

THE ANGIOPLASTY PROCEDURE: WHAT TO EXPECT

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You have been told you need a coronary angioplasty. To better prepare for your procedure, it is helpful to know what to expect.

A coronary angioplasty can help open up blocked arteries in your heart, restoring blood flow through your heart and decreasing your risk of a heart attack. During this procedure a device, called an introducer sheath, will be inserted into your arm or leg. A long, thin tube, called a catheter, is inserted through the introducer sheath and is slowly guided to the narrowed spot. Using various techniques, your doctor will compress or reduce the plaque to widen the artery and restore blood flow.

In preparation for angioplasty you will have some tests, which may include a blood test, a chest x-ray and an electrocardiogram. The night before the procedure you may be asked not to eat or drink anything after midnight.

You may be asked to arrive a few hours before the procedure is scheduled. If not already done, any remaining pre-procedure tests will be completed.

Let your healthcare team know as early as possible if you are allergic to iodine or contrast agents. If you are allergic to contrast material, you will be given medication before the procedure to prevent a reaction.

An I.V. will be started to provide you with fluids and medication during the procedure. The place on your arm or leg where the catheter will be inserted will be cleaned to prevent infection.

Next, you'll be moved to the procedure room. Throughout the procedure you'll be relaxed, but not asleep.

You'll be given a local anesthetic to numb the area of your leg or arm where the catheter will be inserted. You may feel the sting of the injection, but you shouldn't feel any pain during the procedure. If you do, let your doctor know.

Then the introducer sheath will be inserted into your arm or leg. The catheter will be threaded through the sheath into an artery and carefully guided towards your heart.

The doctor will inject a small amount of contrast material that will travel through the arteries and their branches. This will show your doctor where the artery is narrowed.

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Another catheter, usually with a tiny balloon attached to it, will be moved to the narrowed spot. The balloon will be inflated for about 60 to 90 seconds to press the plaque against the artery wall, widening it so that blood flows easily again. Sometimes more than one balloon inflation is used to compress the plaque.

If needed, your doctor may also implant a small metal device, called a stent, into the artery. Using a catheter, the stent will be advanced to the spot where the plaque was compressed and inflated to expand the stent against the artery wall. The stent will stay in place providing structural support and reducing the risk that this part of the artery will narrow again.

There are two types of stents – bare metal stents and drug-eluting stents. Over a period of months, new tissue will grow over the bare metal stent covering it completely. A drug-eluting stent is a metal stent that has been coated with a drug. This drug is released slowly and decreases the speed that new tissue grows.

Stents are not used in every procedure. Your doctor will decide if a stent is right for you based on artery size, the amount and location of the blockage and other considerations.

If a stent is used, you will be given a special medication, called an antiplatelet agent, to prevent blood clots from forming. Depending on the type of stent used, the amount of time you need to use this medication will vary.

The angioplasty and stenting procedures usually take about one hour. After the procedure is completed, the catheter will be withdrawn. To prevent bleeding as the introducer sheath is removed, firm hand pressure will be applied or a closure device will be used.

"It wasn't painful at all. And it was done so quickly I didn't even realize what they had completed at the time."

Once your procedure is completed, you will be moved to the post-procedure area to start your recovery.