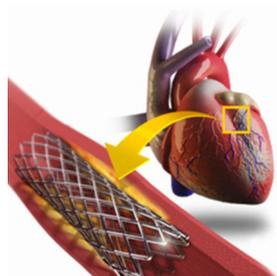


A Guide To Your Coronary Angioplasty

Patient information: Cardiology Diagnostic and Interventional Services

What is it?

Coronary angioplasty (percutaneous coronary intervention/PCI) is a procedure performed to relieve angina symptoms. A catheter with an inflatable balloon is used with or without a stent.



A stent is a small metal mesh cylinder. It acts as a scaffold against the artery wall, widening the artery and improving blood flow to the heart muscle.

It is positioned using X-Ray contrast which is a clear fluid that shows on X-Ray.

By improving blood flow to the heart muscle a stent can result in a better quality of life with less angina.

Before the test

You will be sent an appointment and some paperwork to complete and return. You will be pre-admitted to the Cardiology Day Unit the day before the procedure for several hours, or the morning of procedure for afternoon cases.

The procedure will be fully explained to you. You will then be asked to sign a consent form with your doctor.

You will be asked to wear a hospital gown and pyjama trousers. Your wrist and/or groin will be shaved. An intravenous (IV) line will be placed into a vein in your arm. Please continue to take your normal medications unless told otherwise.

You will be prescribed some additional blood thinning medication to take before the procedure, either Clopidogrel or Ticagrelor.

How is it performed?

The procedure is performed in the 'cath lab'. You will lie flat on a firm, narrow table that allows the x-ray machine to move around you. Your heart rhythm and blood pressure will be monitored throughout.

The wrist or groin is cleaned with an antiseptic solution and a sterile drape is then placed over you, leaving only the site exposed. Local anaesthetic is injected into the site. This can sting briefly before numbing the area. A sheath (short plastic tube) is placed into the artery.

A narrow hollow tube (catheter) is then advanced through the sheath under x-ray guidance to the heart arteries. Through this catheter the balloon/stent is advanced and positioned using contrast and x-rays. During balloon/stent inflation inside the artery you may experience angina or chest discomfort briefly until the balloon is deflated.

Sedation given during procedure

In the event that you require sedation medicine for the procedure, there are recognised risks associated with certain activities afterwards. If you are discharged on the same day of your procedure you must have a relative or friend pick you up from the ward and remain with you overnight because of the effects of the sedation medication.

It is illegal to drive a motor vehicle while the sedation medication is in your system and you are impaired because of its effect.

You should not drive a motor vehicle, operate heavy machinery, sign legal documents or make important decisions **for at least 24 hours** following your procedure.

After the procedure

Once the procedure is finished the sheath in your artery will be removed and firm pressure applied to the site for a period of time, depending on the artery and type of pressure or closure device used.

You will be transferred to a ward and usually remain in hospital overnight to monitor for any bleeding or any other problems. During this time, you will be encouraged to drink plenty of fluids to help excrete the contrast through your kidneys. Your pulse and blood pressure will be recorded often.

Usually you will be discharged from hospital the following day.

At the time of discharge an outpatient appointment will be made for you. You will be notified of this by mail.

If you are discharged on the same day of your procedure and do not live within 50 km of Christchurch hospital you will need to arrange accommodation for you and your carer on the night of the procedure.

You will be prescribed ongoing blood thinning medications; Aspirin (for life) and either Clopidogrel or Ticagrelor (for a minimum of 6 months). These help prevent blood clots forming inside the stent.

It is very important to continue taking all your prescribed medication.

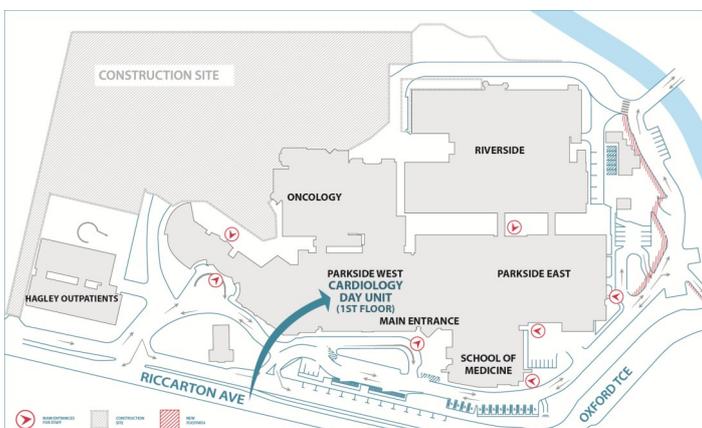
Are there any risks?

Like all procedures, a small amount of risk is involved. Most patients do not experience any pain or complications. Heart rhythm changes or angina may be experienced, and these are usually easily dealt with.

The overall complication rate is 4%

- Bleeding/bruising is the most common risk with a 10% chance of moderate bruising.
- There is a 1% chance of a heart attack
- There is a 0.4% chance of an abnormal heart rhythm, damage to an artery, or reaction to the x-ray contrast *
- There is a 0.2% chance of emergency open heart surgery
- There is a 0.1% chance of a stroke or a severe complication resulting in death

* If you have a history of allergy to x-ray contrast it is important to let the hospital staff know.



The Cardiology Day Unit is located on the first floor of Parkside West. Phone 364-1071 (07.30am—7.00 pm Monday—Friday)

After Hours: Christchurch Hospital: 364-0640

- Extension 89121 for Ward 12 Cardiology

or

- Extension 89141 for direct dial Ward 14 Cardiology/Nephrology

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz