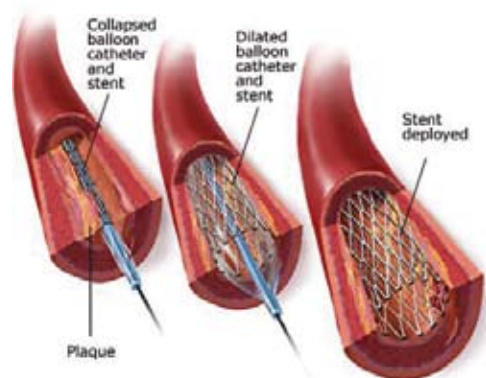


## WHAT IS IT?

Angioplasty describes a procedure where a small balloon unblocks an artery by pushing cholesterol plaque aside to improve blood flow. Typically, insertion of a stent also occurs during the same procedure (see figure below).

Stents are primarily made of marine grade stainless steel formed into a mesh and mounted on a balloon for delivery at the site of vessel obstruction. Different diameters, lengths and designs of stents are available for varied circumstances. The balloon inflates at high-pressure within the artery and deploys the stent, which acts like scaffolding for the artery. Once in place, it is not removable and cannot collapse.



## WHY PERFORM ANGIOPLASTY?

Angioplasty is one method used to treat blocked blood vessels. Most patients have long-term reduction or resolution of angina. It is mainly a treatment for heart pain (angina), although in certain circumstances it does lessen the future risk of heart attack or death. Alternative therapies include medication or open-heart bypass surgery.

## HOW LONG WILL THE RESULT LAST?

Generally, most treated blockages will not return. Many factors influence this and include the adequate management of risk factors: smoking cessation, control of diabetes and hypertension and cholesterol reduction. In about 5% of cases, a blockage reforms at the site of stent placement, usually within 6 months. It may need to be retreated.

## HOW DOES YOUR CARDIOLOGIST PERFORM ANGIOPLASTY?

If you have already had a coronary angiogram, it is similar but takes longer – usually between 30 and 60 minutes. You may receive an oral sedative before the procedure. The Cardiologist will inject local anaesthetic over the groin artery and feed a fine plastic tube (catheter) up to the appropriate heart artery. A very fine wire is steered across the blockage and balloons and stents fed over the wire (much like a train on a rail) to treat the narrowing.

After treating the blockage, the Cardiologist removes everything, except the stent. The nurse will apply pressure to the puncture site until the tiny hole in the artery has sealed off. You generally stay in bed overnight and go home the next morning.

## WHAT HAPPENS AFTER DISCHARGE?

Your Cardiologist may change your medications and you should be careful to follow instructions.

Your Cardiologist may increase your dose of aspirin up to 300mg/day and prescribe another special anticoagulant (blood thinner) called 'Plavix' or 'Iscover'. You should take this once a day until told to stop by your cardiologist. These two drugs are very important and must not be missed or altered without talking to your angioplasty Cardiologist.

You should avoid exercise and heavy lifting for the first few days and restart gentle activities after that, building up to normal over 3 weeks. Do not undertake driving during the first week. You can resume sex after 14 days. Undertake no mowing, digging, carpentry or heavy work for the first 3 weeks.

*You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form.*

## TESTING

WESLEY HOSPITAL  
3rd Floor  
Wesley Private Hospital  
Chasely Street  
Auchenflower QLD 4066  
t (07) 3870 4144  
f (07) 3870 8481

MOUNT OMMANEY  
Mount Ommaney  
Medical Centre  
171 Dandenong Road  
Mt Ommaney QLD 4074  
t (07) 3279 4111  
f (07) 3279 4155

CLAYFIELD  
Figtrees  
Suite 3 1st Floor  
531 Sandgate Road  
Clayfield QLD 4011  
t (07) 3262 7477  
f (07) 3262 9631

GREENSLOPES  
Suite 6  
Greenslopes Specialist Suites  
Newdegate Street  
Greenslopes QLD 4120  
t (07) 3394 3100  
f (07) 3394 3118

## CONSULTING

BRISBANE METROPOLITAN  
Wesley  
Clayfield  
Mount Ommaney  
Green Slopes

QUEENSLAND  
Hervey Bay  
Kingaroy  
Maryborough  
Rockhampton  
Roma  
Beaudesert  
Emerald  
Gladstone  
Gympie  
Ipswich

Name	Date of Birth	Medical Record Number
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I, Dr \_\_\_\_\_

Have discussed with the Patient/Parent/Guardian,

Patient's name \_\_\_\_\_

the patient's present condition, alternative treatments available and have explained the risks of

## PERCUTANEOUS CORONARY ANGIOPLASTY

Which may include less than 2% chance of one or more of the following occurring:

- Risk of significant heart attack 1 in 50
- Risk of significant bloodvessel complication 1 in 300
- Risk of stroke 1 in 500
- Risk of death 1 in 1000
- Risk of Life treating contrast reaction 1 in 10,000

Medical Doctor's signature \_\_\_\_\_

I, \_\_\_\_\_

of \_\_\_\_\_

request PERCUTANEOUS CORONARY ANGIOPLASTY to be performed on me/upon

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this procedure.

I understand that other unexpected operation/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may be need to be tested, if there is any injury to either my doctor or a hospital staff member during the procedure.

\_\_\_\_\_  
Signature of Patient/Parent/Guardian/Other (specify below)

\_\_\_\_\_  
Specify Other (Print)

\_\_\_\_\_  
Special Provisions (if applicable)

Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure.

I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

\_\_\_\_\_  
Signature of Witness to Patient's Signature

\_\_\_\_\_  
Full Name of Witness (Print)

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Date