

Coronary Angiogram, Angioplasty and Stent

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition.

What is an Angiogram?

An angiogram, also known as a cardiac catheterisation or angio, uses X-ray pictures to look at the function of your heart, the coronary arteries and heart valves. The angiogram itself is not a treatment. It is a test that will provide information about your heart to help decide on the best treatment.

What is an Angioplasty?

An angioplasty is a treatment to improve blood supply to the heart, by stretching the artery and reducing the narrowing with a balloon. The coronary arteries supply the heart muscle with blood and oxygen. Through time fatty materials settle into the inner lining of the artery, narrowing or blocking the vessel. This narrowing or blockage can reduce blood flow to the muscle of the heart leading to 'angina-type' pain.

What is a Stent?

A stent is a small metal tube, which is inserted into the once narrowed artery. It acts as a support or scaffolding to the blood vessel. The doctor performing the procedure will decide which type of stent is required, depending on your condition and pattern of narrowing in the arteries. Drug eluting stents tend to reduce the chance of further narrowing developing within the stent.

Guidance for Patients

You will be taken by a nurse or support worker to the Cardiac Catheter Suite where the test is done.

You will be met by a nurse who will introduce themselves and then take you into a special room called a Cath Lab. This room is kept at a cool temperature because of the hi-tech equipment, television screens and monitoring equipment.

You will be asked to transfer on to the X-ray table, which is quite narrow. If you are unable to do so yourself we will assist you. The Cardiac Physiologist will attach heart monitor leads to your shoulders and left leg.

Your wrist or groin will be cleaned with an antiseptic lotion and then you will be covered by sterile drapes. A local anaesthetic will be injected to numb the area where the tube will be inserted. Once the injection has taken effect you should not feel any discomfort or pain at the wrist or groin. If the procedure is done from the wrist you may feel a sensation of the catheter (narrow tube) passing up the arm, but usually this is not painful.

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Different catheters are used to look at the heart, dye is then injected down the catheter and pictures are taken using X-rays. You will notice that the X-ray machine will move close to your chest and will also move towards your head and from side to side, this enables a complete picture of the heart, arteries and valves to be taken.

You may notice a hot flush feeling when the dye is injected. This feeling will last for about thirty seconds. You may feel extra heart beats (palpitations), but this is perfectly normal. You may have the sensation of having passed water, but you have not.

How the test is performed

A fine wire is passed through the guiding catheter and through the narrowing in the artery. A balloon is then passed over the fine wire and into the narrowing. Once in position, the balloon is inflated for a few seconds. This causes the fatty material to be compressed against the wall of the artery. In most cases, a stent will also be inserted. The scaffold is inserted on a balloon which is then expanded to hold the artery open. Further balloons may be inflated to ensure that the stent is adequately fixed in place.

Contact Us

Dr Peter Glennon - Consultant Cardiologist

Cardiology Unit

Tel: 024 7696 5661 or 024 7696 5765

Ward 21

Tel: 024 7696 8232 or 024 7696 5780