

Q. What is the benefit of having angioplasty?

A. Angioplasty can open your blocked artery, restore blood flow to your tissues, and relieve your symptoms without the need for surgery.

Q. What is an interventional radiologist?

A. Interventional radiologists are doctors who specialize in minimally invasive, targeted treatments performed using guided imaging. They use their expertise in reading x-rays, ultrasound, MRI, and other diagnostic imaging equipment to guide tiny instruments, such as catheters, through blood vessels or through the skin to treat diseases without surgery. Interventional radiologists are board certified radiologists that are fellowship trained in nonsurgical interventions using guided imaging. Their specialized training is certified by the American Board of Medical Specialties. Your interventional radiologist will work closely with your primary care or other physician to be sure you receive the best possible care.

You or a member of your family has been referred to an interventional radiologist for angioplasty. This brochure will answer some of the questions you may have about how and why angioplasty is performed.

For more information on interventional radiology, please contact the Society of Interventional Radiology at 1-800-488-7284 or visit our Web site at www.SIRweb.org

INTERVENTIONAL RADIOLOGY Angioplasty



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Questions and Answers about Angioplasty

Q. What is an angioplasty?

A. Angioplasty is a medical procedure that opens up blocked or narrowed blood vessels without surgery. An interventional radiologist, a doctor specially trained in minimally invasive targeted treatments, performs this procedure. During the angioplasty, the interventional radiologist inserts a very small balloon attached to a thin tube (a catheter) into a blood vessel through a very small incision in the skin, about the size of a pencil tip. The catheter is threaded under X-ray guidance to the site of the blocked artery. When the balloon is in the area of the blockage, it is inflated to open the artery, improving blood flow through the area.

Q. Why do I need angioplasty?

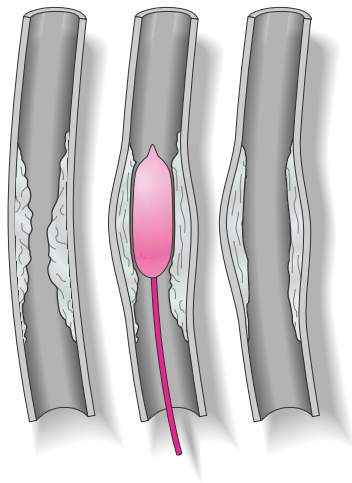
A. The most common reason for angioplasty is to relieve a blockage of an artery caused by atherosclerosis (hardening of the arteries). Atherosclerosis is a gradual process in which cholesterol and scar tissue build up inside the artery, forming a substance called “plaque” that clogs the artery.

Arteries are like tubes; they carry blood and oxygen to the tissue in your body. When an artery becomes narrowed or blocked, the tissue supplied by that artery does not get enough oxygen.

The symptoms you feel depend on which artery is blocked. For example, a blocked artery in the legs may cause pain when you walk or even when you are resting in bed. A blocked artery to a kidney may cause high blood pressure.

Some blockages are best treated with surgery, while others are best treated with angioplasty.

A member of the interventional radiology team — the doctor, nurse, or technologist — will talk with you about the procedure in detail and answer any questions you have. The angioplasty procedure usually takes one to two hours to complete. In some cases, it may take longer.



Q. What is an angioplasty like? Will it hurt?

A. If you have not had an angiogram (an X-ray examination of your arteries), the interventional radiologist will perform that procedure before proceeding with your angioplasty.

An angioplasty has three major steps: placement of the angioplasty catheter into the blocked artery, inflation of the balloon to open the blocked artery, and removal of the catheter. Local anesthetic is used so that you will only feel some pressure during the procedure.

Q. How do I prepare for my angioplasty?

A. If you are already a patient in the hospital, your nurses and doctors will give you instructions on how to prepare for your angioplasty.

If you are being admitted to the hospital on the morning of your angioplasty, or if you are having your procedure done as an outpatient, follow these instructions, unless your doctor specifies otherwise:

- **Eating.** Do not eat any solid food after midnight on the night before your procedure. You may drink clear fluids.

- **Medication.** Most people can continue to take their prescribed medicines. If you are a diabetic and take insulin, ask your doctor about modifying your insulin dose for the day of your procedure. If you are taking the oral anti-diabetic medicine glucophage (Metformin), you will need to discontinue use for up to 48 hours prior to the procedure and 48 hours following the procedure. Consult with your doctor about blood sugar control during this period. If you take a blood thinner such as Coumadin, you must tell your doctor so that it can be stopped. Bring all your medications with you.
- **Allergies.** If you are allergic to contrast (X-ray dye) or iodine, let your doctor know as soon as possible. If possible, let the interventional radiologist know about your allergy a few days before your angioplasty procedure. Your doctors can then plan to take special precautions during the procedure or prescribe special medications prior to the procedure.
- **Smoking.** Do not smoke for at least 24 hours before your angioplasty.

Blood tests are usually done the day before the angioplasty. Before your procedure, you will dress in a hospital gown and an intravenous (IV) line will be placed in one of your veins. You may need to remove your jewelry and any dentures or partials. The IV will be used to give you fluids and medicines during the procedure and will stay in place until after your angioplasty is completed.

Q. What happens after my angioplasty?

Can I go home?

A. In most cases, you will stay in the hospital after the angioplasty is completed. You will return to your hospital room, and the nursing staff will let you know when you can eat and how long you need to stay in bed.

If you are returning home on the day of your angioplasty, you will stay in the hospital for four to six hours after the angioplasty is completed. After this observation period, you will be allowed to go home. Have someone drive you home after your procedure. You should not drive home yourself.

After you go home:

- DO resume taking routine medicine except for glucophage.
 - DO relax and take it easy for 24 hours.
 - DO drink plenty of fluids.
 - DO resume your regular diet.
 - DO keep a bandage on the catheter insertion site for a day. Put on a dry, clean bandage after bathing.
 - DO NOT drive or run machinery for at least 24 hours.
 - DO NOT do any strenuous exercise or lifting for at least two days.
 - DO NOT take a hot bath or shower for at least 12 hours.
 - DO NOT smoke for at least 24 hours.
- Call your doctor immediately if:**
- you start to bleed where the catheter was inserted. If you start to bleed, lie down flat and apply pressure on the bleeding area. Your doctor will tell you if you need to return to the hospital.
 - there is any change in the color or temperature of the area where the catheter was inserted.
 - there is a numbness, coolness, or a change in color of the arm or leg where the catheter was inserted.
 - there is pain in the area where the angioplasty balloon was inflated.

Q. What are the risks of having angioplasty?

A. With modern techniques, angioplasty is safer than surgery, and complications are infrequent. However, because the procedure involves stretching one of your arteries, and includes the use of catheters and contrast injection, there is some risk.

Placing a catheter in your artery can damage the artery and may result in bleeding. Even when the artery has not been damaged, you may have a bruise or a small lump where the catheter was inserted. The bruise or lump may be sore, but will go away in a few days to a week.

Because everyone is different, there may be risks associated with your angioplasty that are not mentioned here. The exact risks of your angioplasty will be discussed with you in more detail by a member of the interventional radiology team before your procedure begins.