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# Having a Vascular Angiogram or Balloon Angioplasty

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you still remain concerned please contact our Complaints Manager on 01932 722612 or email [complaints@asph.nhs.uk](mailto:complaints@asph.nhs.uk).

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Keep checking your groin hourly until bedtime and then three times a day for the next 2 days. Your groin should feel soft and there should be no bleeding from the puncture site. The bruising may spread down to your knees and up to your tummy. This is normal; however, the bruising should remain soft and the colour start to fade. If the bruise remains dark, is hard when touched, enlarging, or the skin shiny, please call the Interventional Suite on **01932-723470**, weekdays 09.00 – 17.00 hours, or, if out of hours, please come into the Accident and Emergency Department at St. Peter's Hospital.

If you are concerned that the groin puncture site is bleeding, lie down and firmly press the area for 10 minutes. Keep resting for a further 10 minutes.

If the bleeding will not stop, please come into the Accident and Emergency Department at St. Peter's Hospital.

You can take your normal medications that same day, however we normally advise you to resume taking your Aspirin or other anti-clotting agents such as Warfarin, the following day. You can take Paracetamol to help alleviate any pain or discomfort.

**Please avoid taking extra ASPIRIN for pain.**

The bruising and discomfort should diminish within 7 to 10 days. You can remove the Elastoplast dressing the following day.

If you are a diabetic taking Metformin tablets, please re-start these **three days after** your procedure.

If you require further advice please call the Interventional Suite telephone **01932-723470** on weekdays between 09.00 – 17.00 hours.

## Having a Vascular Angiogram or Balloon Angioplasty

### INFORMATION FOR PATIENTS WHO ARE HAVING A VASCULAR ANGIOGRAM OR BALLOON ANGIOPLASTY

Your doctor has decided that you need an Angiogram or Angioplasty to find out or to treat the cause of the problems you may be suffering. The following information is designed to help answer any questions or worries that you may have prior to your procedure. If we are unable to answer all your questions, please feel free to ask a nurse on admission or to contact your doctor.

#### WHAT IS AN ANGIOGRAM?

An angiogram is a detailed x-ray of your blood vessels using small injections of a clear dye called contrast. This will show up any blockages or a narrowing that you may have.

#### WHAT IS AN ANGIOPLASTY?

An angioplasty is the treatment of any narrowing in your blood vessels using a balloon to stretch open a narrowing. Sometimes the doctor will use a stent to keep the blood vessel open. A stent is a wire mesh tube that props up the inside of the artery.

#### WHAT ARE THE RISKS?

The radiation doses are very low because of the advanced technology used on this type of x-ray machine.

**Diagnostic Angiogram:** The risks during an angiogram are extremely low.

There is a small chance of a reaction to the dye, for example, headache, migraine, visual disturbances, skin rashes and nausea. About 1-5% of patients will experience bruising and /or bleeding at the wound site.

**Treatment with Balloon Angioplasty:** About 5-10% of patients will experience bruising and/or bleeding at the wound site. There is a small chance that damage to the artery can occur and this may, on occasions, need to be repaired. Occasionally, the artery can become blocked or perforated leading to blood circulation problems, with a less than 1% chance of losing a limb as a result of the procedure. Patients with existing kidney disease may experience a temporary worsening of their kidney function.

The doctor, who will be performing your angiogram/angioplasty, will explain the risks to you before asking you to sign your consent form. He/she will not recommend the procedure unless it is felt that the benefits outweigh the small risk.

#### **HOW DO I PREPARE FOR THIS PROCEDURE?**

You will be advised to come into hospital on the day of your procedure. You will not be able to have anything to eat or drink for 6 hours prior to the procedure. Depending on the time of your procedure, you will either be asked to fast from midnight, or after a light breakfast. Your pre-assessment nurse will inform you of this.

You should still take your normal medications, with a small amount of water, at 06.00 hours in the morning. However, if you take Warfarin, Clopidogrel or other blood thinning drugs or tablets, you must contact the Pre Assessment nurse on **01932 722651** one week prior to your test for advice as to when to stop taking your medication. If you are taking **Aspirin**, please do NOT take your dose on the morning of your procedure, as you may be more prone to bruising.

will be able to go home. The following information regarding your continued recovery is intended to reassure you about what you can do once you leave hospital.

It's a good idea to read this prior to discharge so that you can ask any questions before you go.

#### **DISCHARGE ADVICE AFTER A VASCULAR ARTERIOGRAM/ ANGIOPLASTY VIA THE FEMORAL APPROACH**

**It is essential that a responsible adult accompanies you home** and that someone is able to stay with you overnight for the first 24 hours. If hospital transport has been arranged to take you home, you must still arrange for someone to stay with you overnight.

#### **You must not drive for the next 24 hours.**

When sitting in the car or ambulance, try to keep the affected leg stretched out, this can be achieved by reclining the seat slightly. It is a good idea to apply a light pressure on the wound site with your hand when moving in and out of the transport.

Once home you should try and **rest** as much as possible for the next 24 hours. Avoid activities that may cause any added strain to the groin artery such as standing for long periods, frequent trips up and down stairs, lifting heavy objects, hot baths and long walks.

It is inevitable that you will experience some **bruising** and **soreness** in the groin area, particularly if you have had a balloon (angioplasty) procedure, as you may have been given a drug called Heparin which thins the blood, and can increase the bruising.

severe bruising or any bleeding from your groin, and your affected limb is warm and pink, the nurse will collect you and you will return to your ward or room.

Before you leave the Interventional Suite the nurse will show you how to feel your puncture site and the surrounding groin area. It is important that you continue to briefly check your groin every 10 minutes for the first hour. If during these checks you should feel a wet or warm sensation in the groin area or a lump forming please press firmly on the lump/bleeding and call a nurse immediately.

Once back to your ward or room, the nurse will take regular recordings of your blood pressure, heart rate, limb pulse and especially your wound site. These will be closely monitored for the first hour.

You will be instructed by the nurse when you can sit up. Some patients will have received a special collagen 'plug' into the artery to stop the bleeding. If this has been used, you will be able to sit up and mobilise quicker.

You will be required to stay on your trolley/bed for about four hours for a diagnostic angiogram and six hours for an angioplasty before mobilising gently around the ward. Please wait for the nurse to help you when getting up for the first time. If required your nurse will also help you to get dressed.

You should not bend the affected limb as this will help to minimise the risk of any bleeding. During this time, continue to wriggle your toes and move your ankles to encourage circulation.

You will be encouraged to drink plenty of free fluids, particularly water, as this will help to dilute the contrast which was used during your procedure. When you are able to drink normally, you will be offered a light meal, such as a sandwich.

### **WHAT HAPPENS WHEN I LEAVE THE HOSPITAL?**

Once the nursing staff and doctor are fully satisfied with your condition, you

## **THE FOLLOWING INFORMATION IS FOR DIABETIC PATIENTS ONLY**

### **Diabetes and Metformin tablets**

If you have diabetes and are currently taking any Metformin tablets – this includes the following formulations Glucophage SR and Bolamyn SR as well as combination tablets such as Avandamet, Competact, Eucreas.

These tablets should be stopped one day **before** the test up until 3 days **after** the test. This period of time without your Metformin or tablets in combination with Metformin may cause your blood glucose to rise. Please seek advice from your GP if you feel you will require further treatments to cover this time period.

### **Diabetes and good blood glucose control**

Ideally your blood glucose should be controlled within the 5-7 mmols range or at least below 10.0 mmol/l when you have your angiogram. Please bring in your hypoglycaemia -low blood sugar - treatment (dextrose tablets or sugary drink) of choice and your blood glucose testing kit. It is important to let someone in the angiogram department know if you are not able to detect hypoglycaemia (low blood sugar) symptoms. Please make sure that you drink plenty of fluids the day before your procedure to make sure you are well hydrated.

Please contact your GP if you have any further concerns regarding your diabetes before your test, or alternatively contact the diabetes specialist nurses telephone **01932-723315** (St Peter's) or **01784-884997** (Ashford).

### **WHAT HAPPENS BEFORE THE PROCEDURE?**

The nurses on the ward will prepare you by taking your pulse, temperature and blood pressure and by feeling and marking the pulses in your limbs. They will also take a brief medical history in which it is important that you tell them about **any allergies** that you might have, inclusive of foods.

Please shave both sides of your groin. If you are unable to do this yourself, please do not worry, a nurse will do this for you. You will be required to wear a hospital gown and paper pants.

The doctor will explain the procedure carefully to you, and will ask you to sign a consent form before the procedure takes place. This is very important, as you must understand what will happen to you during the procedure and before signing this form.

When the Interventional Suite is ready, your ward nurse will bring you to the waiting area or recovery room in the Interventional Suite.

### **WHAT HAPPENS DURING THE PROCEDURE?**

The Consultant Radiologist will insert a very thin tube into an artery, usually in your groin, but this could be through another artery elsewhere in your body, depending on the area that will be looked at.

The insertion site will have previously been numbed with an injection of a local anaesthetic, which may sting slightly. The clear dye, called contrast, is injected via the thin tube called a catheter, into the affected blood vessels.

Some patients may experience discomfort when the dye is travelling along the length of the blood vessel. The sensation does not last long.

You will be asked to keep very still while detailed x-rays of the blood vessels are taken. This may take some time, depending on the type of blood vessel being looked at. It is usual to have more than one injection of dye to look at different parts of the blood vessels.

After the procedure, the doctor or nurse will remove the thin tube and firm pressure will be applied to the area to stop any bleeding and reduce any bruising. This will be applied for between 5-10 minutes.

### **WHAT DO I HAVE TO DO DURING THE PROCEDURE?**

In order to take these detailed pictures, you will need to lie flat with one pillow. If it is your legs that we are looking at, these may need to be positioned appropriately and secured with special bandages or tape to keep them still.

The table will be moving and the x-ray equipment will move closely over your body. Please do not be alarmed by this, there will be a nurse close by to reassure you. Occasionally, you may be asked to hold your breath for a few seconds. We advise that you try and lie as still as you can during the procedure as this will help us to carry it out more efficiently, quicker and safely.

### **HOW LONG DOES THE PROCEDURE TAKE?**

The procedure could take up to an hour for a diagnostic procedure and maybe longer for any balloon or stent treatment.

### **WHAT HAPPENS IF THE DOCTOR SEES A NARROWING?**

If this happens and the circumstances are appropriate, the doctor may decide to open the narrowing with a balloon. If the decision is made to treat the artery, a blood thinning drug maybe given. Balloon inflations may be associated with some discomfort, but this will ease when the balloon is deflated.

### **WHAT HAPPENS AFTER YOUR PROCEDURE?**

The radiologist will look at the images and send a detailed report to the Specialist who requested the procedure.

You will be moved into the Recovery Room where you will be monitored for a short while. Once your blood pressure and pulse are stable, there is no