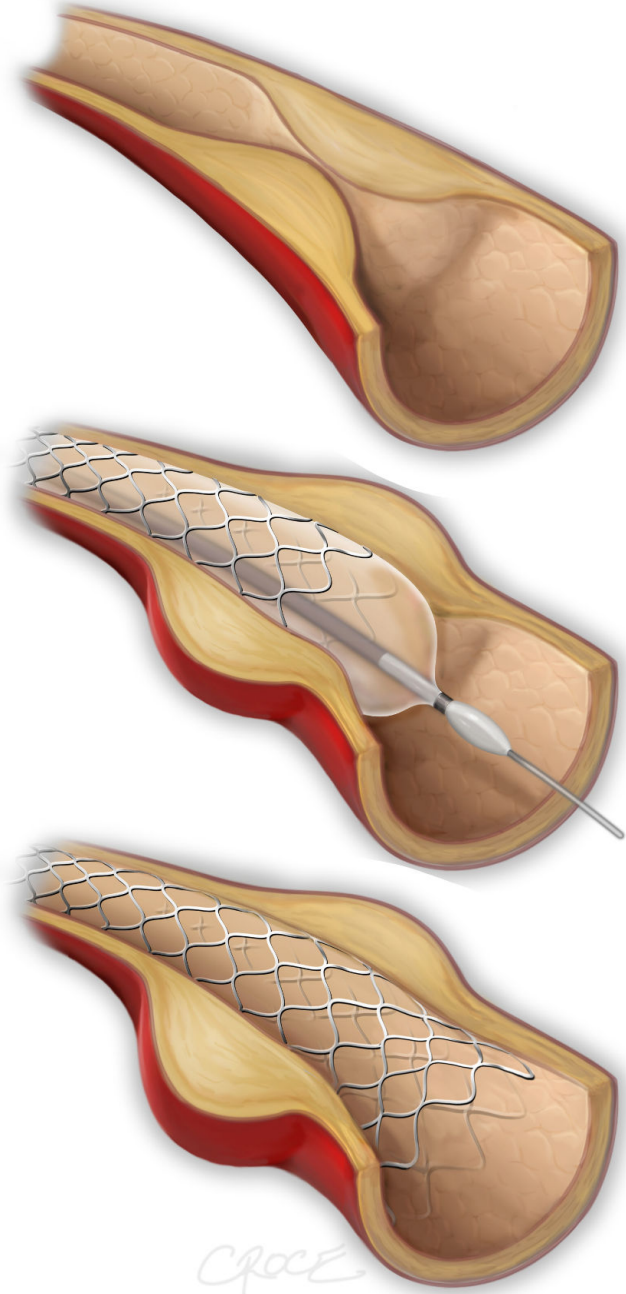
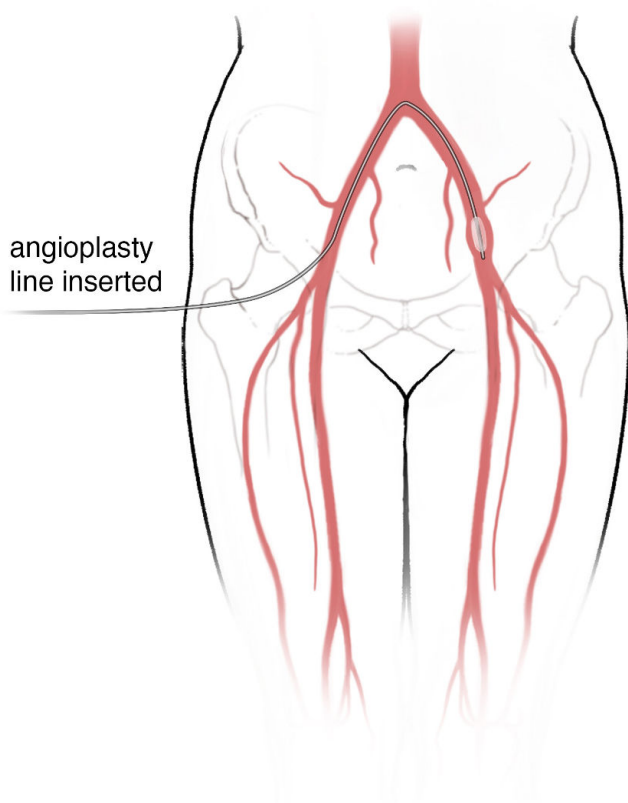


LOWER LIMB ANGIOPLASTY AND STENTING



1. WHAT IS LOWER LIMB ANGIOGRAPHY AND STENTING?

Angioplasty is a procedure to open narrowed or blocked blood arteries that supply blood to your legs. A stent is a small, metal mesh tube that keeps the artery permanently open.

2. WHY WOULD MY DOCTOR REFER ME TO HAVE THIS PROCEDURE?

You will be referred for angioplasty and stent insertion to treat narrowing in an artery.

3. HOW DO I PREPARE FOR THE PROCEDURE?

You will be required to fast (that means to go without food and water) for 6 hours prior to the procedure.

If you have abnormal kidney function or diabetes, one kidney rather than two, or other medical conditions that may increase the risk to your kidney function if you have contrast injection, special precautions are required. One of these precautions can be to give you extra fluid through an intravenous drip both before and after the procedure. Also, if you are on the blood thinning medication warfarin, an INR blood test will be needed to assess how 'thin' the blood is before the procedure.

This should be discussed with your referring doctor or specialist and the interventional radiologist who is carrying out the procedure. You may be required to withhold medications e.g., blood thinners, anti-diabetic medication; the procedural team will advise you of this at the time of scheduling.

4. WHAT HAPPENS DURING THE PROCEDURE?

Local anaesthetic is injected into the skin and soft tissues, and around the artery that will be used to gain access to the blood vessels that require treatment. This artery is usually the one in front of the hip or groin region, called the femoral artery.

A needle is passed into the anaesthetised artery and then a soft and flexible guidewire is passed through the needle into the artery. A sheath is then passed over the wire and into the artery. The sheath is a plastic tube with a tap on one end. Once the sheath is in place, the balloons and stents are all passed through this sheath.

A very thin tube is then passed through the sheath into the narrowed artery and an angiogram picture is taken. Using this picture, the correct sized balloon is chosen. Angioplasty is carried out by passing a thin tube into the artery. The balloon is shaped like a long sausage when it is inflated. The correct balloon size is selected for the artery being treated.

The balloon is inflated where the artery is narrow and stretches the artery up to normal size. After the balloon has been inflated for up to 3 minutes, it is deflated and removed. Another tube is passed into the artery to inject contrast medium. The contrast medium is injected while X-rays are being taken to provide an angiogram showing images of the new shape of the artery.

Sometimes, angioplasty is enough to keep the artery open but on many occasions a stent is required to hold the artery open. A stent stays in the artery permanently.

The sheath is removed from the groin and an arterial closure device is sometimes inserted to close the artery and stop the bleeding. Alternatively, pressure (by the doctor/nurse or by using a special clamp) is applied to the puncture site to stop the artery from bleeding. You must lie flat for between 1 and 4 hours after this.

5. HOW LONG DOES THE PROCEDURE TAKE?

The procedure varies, but in most cases, it takes between 30 and 60 minutes to complete.

6. ARE THERE ANY AFTER- EFFECTS FROM THE PROCEDURE?

You may develop a bruise in the groin. There may also be some discomfort at the site of the stent as the artery becomes accustomed to having a stent within it. This is usually mild (and often non-existent), but if it does occur, it usually subsides over a week. It is most strongly felt when long stents are used in leg arteries.

7. WHAT ARE THE RISKS

General risks include the following:

- Bleeding/bruising at the groin puncture (approximately 3-5% of cases). This only matters if it is associated with a hard lump that can be felt with your finger or you develop significant/increasing pain. This is called a pseudoaneurysm. If this happens, you should immediately contact the practice where you had your procedure carried out to report this to the radiologist, because it may represent a localised injury to the vessel wall that needs special treatment.
- Re-blockage of the treated artery, making your symptoms reappear or worsen. The artery may close completely in approximately 1% of cases requiring a repeat procedure.
- Allergic reaction to intravascular contrast medium. Most reactions are mild, but very rarely can be severe.
- Kidney failure – this can occur if you have diabetes or chronic kidney dysfunction and especially if adequate preventative steps are not taken. You will have your kidney function assessed by blood testing before the procedure to see if you need these preventative steps (which usually consist of ensuring that you are well hydrated, and this may mean having an intravenous drip inserted to give you extra fluids before and after the procedure).
- Allergic reaction to the sedation drugs or any other medications that are used.

8. WHAT ARE THE BENEFITS?

The procedure re-opens the artery to restore blood flow.

This may help you to walk without pain or allow a wound/ulcer on the leg or foot to heal.

9. WHEN CAN I EXPECT THE RESULTS OF MY PROCEDURE?

Most patients will experience an improvement in their symptoms within a few days. This may take longer for some patients or rarely, there may not be any improvement depending on where your blockage was, the size of your blood vessel, and how much blockage there is in other arteries. The interventional radiologist will advise you of the expected outcomes prior to the procedure.