



**Royal Papworth Hospital**  
NHS Foundation Trust

# Coronary angioplasty

Patient's guide and  
agreement to consent form



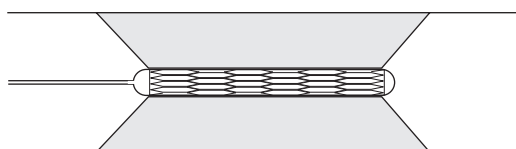
## Introduction

This guide is for patients who are having treatment for narrowed or blocked coronary arteries (blood vessels that supply the heart muscle), known as a 'coronary angioplasty'; this may also include the use of a 'stent'. This leaflet explains what is involved and any risks that are associated with the procedure.

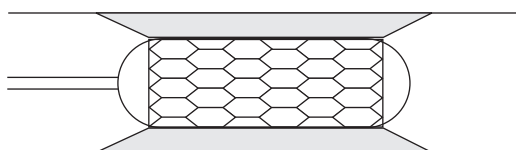
## What is coronary angioplasty?

The principle of an angioplasty procedure is to open a narrowing in a blood vessel so that it no longer restricts the blood flow. A catheter with a small inflatable balloon on the end is positioned within the narrowed section of the artery. Inflation of the balloon pushes outward against the narrowing and surrounding wall of the artery. This opens up the arteries until blood flow is no longer restricted. The procedure may be carried out through the wrist or groin. See *Diagram 1*.

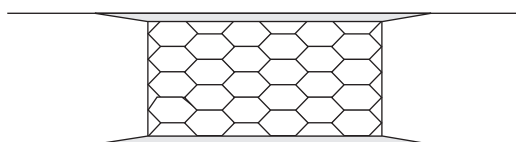
Diagram 1



Balloon and stent are positioned



Balloon inflated and stent expands



Narrowing in the coronary artery has now widened - balloon removed leaving stent to keep artery open

## What is a stent?

Usually the artery requires support to remain open so a small, metal mesh tube is inserted into the artery using the balloon. The stent stays in place permanently, holding the blood vessel open and improving blood flow.

## What preparation is necessary?

Please bring a list of all your medications and all of your medications with you in their containers. If you take Warfarin tablets they should be stopped five days before the procedure. If you are a diabetic on medication and/or insulin please phone staff on 01223 638150 for advice. If you take Metformin, please omit on day of admission.

Coronary angioplasty is normally performed as a day case. However it may be necessary in some cases to stay over night. You will be advised by the medical staff. Most patients will be asked to attend a pre-admission clinic.

Prior to admission, please follow the instructions in your letter regarding breakfast or as advised at the pre-admission clinic. **Do not have anything else to eat or drink after this time.**

On admission a doctor and a nurse will see you to explain the procedure, answer your questions and gain your consent.

Blood will be taken and an ECG will be recorded; this maybe done at pre-admission clinic.

An intravenous cannula will be inserted into a vein on your hand or arm to allow necessary medications and fluid to be administered easily. You will need to have your wrist and/or groin shaved and to put on a gown, with assistance if required. If you are anxious, medication may be prescribed to help you relax.

## Valuables

Please do not bring excess jewellery, credit cards or large sums of cash to the hospital.

## The procedure

Local anaesthetic will be injected into your groin or wrist to numb the area. A small plastic tube will then be inserted into the blood vessel in your groin or wrist through which the catheter and balloon are passed into the narrowed artery. The balloon is inflated for about one minute to stretch and widen the artery. This may be repeated several times to achieve a good result.

Occasionally if the patient is very nervous sedation may be administered.

If a stent is required the doctor will place it at this stage. When the balloon is inflated you may experience chest pain or discomfort. Do not worry but do inform the doctor. The procedure may take up to one hour, or longer if more than one stent is required.

In some circumstances the doctor may wish to assess the coronary arteries or stents in more detail using optical coherence tomography (OCT) or intravascular ultrasound (IVUS).

## Interventional procedures information from NICE:

Please see NICE Interventional Procedure Guidance 481 for more information or visit <http://publications.nice.org.uk/optical-coherence-imaging-to-guide-procedures-on-the-arteries-supplying-the-heart-ifpip481>

## What are the risks?

Generally, coronary angioplasty is a very safe treatment, but there can be some rare complications such as:

- Sometimes it is not possible to stretch the artery, and in less than 1 in 1000 of cases, it is necessary to be referred urgently to a surgeon for immediate bypass surgery.
- Any treatments involving the coronary arteries may rarely be associated with complications such as a stroke or heart attack or death (less than 1 in 200).
- Rarely the catheter can damage the artery, in which case you may have to stay in hospital to have it repaired (risk: 1 in 500).
- Allergic reaction to the dye, this is rare and usually very mild and temporary, such as a skin rash.
- Bleeding or bruising can occur around the site of the catheter insertion. This can be made worse by anti-clotting medication and may be more frequent when the femoral artery is used rather than the radial artery. The bruising should disappear in two to three weeks.

For some patients the risks may be different, please speak to your specialist doctor before the procedure if you have any worries.



Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

# Consent 026 Patient agreement to coronary angioplasty

## Statement of health professional

(To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy). I have explained the procedure to the patient. *In particular I have explained:*

**The intended benefits:** This procedure is carried out with the intention of improving angina. In certain situations, the procedure reduces the likelihood of future cardiac problems (eg heart attack or death).

**Significant, unavoidable or frequently occurring risks:** This is a very safe procedure. On rare occasions there can be complications such as:

- Heart attack
- Stroke
- Damaged artery
- Bleeding and bruising
- Allergic reaction to dye
- Death

Specific concerns .....

.....

**Any extra procedures, which may become necessary during the procedure:**

Other procedure - please specify below:

.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**This procedure will involve:** local anaesthesia and sometime sedation.

## Consultant/Performer/Registered Nurse\*

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

## Contact details

If you require further information at a later date, please contact switchboard on 01223 638000 and ask to speak to your consultant's secretary.

\* Has received further training/delegated responsibility

## Statement of patient

*Please read the patient information and this form carefully.*

If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask - we are here to help you. *You have the right to change your mind at any time, including after you have signed this form.*

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.
- **I agree** to the procedure or course of treatment described on this form and have read this information leaflet on coronary angioplasty (PI 39) and had the opportunity to ask questions.
- **I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.
- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- **I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

.....

.....

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:



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- I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt-Jakob disease) or vCJD (variant Creutzfeldt-Jakob disease).

Yes (Health professional to refer to Trust CJD procedure DN92.)

No

### Patient

Patient signature: .....

Date: .....

Name (PRINT): .....

### Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

*On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.*

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

### Statement of interpreter (where appropriate).

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed: .....

Date: .....

Name (PRINT): .....

**A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).**

Signed: .....

Date: .....

Name (PRINT): .....

### Important notes (tick if applicable).

Patient has advance decision to refuse treatment (e.g. Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: .....

Date: .....

Name (PRINT): .....





## **On return to the ward**

The nurse will make you comfortable and attach a heart monitor. An ECG will be taken and the nurse will observe your blood pressure, heart rate and groin or wrist site and pulses regularly. You will be encouraged to drink water for one hour following the procedure and it is important that you drink as much as you are able to flush the contrast dye from your body.

If you have the procedure through your groin, you will need to lie flat or with one pillow until the tube in your groin is removed. The nurse or doctor will remove this manually or with a pressure device four hours after the procedure.

If you have the procedure through your wrist you may sit up straight away. A pressure device will be applied to stop any bleeding.

You will then be assisted to get up approximately two hours later as long as the nurse is confident that any bleeding at the groin site has stopped.

Some patients will be given a drug called Reopro during the procedure which can increase the risk of bleeding, this is given through the cannula. In this case mobilising may be delayed and an overnight stay is required.

If the doctors use an angioseal (a device to close the artery) in your groin you may sit up straight away, but will still need to stay in bed for three to four hours.

**If you have an angioseal please do not take a bath for four days, but you may shower during this time.**

## **Delay**

Sometimes your procedure may be unavoidably delayed due to emergency cases and, on rare occasions this may lead to your procedure being cancelled.

## **Results**

The results of the angioplasty will be discussed with you before discharge.

## **Going home**

The nurses will inform you of any medication changes before discharge.

You must not drive for one week by DVLA ruling. You will need someone to drive you home and someone should be with you for your first night at home and have access to a telephone.

You can resume normal activities the next day but you should refrain from strenuous activity for 48 hours.

## **Medication**

You will be prescribed two antiplatelet (blood thinning drugs) with specific instructions on how long they have to be taken for. It is very important to seek medical advice before you stop taking these medications.

## **Aftercare advice**

In the unlikely event that you experience your typical angina pain in the first 24 hours, please call 999 for an ambulance. Please take the letter which is addressed to the doctor in the accident and emergency department (A&E) with you and hand it in on your arrival.

You may experience some chest discomfort for the first week after the procedure, which can be relieved by paracetamol. If you experience significant chest pain, like your angina, you should contact your GP immediately.

### **Radial**

The dressing on your site is designed to stay in place 48 hours. It is fine to bath and shower with the dressing in place. Once the dressing is removed, please do not put talcum powder, soap or body lotion onto the site until it has fully healed.

If you experience excess swelling, redness, oozing or a change of sensation in your fingers, please seek medical advice.

### **Angioseal and Sheath**

If your groin bleeds, please do not panic. Lie down flat and get someone to apply pressure to your groin until the bleeding stops. This can take up to 10 to 15 minutes.

It is common to have bruising on your groin and leg, which sometimes can spread to your abdomen.

Two to three days following the procedure, for up to a fortnight, you may notice a small pea or marble sized lump at the incision site - this is normal healing. If the lump is any bigger than this or if you experience any pain or redness around the area, please contact your GP.

You will have a small plaster over the incision site, which should be removed the day after your procedure. Please do not bath for four days following your procedure, although you may have a shower or strip wash until then. Avoid putting talcum powder on or around the wound for one week.

### **Research**

Royal Papworth Hospital is a teaching hospital, and as such, you may be approached to participate in research.

### **Further information**

For further information please contact the Booking Centre on **01223 638837**, who will answer your queries directly or put you in contact with someone who can.

Alternatively please telephone the Cardiac Support Nurse team on **01223 638100**.



**Royal Papworth Hospital NHS Foundation Trust**

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[www.royalpapworth.nhs.uk](http://www.royalpapworth.nhs.uk)

A member of Cambridge University Health Partners

**Telephone numbers you may need during your admission to hospital**

Main Hospital Switchboard	01223 638000
5 North	01223 638520 / 01223 628525
5 South	01223 638535 / 01223 638515
3 South	01223 638304 / 01223 638306
Critical Care	01223 638280
Cardiac Rehabilitation	01223 638429

**Cardiac Support Nurses helpline 01223 638100**  
(Monday to Friday 09:00 - 18:00 except Bank Holidays)

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