



Advice for patients following angioplasty / stent procedures

Information for patients from Vascular Surgery

What is angioplasty?

Angioplasty is a minimally invasive x-ray procedure, which uses wires and balloons inserted via a needle to treat arteries which have become narrowed or blocked. This may include leaving a stent behind to support a treated artery. Stents are small, strong, expandable tubes made of metal mesh, designed to help keep a diseased artery open.

What complications can occur?

The potential benefits and risks of angioplasty / stent are covered in the information leaflet about these procedures. They will have been explained to you by your interventional radiologist before your treatment, but the complications include the following.

- **Bruising** where the artery was punctured, this is common and harmless.
- **Bleeding** from the puncture, causing blood to collect around the artery (haematoma). If this becomes large, a small operation may be needed to stitch the needle hole in the artery. This is needed in less than one in 100 patients.
- **The artery may immediately block**, which could lead to loss of blood supply to the limb (arm or leg). Although rare, this may result in amputation for around one in 200 patients.
- **The artery may be punctured by the wires used or rupture where the balloon is inflated**. It may be possible to repair the artery with a stent or you may need an operation, but only in around one in 1000 patients.
- During the procedure, **fragments of the material furring up the arteries (atheroma, plaque) may be dislodged and pass along in the bloodstream, causing a blockage further down (embolism)**. This is more common after procedures further down the leg. One in 500 patients may need an operation to try to remove the new blockage, or it may lead to amputation.

- The **x-ray dye can cause an allergic reaction**, with a rash or breathing difficulties. Medication may be needed to control this reaction. You will need to remember to tell us of this whenever future x-rays are needed, as repeated allergic reactions can be life-threatening.

What happens after my procedure?

Depending on the procedure you have had, afterwards you will be asked to lie flat for some time; you will be told about this at the time. Do ask for pain relief if you are sore.

How long will I need to stay in hospital?

Once up and about, you may be able to go home when any anaesthetic has worn off and you are not staying for further treatment.

Will I need a follow-up appointment?

Your radiologist will discuss the results of your treatment with you before you go home. A letter (discharge summary) will be sent to your GP, with details of your treatment and any future care plans. Whether you need to be seen again depends on whether more treatment is planned, commonly not.

When can I drive again?

Please do not drive for 24 hours after your procedure, and avoid strenuous activities for three days.

What if I feel unwell at home?

If a swelling appears in your groin or your leg symptoms worsen, contact us using the numbers at the end of this leaflet.

How can I help my recovery?

This treatment will usually improve the blood flow through your treated area, but will not cure the underlying arterial disease. Arteries often become narrow again, so it is important to follow the advice that you will have already been given, about how you can help yourself to avoid more problems with hardening and blockage of your arteries. This advice is given again below.

- Avoid tobacco, both passive smoke and do not smoke yourself.
- Eat a healthy low fat diet, and lose weight if relevant.
- Take regular exercise, aiming for a decent walk at least five days a week; look after your feet.
- Make sure that underlying diabetes, high blood pressure, or high cholesterol are properly treated and controlled. These are usually managed with the help of your GP.
- Take the medicines which protect you from arterial disease, including antiplatelet drugs (aspirin or clopidogrel) and cholesterol-lowering drugs (statins, fibrates, or ezetimibe).

Where can I get more information?

If you have any questions or concerns, please contact one of the following.

During the working day, first try the vascular nurse practitioners. If they are not available or you call out of hours, ask the hospital switchboard to contact the on-call vascular registrar.

- **Vascular Nurse Practitioners**
Telephone: 01227 864137
Email: ekh-tr.vascular-nurse@nhs.net (ekh-tr.vascular-nurse@nhs.net)
- **Vascular Secretaries (general line)**
Telephone: 01227 868602 (Monday to Friday; 9am to 4pm)
- **Out of hours Vascular Registrar**
Hospital switchboard: 01227 766877
Ask to speak to the on-call vascular registrar
- **Critical Care**
Telephone: 01227 783104
- **Kent (vascular) Ward**, Kent and Canterbury Hospital
Telephone: 01227 783102

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email ekh-tr.pals@nhs.net (ekh-tr.pals@nhs.net)

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

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