

# EURACARE

## PATIENT INFORMATION FORM

### LOWER LIMB ANGIOGRAM AND ANGIOPLASTY

#### **What is lower limb angiogram and angioplasty?**

An angiogram is a procedure to look for problems like narrowing or blockages with your artery using a special dye and X-rays. Angioplasty is a procedure where the narrowing or blockage is stretched open from the inside, using a catheter with a small balloon attached to the end. These procedures will be done on your lower limbs (legs).

#### **Why do you need a biliary stent?**

Your doctor is concerned that there may be a problem with the flow of blood to your legs. Your tests have shown that the problem is probably caused by a blocked or narrowed artery. An angiogram will give a detailed picture (road map) of your arteries. An angioplasty should help to improve the blood supply to your legs if an artery is narrowed or blocked. The procedure should help you walk with less pain, if you have ulcers or gangrene it should help to heal. The problem may persist if you continue to smoke or have diabetes.

#### **Are there any risks?**

Angiograms and angioplasty are generally very safe procedures, but there are some risks and complications that you should be aware of. A small amount of bruising is common following angiograms or angioplasty. Occasionally, the hole in the artery fails to close, and blood can escape into a small cavity in the surrounding tissues and cause a lump at the groin area. You may react to the X-ray dye.

#### **Who has made the decision?**

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

#### **Are you required to make any special preparations?**

You will probably have had some blood tests performed beforehand to check that you do not have an increased risk of bleeding. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney X-rays and CT scanning, then you must also tell your doctor about this. If you have drugs that you are taking like metformin or warfarin you may be asked to stop taking it before the procedure.

#### **Who will you see?**

A specially trained doctor called an interventional radiologist. They have special expertise in reading the images and using imaging to treat the condition.

#### **Where will the procedure take place?**

In the radiology department – in a Cath lab.

#### **What happens during the procedure?**

You will be asked to change into a hospital gown. The radiologist will ask you to lie on your back on the x-ray table. Your skin will be cleaned with antiseptic and numbed. A needle will be inserted at the point of interest with the rest of your body covered in sterile sheets. A catheter will then be placed over the needle and a dye introduced into your system to view the arteries. X-rays are then taken. When angioplasty is being done, a fine tube with a balloon at the end is

threaded through the catheter at your groin. When the balloon is at the blocked or narrowed area, the balloon is then inflated to stretch the blocked area after which it's deflated and removed. Sometimes a stent is placed there to keep the place open. After the procedure the catheter is removed and pressure applied to the area to stop bleeding. Sometimes a stitch or plug is used to close the hole.

### **Will it hurt?**

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Some discomfort may be felt when inserting the catheter and stent.

### **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Expect to be in the hospital for about an hour and half.

### **What happens afterwards?**

You will be taken back to a ward. Nursing staff will carry out routine observations including pulse and blood pressure. You will generally stay in bed for a few hours, until you have recovered and are ready to go home. They will check your groin for bleeding or swelling. A responsible adult should take you home in a car or taxi. Do not drive home. If you smoke, try to stop smoking for now.

### **Finally**

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

### **Giving my consent**

The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives. If there is anything you don't understand or you need more time to think about it, please tell the staff caring for you.