

## BALLOON ANGIOPLASTY AND STENTING

Dr Matley & Partners: Patient Information

### WHAT IS THE PROBLEM?

The main artery, which carries blood down your leg, is blocked. The calf, foot and toes are starved of blood. This causes pain on walking. If you have pain at rest or non-healing wounds or gangrene this may be a sign of danger to the survival of your leg. We hope to open the blocked part of the artery with a balloon/stent so that blood flows properly again.

### WHAT DOES THE OPERATION CONSIST OF?

A needle is introduced into the main artery of the affected leg in the groin. A guidewire is passed up or down the artery and through the blocked part. A balloon is then introduced over the wire, through the blockage, and blown up to open up the artery. It is then removed. The blood will now flow on down the leg towards the toes. Occasionally it is necessary to introduce a metal stent to support the artery. This is then left in permanently.

### RECEPTION

When registering at reception your medical aid details will be required. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

### WELCOME TO THE WARD

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct.

Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

The operation is usually done under local anaesthesia. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

### DIET

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

### SHAVING

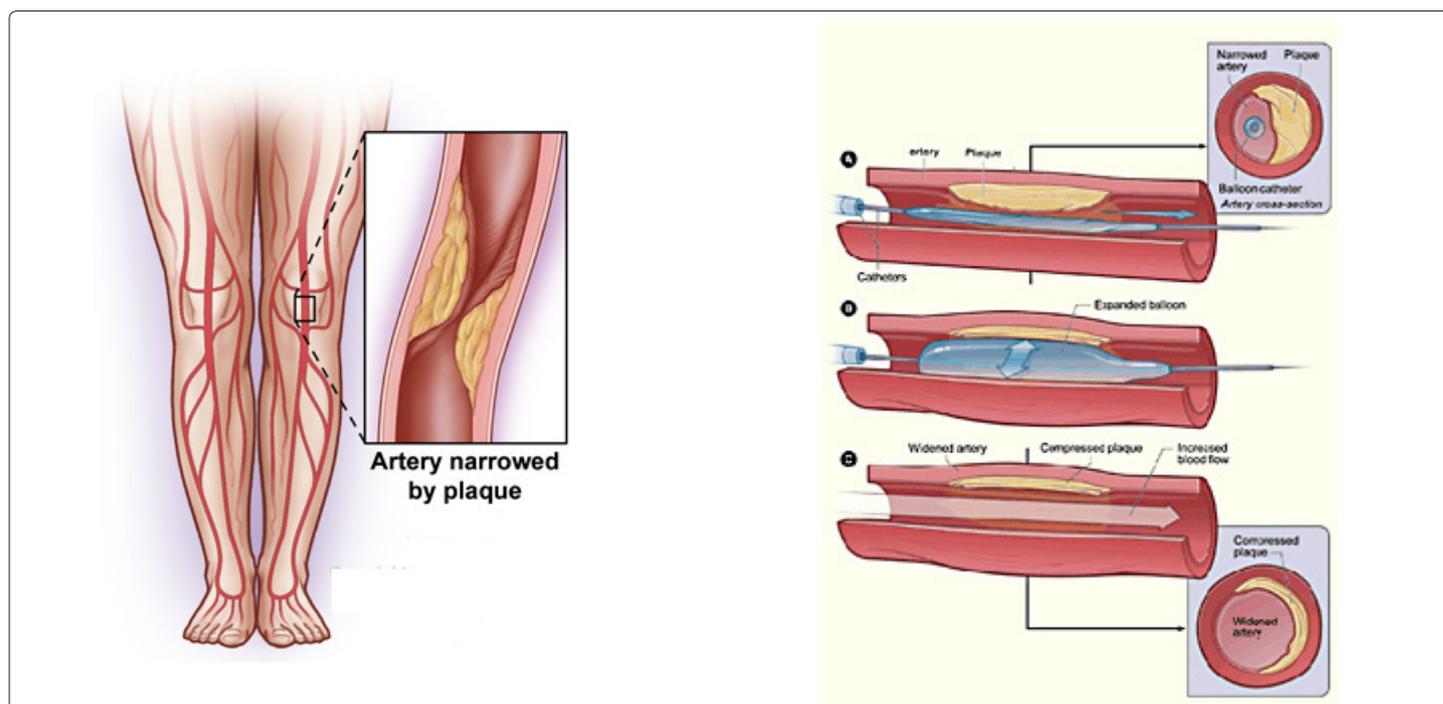
The operation area will be shaved to remove excess hair.

### TIMING OF THE OPERATION

The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

### TRANSFER TO THEATRE

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

your details on the way to the operating theatre where your anaesthetic will begin.

### COMING ROUND AFTER THE ANAESTHETIC

If you have had an anaesthetic you will be conscious a minute or two after the operation ends. You are, however, unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past. You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally. Occasionally a tube (catheter) is put into your bladder to drain urine until you are more mobile. If you have only had a local anaesthetic or epidural injection in your back you may still not remember much because of sedatives

### WILL IT HURT?

There is discomfort on moving rather than severe pain. You will be given injections of tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed the day after operation. You will not do the wound any harm, and the exercise is very helpful for you.

### THE WOUND

There will be a pressure dressing over the puncture site in the groin which is removed after 6-12 hours.

### DRINKING AND EATING.

You should be able to eat and drink after your operation as you feel like.

### PASSING URINE

If there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. The catheter is taken out the morning after the operation. You must pass urine after the catheter is taken out. If you can't, ask the nurses for advice. If you have not had a catheter it is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

### SLEEPING

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

### HOW LONG IN HOSPITAL?

Usually you will feel fit enough to leave hospital the next day.

### SICK NOTES

Please ask your surgeon for any sick notes or certificates that you may require.

### AFTER YOU LEAVE HOSPITAL

You may have some discomfort in the groin. You are encouraged to be mobile. Please discuss resumption

of vigorous physical activity like gym/running with your surgeon.

### DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound.

### COMPLICATIONS

There are potential complications associated with every procedure. The overall risk of the procedure is extremely low. The potential risks can be divided into the following categories:

At the puncture site

- Some bruising is common after an artery puncture.
- Very rarely significant bleeding from the artery or blockage of the artery can occur which may require a small operation. The risk of requiring an operation is less than 1%

Related to the contrast

- Some patients experience an allergic reaction to the X-ray contrast. In most cases this is minor but very rarely (1 in 3000) a reaction may be severe and require urgent treatment with medicines.
- The x-ray contrast can, in some patients, affect the kidney function. If you are likely to be at risk of this, special precautions will be taken to reduce the chances of this problem occurring. If you are a diabetic on Metformin tablets, you should not take this on the day of the procedure and for 48 hours after the procedure.

Related to the treatment

- Vessel blockage can occur after angioplasty of a narrowed artery. It can sometimes be treated with a stent.
- Vessel rupture following angioplasty occurs infrequently. This can sometimes be treated in theatre by putting a stent with a covering around it (stent-graft) into the artery to seal the tear. If this is not possible, an urgent operation may be required to repair the artery.
- Small fragments from the lining of the artery can occasionally break off and lodge in an artery below the angioplasty site (distal embolisation). This may also require an operation to 'fish out' the fragment if it is causing a problem with the blood flow.

The overall risk of requiring an operation is low (1-2%)

You MUST not smoke as this will make re-blockage of the artery almost certain.

