

Coronary Angioplasty +/- Stent

What is it?

Coronary angioplasty is a surgical procedure where a small balloon tipped catheter is inserted and inflated to open a coronary artery at the point of narrowing or blockage. The balloon catheter is deflated and then removed, after which blood flow in the coronary artery is improved. The procedure may or may not include the insertion of a 'stent'.

A stent is a small tubular shaped stainless steel wire cage, which is inserted into the artery to hold it open and allow blood flow.

There are two types of stents, the plain metal variety and the drug release (drug eluting) type which disperses medication while in place to assist in dilating the artery.

The stent remains permanently in the artery therefore preventing the blockage or narrowing from reoccurring.

Angiogram and angioplasty / stents are often performed as part of the same procedure.

Preparation

You will need to fast for 6 hours prior to the procedure. Take all of your usual medications unless instructed otherwise by your cardiologist.

Angioplasty +/- stent patients will require an overnight stay and, if all is well, usually will be discharged by your cardiologist the following day.

Procedure

Coronary angioplasty is done in special laboratories or 'cath-labs' that look like operating theatres.

You will be asked to lie on a narrow table which will be moved from side to side during the test.

You may have an intravenous line inserted to enable medicines to be given during the test.

Local anaesthetic will be injected into wherever the catheter is to be introduced, e.g. your groin, wrist or arm.

The catheter will be moved through the main blood vessel of your body, the aorta, to the coronary arteries on your heart.

When the catheter is in place a small amount of X-ray contrast dye will be injected into it. X-rays will be taken as the dye moves through your coronary arteries.

Different catheters are needed to study the various arteries so one will be removed and the next introduced.

Some people experience nausea or chest discomfort when the dye is injected but this does not last long.

When angioplasty +/- stent(s) is performed a tiny balloon is inserted via the catheter into the narrowed artery, stretching and widening the artery to improve blood flow.

If the blockage reoccurs when the balloon is deflated or your cardiologist thinks the blockage may return, one or more stents are inserted.

When the procedure(s) is completed the catheter will be removed and pressure applied to the insertion site.

You will be transferred to the ward or recovery area.

The X-ray dye passes through your kidneys and is excreted in your urine.

If you need any further information please phone (08) 8297 6888 or visit our website at

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What to bring on the day

- Medicare card
- Any concession or private health fund cards
- All your current medications in their original packaging

For overnight stays please also bring:

- Night attire, including dressing gown and slippers (non-slip)
- Toiletries

Results

Your doctor will inform you of the results at the end of the procedure.

Following discharge

It is important to talk to your cardiologist regarding his own instructions for dressing removal and wound care. Once the dressing(s) has been removed it requires little care. Keep clean and dry, avoid using powder. Check daily for signs of infection and report any possible signs of infection to your cardiologist promptly.

Please discuss any possible driving restrictions and medication changes with your cardiologist.

If you live in a regional centre, you may be advised to stay locally for a few days after the procedure.

Risks

As with any medical procedure there are some risks involved but serious problems are rare. Most people have no trouble and the benefits usually far outweigh the risks. Every effort is made to minimize your risk but should complications occur emergency equipment is readily available to help deal with them.

Exact risks vary from patient to patient and can include:

Haematoma (bruising & swelling)

It is usual to have bruising and tenderness where the catheter was inserted for a few days.

Very rarely, significant internal bleeding can occur - your doctors will be prepared to deal with this risk.

Infection

Infection is rare and usually occurs in the area of skin overlying the catheter insertion sites. If an infection should occur it will be treated with the appropriate antibiotic.

Allergic reaction to dye

A dye, or 'contrast', is used to enable the coronary arteries to be seen on X-ray. Reaction to this contrast is usually minor and can result in hives but on rare occasions it can lead to shock (a dramatic fall in blood pressure). If you have had no previous reaction with the use of contrast then the risk is extremely low. Please inform your cardiologist if you have had a previous reaction to any contrast mediums.

Acute closure or rupture of coronary artery

Rarely, coronary angioplasty can cause the artery to become completely blocked or rupture. Should this happen an emergency coronary artery bypass operation would be performed.

Heart attack

Occasionally patients can have a heart attack during this procedure. Your cardiologist will be prepared to deal with this risk.

If you have any questions or concerns about the risks involved with this type of procedure please discuss them with your cardiologist.

A follow up appointment will be made with your cardiologist usually within a week or two and you will be discharged with the appropriate medications.

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