

## ARTERIOGRAM / ANGIOPLASTY

### What is an arteriogram?

An arteriogram (angiogram) is a diagnostic test that is used to investigate blocked or narrowed arteries. The main use is to assess problems with arteries in the legs, but it can also be used to investigate arteries to the kidneys, intestines, arms and neck. The principles of the test are the same. It may also be possible to stretch blocked or narrowed arteries with a balloon. This is called an angioplasty.

### Before the procedure

The procedure will be carried out at Bedford Hospital, either as a day case or with an overnight stay. This will be discussed at your clinic visit. You will normally be contacted by our surgical pre-assessment nurse who will arrange an appointment to see you to check the tablets you are taking and to arrange blood tests and an ECG (heart tracing). You should tell her if you have asthma, hay fever, kidney problems, heart problems, diabetes or any allergies and whether you take warfarin tablets. You will then be admitted on the day of your arteriogram to Tavistock Ward, 1<sup>st</sup> Floor Main Ward Block.

### The procedure

This is carried out by a Consultant Radiologist (X-ray specialist). Local anaesthetic is injected into the skin of your groin and a needle placed into the artery. A fine catheter (tube) is then passed through the hollow needle and radio-opaque contrast (dye) injected into this. This provides a 'road map' of your arteries which allows us to decide upon the correct treatment. You may feel odd sensations when you have the injection such as a hot flush or a desire to pass water. Once the procedure is complete, the catheter is removed and the radiologist will then press firmly on the groin to minimise bruising.

### Angioplasty

Depending on the result of your arteriogram or previous MRI/CT scans, it may be possible to stretch your artery with a balloon i.e. *angioplasty*. This involves delivering a collapsed balloon through the hollow needle in your groin and placing it across the narrowed area under X-ray guidance. The balloon is then inflated using a syringe. This may be enough to improve walking distance and/or decrease the severe pain in your foot. Sometimes a metal wire mesh (stent) is needed to keep the artery open once it has been stretched. You should be taking a tablet to try and make the blood less sticky and therefore less likely to clot on the surface of the stretched blood vessel and cause worsening of your symptoms. Aspirin (normal dose 75 mg to 150 mg each day) is the usual blood-thinning treatment, unless you have had problems with stomach ulcers, indigestion or allergies to aspirin. There are alternatives in this situation, such as clopidogrel (Plavix). You will normally be prescribed a cholesterol-lowering tablet (statin). The success rate of angioplasty depends on a number of factors. 70% of patients are likely to improve, 20% remain unchanged and 10% deteriorate.

### Post-operative instructions

You will normally be kept on bed rest for a few hours after the procedure during which time the nurses will check your circulation and monitor the needle puncture site. After this, you can carefully mobilise and will then be discharged home. If you have had an angioplasty you may need to stay in hospital overnight. A follow-up appointment for the outpatient clinic will be arranged for you.

### Complications

Complications may occur with this type of procedure, particularly with angioplasty. The main problems are bleeding from the arterial puncture site and thrombosis (blockage) of the artery. Occasionally this may be severe enough to need an urgent operation. Problems are much more likely in those patients who continue to smoke.

Please do not hesitate to ask a member of the team if you have any further questions.

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