



Coronary angioplasty and stenting

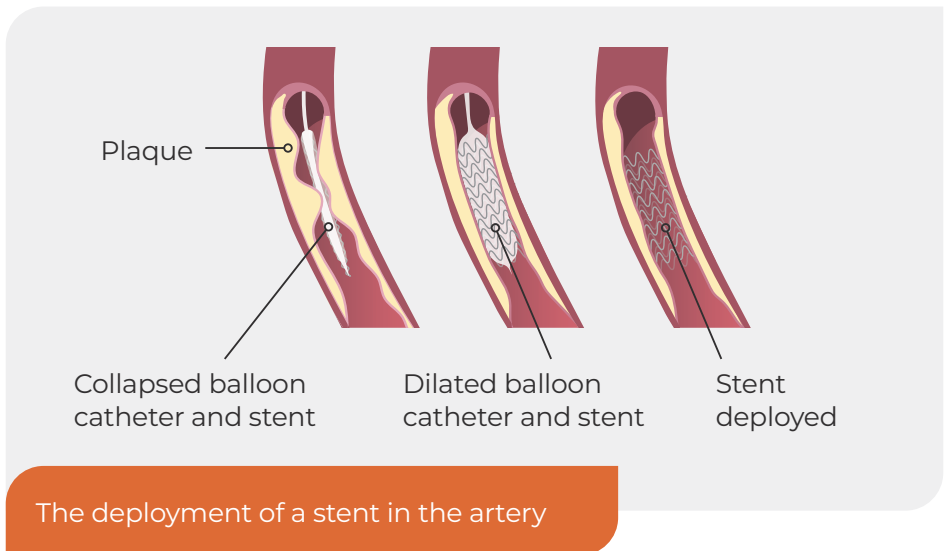
Patient information



What is it?

Angioplasty is a procedure to increase the diameter of the artery and improve blood flow. A small balloon is used to unblock the artery by pushing cholesterol plaque aside.

Typically, insertion of a stent also occurs during the same procedure. Stents are primarily made of medical-grade metals including alloys that are formed into a mesh and mounted on a balloon for delivery at the site of obstruction. Different diameters, lengths and designs of stents are available for varied circumstances. The balloon inflates at high pressure within the artery and deploys the stent, which acts like scaffolding for the artery. Once in place, it is not removable and becomes part of the artery wall over time.



Why perform angioplasty?

Angioplasty is one method used to treat blocked blood vessels. Most patients have long-term reduction or resolution of heart pain (angina) after angioplasty. It is mainly a treatment for angina,

although in certain circumstances it does decrease the future risk of heart attack or death. Alternative therapies include medication or open-heart bypass surgery.

How long will the results last?

Generally, most treated blockages will not return. Many factors influence this, including the adequate management of risk factors such as smoking, diabetes and hypertension and cholesterol. In about 5% of cases, a blockage may reform at the site of stent placement, usually within 6 to 12 months. This may need to be retreated.



What should I expect?

Make sure you read the consent form and understand the risks involved with this procedure. Please clarify any concerns or queries with your cardiologist before signing the form.

The procedure usually takes between **30 and 60 minutes**. You may receive a sedative before the procedure.

- The cardiologist will inject local anaesthetic over the access artery in the groin or arm and feed a fine plastic tube (a catheter) up to the appropriate heart artery
- A very fine wire is steered across the blockage, and balloons and stents are fed over the wire (much like a train on a rail)

After treating the blockage, the cardiologist will remove everything except the stent. The nurse will apply pressure to the puncture site until the tiny hole in the artery has sealed. The cardiologist may deploy a closure device at the puncture site in the artery if the groin is used as the access site.

You will generally stay in bed for a few hours and go home the next morning.



What happens after the procedure?

Your cardiologist may change your medications. Make sure you follow their instructions.

They will instruct you to continue taking aspirin. They will usually prescribe another special antiplatelet agent (blood thinner) called Clopidogrel, Ticagrelor or

occasionally, Prasugrel. Take this as directed until your cardiologist tells you to stop. Aspirin and the special antiplatelet agent are very important and must not be missed or altered without first talking to your angioplasty cardiologist.

Avoid exercise and lifting for the first few days after the procedure. You can restart gentle activities after that, building up to normal activity over a week or so. Do not drive in the first two days.

For more information:

advaraheartcare.com/angioplasty

Disclaimer: This brochure has been prepared by Advara HeartCare for informational purposes only and is not medical advice. All care has been taken to ensure the accuracy of information, however, this information may be changed, improved, or updated without notice.

advaraheartcare.com

AUMKT009-1.0-0723

