardiologist.
- The angioplasty begins when a balloon tipped catheter is inserted. The Cardiologist will align the balloon tipped catheter with the narrowed or blocked artery and will inflate and deflate the balloon several times. The inflated balloon pushes the fatty deposits against the wall of the artery, causing it to dilate. This allows for better blood flow to the heart muscle.

- When the balloon is inflated, you may experience chest pain similar to your angina. The pain should subside when the balloon is deflated, but let your Cardiologist know if the pain continues.
- If a stent is to be used, another balloon tipped catheter with the stent loaded onto it is used. A medication called Heparin will be given to you through the intravenous canula. Another medication called Reopro may also be given via the IV but your cardiologist will decide if this is required.
- The balloon tipped catheters are removed after the angioplasty, any stent used remains in place permanently, and the plastic introducer sheath in the arm or leg will be left in place for approximately 4-6 hours.



After the Procedure:

When the angioplasty is finished you will be transferred to the Coronary Care Unit.

- Because the sheath remains in place for approximately 6 hours, you will need to remain resting in bed on your back or side.
- The nurse will help you reposition yourself in bed.
- The head of the bed can only be raised up to 30 degrees.
- After the procedure you can eat and will be encouraged to drink at least 1 glass of water every hour to help flush out the dye.
- You will also have fluids through the IV and a second IV may be inserted if Reopro is used.
- You will be connected to an ECG monitor and your pulse, blood pressure, hand or foot pulses and puncture site will be checked frequently.
- Two or more ECGs will be obtained after your angioplasty.

Please report the following immediately:

- chest pain
 - difficulty breathing
 - palpitations
 - fresh bleeding from the puncture site
 - numbness, swelling or pain at the puncture site
 - feeling unwell
- The sheath will be removed when the blood clotting time has reached the required level. Pressure will be applied to the puncture site with a clamp for at least 30 minutes.
 - When the bleeding stops, a plastic dressing will be applied.
 - You must remain resting in bed for 8-12 hours after the sheath has been removed, depending on your Cardiologist's instructions and you will need to keep your leg straight for this time.
 - The morning after your angioplasty you will have an ECG and blood tests will be done.
 - You will be reviewed by a doctor and your discharge will be discussed with your cardiologist. Your medications and any changes made will be discussed with you prior to your discharge.

- **Almost always your treatment will include both aspirin and another blood clot preventer, clopidogrel (Plavix or Iscover), and you should not stop these without discussing with your cardiologist.**
- A cardiac rehabilitation program will help most patients reduce their risk for further coronary artery disease. Please ask the nursing staff or phone (08)9389-9655 for further information regarding the cardiac rehabilitation program offered at Hollywood Private Hospital.

Discharge Instructions:

- Plan to have someone drive you home the day after your angioplasty.
- For 48 hours after your angioplasty you must not drive a car and you should avoid strenuous activity and heavy lifting.
- Remove the plastic dressing / bandaid after 24 hours and keep the site clean and dry.

Watch for the following:

- increased swelling, or redness around the wound
- excessive bleeding (if bleeding occurs, apply firm pressure, rest quietly and call for help)
- a change in sensation or feeling in your leg
- a hard 'lump' forming at the puncture site feeling unwell
- Bruising will occur and will probably extend right down to your knee. It will go dark purple then fade to yellow.
- Please contact your GP, Cardiologist or Hollywood Private Hospital should any of the above problems occur.
- If you have an Angioseal device to close the puncture site in the blood vessel, carry your Angioseal Information Card with you for 90 days after the procedure and follow the instructions on the card.
- Returning to work and resumption of regular physical activity should be discussed with your cardiologist.

Please contact Hollywood Private Hospital coronary care unit on **(08) 9346-6021**, if you have any further questions or concerns.