

Radiology Department

Femoral Angioplasty/ Stent placement in one or more arteries

Information for patients



This leaflet will give you more information about the procedure called 'Femoral Angioplasty' (leg angioplasty). It will help when you come to discuss the procedure with your doctor. It is important that you have enough information to decide whether to sign the consent form.

What is an angioplasty?

Before you have an angioplasty you will need to go for an angiogram. An angiogram is a procedure where an iodine based contrast solution is injected under X-ray guidance into the artery in your leg. This will show up on the X-rays, allowing radiology doctors to very clearly see where the narrowing or blockages are in your leg vessels.

Angioplasty involves treating these narrowings or blockages with balloon catheters under X-ray guidance. A balloon catheter is a normal catheter (thin plastic tube) with a very small balloon fixed at the end. This allows the radiology doctors to place the balloon in the narrowed artery. The balloon is then inflated to stretch open the narrowed artery. It is then deflated and removed.

If the narrowing or blockage does not respond well to balloon treatment the doctor may consider placing a stent. This is a technologically designed metal mesh which will hold the artery open and remain in place for the rest of your life.

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 tell the nurse about **any** allergies you may have, including hayfever. Please also tell the nurse if you have diabetes, heart disease or kidney disease.

What does the procedure involve?

This procedure can be done as a day case or with you admitted as an inpatient in the X-ray Department. A nurse will be available in the room to monitor you and give you sedation if you feel anxious about having the procedure done.

This is a sterile procedure carried out by radiology doctors and nurses wearing surgical gloves and gowns, in an operating theatre. All the equipment and instruments will be sterilised to prevent infection. You will be asked to lie flat on the X-ray table. The top(s) of your legs will be shaved to prevent infection. Your legs will be painted with antiseptic and you will be covered with sterile towelling. A local anaesthetic will then be injected around the place where the catheter or stent will be put. This will make the area go numb so you cannot feel any pain while the procedure is carried out. Sometimes a local anaesthetic can sting a little bit but this should soon pass.

A small tube is then placed into the blood vessel. X-ray contrast dye will be injected into this tube. This helps to show up the

blockages within the vessels on the X-ray screen. Through the small tube that has been placed into your artery at the top of your leg for the angiogram, the doctor will then place a catheter with a small balloon on the end of it, designed for insertion into arteries. The balloon will be placed where the narrowing or blockage is and inflated a few times to open up the narrowed area. It will then be removed and angiogram pictures will be taken to see whether the balloon treatment has worked, needs to be repeated, or whether a small stent needs to be placed.

A stent is made of wire mesh in the shape of a tube or cylinder. This supports the blood vessel and stays in place for life. There is no advantage in placing a stent if the balloon treatment alone has been successful. However, if the narrowing or blockage does not respond well to balloon treatment the doctors will consider using a stent.

Once they are happy with the result they will finish and either place a sealing device (such as a plug or stitch) in the hole in the artery to close it, or will press on the leg artery for 5-10 minutes to stop any bleeding.

How long does it take?

The procedure takes between 1-2 hours.

What happens after the procedure?

You will be moved back onto your bed, asked to lie flat for 2 hours and stay resting in bed for 4 hours in total. (It is a good idea to bring something to listen to with headphones or something to read.) You will then be transferred back to the ward or Day Case Unit. The nurses will check your blood pressure, heart rate, puncture site (where we made the hole into your artery) and foot pulses frequently until you are discharged. If you have had your angioplasty whilst admitted on the Day Case Unit you should be able to go home on the same day. If you were already a patient in hospital before your angioplasty you may have to return to your ward.

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, the nursing team in the Radiology Department or your nearest Accident and Emergency Department. You should not operate machinery for 24 hours, do strenuous lifting, or drive until the top of the leg feels completely comfortable (about 7 days).

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

In the unlikely event that this happens:

- Stop what you are doing.
- Lie down.
- Put your fingers on the site and press very firmly.
- Call 999 and ask for an ambulance.
- Say that you have had an angiogram and angioplasty and the site is bleeding.

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

What are the risks of having an angioplasty?

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. Other potential complications will be discussed with you by the doctor or nurse who asks you to sign the consent form. 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 can telephone the radiology nursing team on **(01865) 220 800**.

Your feedback

If you wish to enquire, comment or give feedback about your treatment please email:

interventionalradiologyfeedback@ouh.nhs.uk
or phone **01865 220 804**

Further information

www.rcr.ac.uk – Royal College of Radiologists

www.bsir.org – British Society of Interventional Radiology

www.vascularsociety.org.uk – Vascular Society of the United Kingdom

www.cirse.org – Cardiovascular and Interventional Radiology Society of Europe

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@ouh.nhs.uk**

Sister Tanya Kearney
Dr Mark Bratby, Consultant Vascular and Interventional Radiologist
September 2013.
Review, September 2016
Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk