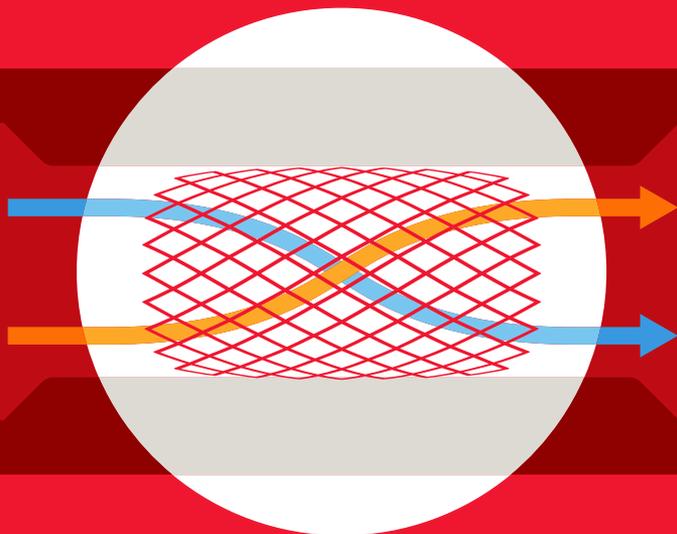




Angioplasty

Your quick guide



**FIGHT
FOR EVERY
HEARTBEAT**
bhf.org.uk



Coronary heart disease is the UK's single biggest killer.

For over 50 years we've pioneered research that's transformed the lives of people living with heart and circulatory conditions. Our work has been central to the discoveries of vital treatments that are changing the fight against heart disease.

But so many people still need our help. From babies born with life-threatening heart problems to the many Mums, Dads and Grandparents who survive a heart attack and endure the daily battles of living with heart failure.

Join our fight for every heartbeat in the UK. Every pound raised, minute of your time and donation to our shops will help make a difference to people's lives.

**FIGHT
FOR EVERY
HEARTBEAT**
bhf.org.uk



What is coronary angioplasty?

Coronary angioplasty (also called PCI and PTCA) is a treatment for coronary heart disease. It can help improve the blood supply to your heart muscle by widening any narrowed parts of a coronary artery. That's how it helps relieve angina symptoms.

People who have had a heart attack sometimes have an angioplasty as an emergency treatment.



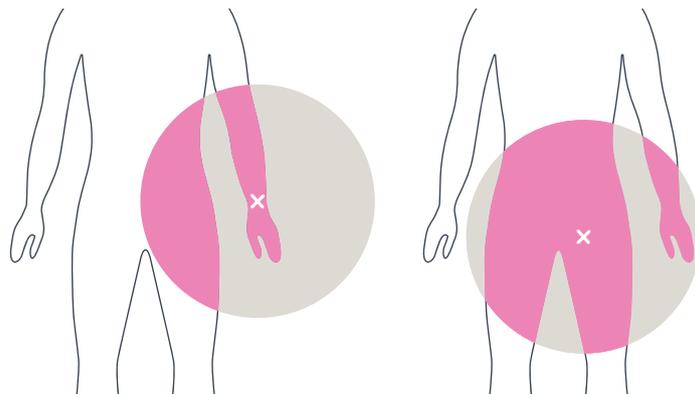
What happens during a coronary angioplasty?

You will have an angiogram to look inside your coronary arteries. An angioplasty is often done at the same time.

You must not eat or drink anything for a few hours before your angioplasty.



You will be given a local anaesthetic in your wrist or at the top of your leg (groin) to numb the area.



2

The doctor will put a narrow flexible tube (called a catheter) into an artery in your wrist or groin. It will have a small balloon at the end.

3

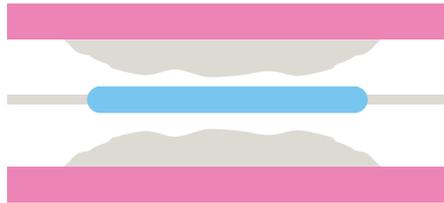
The catheter is carefully pushed up to your heart and into the coronary arteries.

4

The doctor will inject some dye into the tube so your heart arteries show up on an x-ray screen. It's normal to feel a hot flushing sensation when the dye is injected.

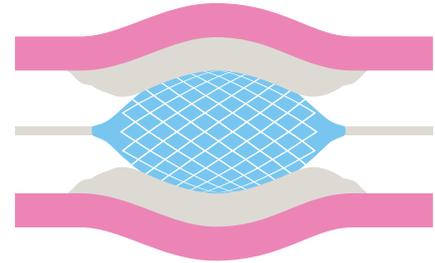
5

The tip of the catheter is moved into the narrowed section of the artery.



6

The balloon is gently blown up so that it squashes the fatty deposits against the artery wall. This widens the artery so the blood can flow more easily.

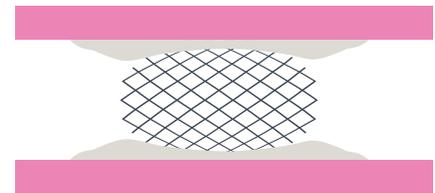


7

A stent (a small hollow tube of stainless steel mesh) may need to be placed inside the artery. This means putting in another tube, which has a stent in position on the balloon. As the balloon is blown up the stent opens up inside the artery.

8

The balloon is let down and the tube is removed. The stent is left in place to keep the artery open.



During the angioplasty you may feel very aware of your heartbeat and you may feel symptoms of angina.



What happens afterwards?

The doctor will remove the tube and the nurse or doctor will press on the area to stop any bleeding. Sometimes a little plug called an Angio-seal is put in the top of the leg or wrist. After the treatment, you will need to stay in bed for a while. Your nurse will keep checking to see how you are getting on.

In the first few hours afterwards you might get a little chest discomfort. If this happens, tell the doctor or nurse.



Are there any risks?

It's unusual for anyone to have a reaction to the dye, but a small number of people are allergic to it. If you've already had any test that uses dye and you've had a reaction, tell the doctor before you have an angiogram or angioplasty.

Small risk

The risk of having a heart attack, stroke or dying during an angiogram is very small. Your doctor will explain this to you before the procedure.



A small number of people have complications. Very occasionally, there may be problems with the artery that's being treated and an urgent bypass operation might need to be done. There is also a small risk of having a heart attack or stroke. The risk depends on your overall health and your heart condition. Have a chat with your doctor about the benefits and possible risks of having an angioplasty and any worries you have.

Having an angioplasty means that you will be exposed to a small amount of radiation. But if your doctor says that it's a good idea to have an angioplasty, it's likely the benefits of having it are greater than the risks from the radiation.



Rachel's story

Rachel was 37 when she started experiencing crushing pains in her chest, arms and throat.

"An exercise stress test suggested there was something wrong. The cardiologist said I'd need to come back for an angiogram so he could have a proper look inside my heart arteries.

I was meant to be going to my work Christmas lunch. I was dressed and ready to go. But I actually ended up lying in the hospital with my cardiologist telling me one of the key arteries to my heart was 99 per cent blocked and he needed to insert a stent immediately.

I was very frightened before the procedure but the nurse was fantastic and the cardiologist really reassured me. It was incredibly quick and the amazing thing was that I felt better instantly. I could breathe again and the pain was gone."



“Looking back I can’t believe I lived with the pain for so long without getting help.”

Rachel, took control



How successful is it?

After coronary angioplasty many people find that their angina symptoms get better and they’re able to do more than they could before.

Sometimes the artery can get narrowed again, causing angina symptoms to come back.

Coronary angioplasty does not cure coronary heart disease. The success of angioplasty also depends on you taking your prescribed medicines and living a healthy lifestyle that’s good for your heart.



Going home

Most people can go home the same day or the next day, but try to have someone to stay at home with you for the first night. If you’ve had an emergency angioplasty to treat a heart attack, you will need to stay in hospital longer.

You will get a follow-up appointment and the medicines that you need to take. You will need to take medicines like aspirin or clopidogrel to help reduce the risk of blood clots forming in and around your stent.

Before you leave hospital, a nurse or doctor will have a chat with you about your recovery and what you can and can't do.

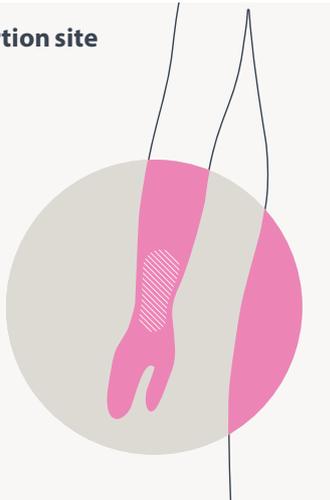
It's usual to feel tired afterwards but most people find that they're back to normal after a few days. If you've also had a heart attack, it will take longer to recover.

Healing at the catheter insertion site

When you get home, check the area where the tube was. Expect to see some bruising and to feel tender.

Contact your doctor if any of these things happen:

- the bruising gets worse
- you get some new redness or swelling
- the area becomes hard and painful



Take it slowly to begin with and increase your activities gradually. It's best to avoid doing any demanding activities like heavy lifting for a week or so.

If you get chest pain, stop and rest and take your GTN spray as prescribed. If the pain doesn't ease after a few minutes of taking your GTN the second time, call 999 immediately. You could be having a heart attack.

You shouldn't drive for at least a week after having an angioplasty and you may need to take a few days off work. If you have had a heart attack you may need to stop driving for at least four weeks and you will need to stay off work for longer. Make sure you check with your doctor or nurse.

You should be invited to a cardiac rehab programme – a course of exercise and information sessions – to help you recover as quickly as possible.

