

**ANGIOPLASTY / VASCULAR
STENTING**

**Diagnostic Imaging Department
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Patients:
These are the instructions for your
scheduled procedure in our
Diagnostic Imaging Department.

Scheduling

The above time has been reserved for you. Please arrive 1 hour before the appointed time so you can register and have any lab work performed if needed. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

NOTE: Please bring a family member with you. In the event sedatives are given, or you do not tolerate the procedure well, it is important you have a driver to take you home once the procedure is completed. It is also important a family member be present for an explanation of the procedure and to receive instructions about your care after the procedure.

Purpose

Angioplasty and vascular stenting are commonly used to treat conditions that result when arteries throughout the body become narrowed or blocked, including:

- Peripheral vascular disease (PVD)/peripheral artery disease (PAD) (narrowing of the arteries in the legs or arms).
- Renal vascular hypertension (high blood pressure caused by narrowing of the kidney arteries).
- Hemodialysis access maintenance.
- Carotid artery disease (narrowing of the neck arteries supplying blood to the brain).
- Coronary artery disease (narrowing of the heart arteries).

Preparation

Prior to the procedure, you may have several tests performed, such as x-rays, an electrocardiogram (ECG) and blood tests. You should tell your doctor what medications you are currently taking and about any allergies you have, especially to the contrast material necessary to create the x-ray images of your blood vessels.

You will be asked not to eat or drink anything after midnight on the night before your procedure. **In most cases, you should take any medications that you usually take, especially blood pressure medications. These can be taken with some water in the morning before your procedure. If you are on any blood thinning medication such as Coumadin or Plavix, you should check with your doctor about if and when you should stop the medication. It is a good idea to check with the cardiologist/vascular surgeon about which medications you should take.** You should plan for an overnight at the hospital, and have someone drive you home when you are ready to leave.

Procedure:

An intravenous (IV) line will be inserted into your arm so that you can be given a mild sedative and other medications as necessary during the procedure. Although this sedative will make you feel relaxed and drowsy, you will probably remain awake during the procedure. Devices to monitor your heart rate and blood pressure will be attached to your body.

Depending on which artery your physician is using for the procedure – your groin area, wrist or arm will be cleaned, clipped and numbed with a local anesthetic. A short tube called a sheath is commonly inserted into the artery. Next, the physician will insert a catheter (a long, flexible tube) through the sheath and advance it to the site of blockage. An x-ray camera connected to a video monitor will help the physician guide the catheter. You may experience a dull pressure where the physician is working with the catheters, but no pain.

Once the catheter is in place, contrast material will be injected into the artery and an angiogram will be taken of the blocked artery to help identify the site of the blockage. With x-ray guidance, a guide wire will then be advanced to the site, followed by the balloon-tipped catheter. Once it reaches the blockage, the balloon will be inflated for several seconds. The same site may be repeatedly treated or the balloon may be moved to other sites. It is common for patients to feel some mild discomfort when the balloon is inflated because the artery is being stretched. Your discomfort should disappear as the balloon is deflated.

Additional x-ray pictures will be taken to determine how much the blood flow has improved. When your physician is satisfied that the artery has been opened enough, the balloon catheter, guide wire and guiding catheter will be removed. The entire procedure usually lasts 30 minutes to two hours. The length of the procedure varies depending on the time spent evaluating the vascular system prior to any therapy, as well as the complexity of the treatment.

Post-Procedure

When the procedure is completed, you will be moved to a recovery room for your hospital room. You may feel groggy from the sedative. The catheter insertion site may be bruised and sore. If the sheath was inserted into your arm or wrist, it will be removed and the site will be bandaged. If the catheter was inserted into your groin, you may need to lie in bed with your legs straight for several hours. In some cases, your physician may use a device that seals the small hole in the artery; this may allow you to move around more quickly.

For several hours, your catheter site will be checked for bleeding or swelling and your blood pressure and heart rate will be monitored. Your physician may prescribe medication to relax your arteries, to protect against spasm of the arteries and to prevent blood clots. If a contrast material was used during the procedure, you will urinate often to rid your body of this material. You may be asked to drink extra fluids.

Commonly patients stay overnight and return home the day after the procedure. You will typically be able to walk within two to six hours following the procedure.

After you return home, you should rest and drink plenty of fluids. You should avoid lifting heavy objects, strenuous exercise and smoking for at least 24 hours (and smoking you should avoid permanently since this is the major cause of atherosclerosis). If bleeding begins where the catheter was inserted, you should lie down, apply pressure to the site and call your physician. Any change in color in your leg, pain or a warm feeling in the area where the catheter was inserted should be reported to your physician.

You should be able to return to your normal routine by the following week.

After an angioplasty or stent placement procedure you may be instructed to take one or more medications (such as aspirin, Plavix, Lovenox or Coumadin) for a period of time. These medications can prevent blood clots from forming at the site of arterial treatment during healing. The effect of Coumadin will be monitored with frequent blood tests. Magnetic resonance imaging (MRI) can probably be done immediately following stent placement, but make sure that you notify the MRI department if you have recently had a stent. Metal detectors will not affect a stent.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761 or 606-783-6766.