



South Eastern Health
and Social Care Trust

Department of Radiology

Angiogram / Angioplasty and Stenting

Patient Information

What is an angiogram?

An angiogram is a procedure to look at blood vessels, in particular the arteries. Blood vessels do not normally show on plain X-rays; however detailed images of artery and veins can be obtained by injecting a special dye called contrast medium.

What is an angioplasty?

An angioplasty is a way of relieving a narrowing or blockage in an artery without having an operation. A fine plastic tube called a catheter is inserted through the artery and a special balloon on the catheter is then inflated to open up the blockage and allow more blood to flow through it.

A stent (a metallic device) is placed into the blood vessel to help keep the narrowed area open.

Why do I need an angiogram / angioplasty?

Your consultant feels that there may be a problem with part of your circulation. Other examinations that you may have had have concluded that there may be some blockages/ narrowing in the blood vessels.

Benefits

The procedure should improve your blood flow and help to heal any ulcers or gangrene and your pain should also improve. The Radiologist will be able to tell you how successful the procedure is when it is completed.

Risks

Angiography and angioplasty are very safe procedures however there are some risks and complications which may arise.

- Bleeding
- Damage to the artery
- Allergic reaction to contrast

- Clot or other material may break off the vessel lining causing blockage further along the vessel. This may actually make the circulation worse and could put the limb at risk
- The procedure may not be successful and it may be necessary to have an operation.

If you are a smoker or a diabetic the problem is likely to recur more quickly as both can hinder blood flow.

Alternatives

The only alternative to an angioplasty is a surgical by-pass. This requires a general anaesthetic which carries more risk. Please note that surgery is not an option for everyone and also has a higher risk of complications.

Preparation

If you take medication to thin the blood, please contact your Consultant as this medication must be stopped for a specific length of time before the procedure.

Please arrange for a friend or relative to collect you following the procedure. You should not drive for at least 24 hours following this procedure. It is essential that a responsible adult remains with you for the 24 hours following the procedure. If this cannot be arranged please inform your referring Consultant's secretary who will organise an overnight bed for you.

Fasting

You must not eat for six hours before the procedure; however you may drink clear fluids such as water until two hours before.

Within two hours of the procedure prescribed medications, especially pre-medication can be taken with a small drink of water (30mls).

If you are a diabetic and need advice about fasting, please contact the hospital's Diabetic Advice team prior to admission on (028) 9056 1426.

Allergic reactions

Tell your consultant if you have any allergies or if you have had a reaction to any drugs or procedures in the past.

Admission

This procedure is usually carried out as a day case. During admission you will be asked about your medical history. A small plastic port (cannula) will be placed in a vein and blood samples will be taken. You will also be asked to change into a gown before transfer to the Department of Radiology.

The Procedure

The procedure takes approximately 1-2 hours depending on the extent of any narrowings and the treatment needed to re-open them. You will meet a number of staff who will look after you during the procedure. You must have a clear understanding of what the procedure involves including the risks and benefits. If you have not already done so, you will be asked to sign a consent form and the Radiologist will answer any questions you may have.

You will be transferred to the X-ray table and asked to lie on your back. The skin near the point of insertion in your groin will be cleaned with antiseptic solution and then numbed with an injection of local anaesthetic.

The Radiologist will use Ultrasound imaging to place a small plastic access tube into the artery at the top of your leg. The procedure will be performed through the access tube using different wires and very fine plastic tubes. It is essential that you keep your leg very still throughout the procedure during which time you may feel some pressure each time the balloon is inflated.

If a stent is required it will be placed in the artery through the same access tube. When the Radiologist is satisfied that a good result has been obtained, the balloon is deflated and the catheter is removed. The Radiologist will then either press firmly on the skin at the entry point for several minutes to prevent any bleeding or use a special device to place a suture in the artery at the site of access.

Recovery

After the procedure you will be transferred to the ward and nursing staff will carry out routine observations. You must lie flat on your back and keep your leg very straight for 4-6 hours to minimise the risk of bleeding.

You may be allowed home on the same day or an overnight stay in hospital may be required. Please avoid strenuous activity for 48-72 hours following discharge. **Contact details**

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