

Radiology Department

# Superior Vena Cava (SVC) or Inferior Vena Cava (IVC) Venoplasty / Stent Placement

Information for patients



This leaflet gives you further information that will add to the discussion you have with your doctor about the procedure called Superior Vena Cava or Inferior Vena Cava Venoplasty /Stent Placement.

## What is a venoplasty?

Once you have had a venogram, the radiologist will clearly see where the narrowings or blockages are in your IVC or SVC blood vessels (main vessels from the legs/ upper limbs draining back to the heart). If these blockages are suitable for this treatment the doctors will continue to perform a venoplasty. In this procedure the narrowing or blockage is treated with balloon catheters guided by X-rays. If the narrowing or blockage does not respond well to just balloon treatment the doctor may consider placing a stent. This is a special piece of metal scaffolding that holds the vessel open and stays in place for ever.

## What happens before the procedure?

You will be asked to change into a hospital gown before the test. A nurse will place a cannula (narrow tube) into your arm or hand in case you need medications during the test. You may eat and drink as normal before the procedure, and if you are diabetic, take your insulin. If you take metformin you should have your last dose the day before the test and not take it again until 48 hours after the test. If you take warfarin please contact the Radiology Department (01865 220800 and ask for the nurse) as this may need to be stopped briefly.

Please bring all medications with you into hospital and alert the nurse to any allergies you may have, if you have hay fever, diabetes, heart disease or kidney disease.

## What does the procedure involve?

The procedure is carried out in the X-ray Department. Through the small tube that has been placed into the vein at the top of your leg for your venogram, the doctor will place a catheter with a small balloon on the end of it. The balloon will be placed where the narrowing or blockage is and inflated a few times. It will then be removed and

venogram pictures will be taken again to see whether the ballooning has worked, whether it needs to be repeated or whether a small stent needs to be placed.

A stent is like a wire mesh tube that supports the narrowed or blocked vessel and stays in place for life. There is no advantage in placing a stent if the narrowing has opened up well with the balloon treatment. A stent is used if the balloon treatment has been partially successful to hold the vessel open.

Once the radiologist is happy with the result they will remove the catheter and then press on the vein for 5-10 minutes to stop any bleeding. If the radiologist has any concerns about your management he would consult your referring doctor for advice.

## What happens after the test?

You will be moved back onto your bed and transferred back to the ward or Day Case Unit and be asked to lie flat for 30 minutes, and rest in bed for 2 hours. (It would be a good idea to bring a personal stereo with headphones or something to read.)

The nurses will check your blood pressure, heart rate and puncture site frequently until you are discharged.

## The first 24 hours

For the first 24 hours you should drink plenty of fluids and rest quietly. You may eat normally. You should report any concerns either to your GP, A&E or the Radiology Department. You should not operate machinery for 24 hours, do strenuous lifting, or drive until the top of the leg completely comfortable (1 week).

## What you should do if the puncture site starts to bleed?

In this unlikely event stop what you are doing and lie down. Put pressure with your fingers on the site and press very firmly. Ask someone to call 999 for an ambulance and say that you have had a

venogram and the site is bleeding. Pressure needs to be continually applied (by you or someone else) until help arrives. You will be given discharge information before you leave the department.

## What are the risks of having an angiogram?

Bruising at the puncture site is common but should disappear in a few days. Bleeding from the puncture site occurs infrequently. Rarely the blood vessel may be damaged which may worsen your symptoms or cause bleeding. Other complications will be explained to you by the consenting doctor or nurse before your procedure. Please remember that your consultant has recommended this procedure because they believe that the benefits outweigh any risks.

## How to contact us

If you have any questions or concerns, you may telephone us on the number on the top of your appointment letter.

## Further information

**[www.rcr.ac.uk](http://www.rcr.ac.uk)** – Royal College of Radiologists

**[www.cirse.org.uk](http://www.cirse.org.uk)** – Cardiovascular and Interventional Radiology Society of Europe

**[www.bsir.org](http://www.bsir.org)** – British Society of Interventional Radiology

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **[PALSJR@orh.nhs.uk](mailto:PALSJR@orh.nhs.uk)**

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