



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

CARDIAC CATHETERIZATION AND ANGIOPLASTY

A Guide for Patients and Families



PLEASE BRING THIS BOOK WITH YOU TO THE HEART INSTITUTE

Patient Name _____

Please complete the following information:

Contact Person (relative, friend)	Name _____
	Phone Number _____ (Home) _____
	Phone Number _____ (Cell) _____
Family Doctor	Name _____
	Phone Number _____
Pharmacy	Name _____
	Phone Number _____
Cardiologist	Name _____
	Phone Number _____
Other (Specify)	Name _____
	Phone Number _____

IMPORTANT

Nursing Coordinator: 613-761-4708

Please call the nursing coordinator if you have any symptoms or concerns throughout your early recovery period. The nursing coordinator can be reached at any time.

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Patient Responsibility Checklist

The following checklist will help you prepare for your admission:

- Arrange for a ride home from the hospital. You cannot drive yourself home.
- Arrange for someone to stay with you overnight. If no one is available, notify your doctor or the Wait List Management Office (613-761-5397).
- Take your usual medications (except for metformin (diabetic pill) and Coumadin® (blood thinner) with a little water on the morning of the procedure, unless otherwise directed by the nurse from the Day Unit.
- Bring all your medications in the original bottles dispensed by pharmacy. Please complete the medication list included in this book or bring an updated list with you.
- Bring a pair of slippers, housecoat and reading material.
- Do not bring any valuables (including money and jewelry). The Heart Institute is not responsible for loss or damage of such items.
- Remove nail polish and do not apply makeup.
- Do not** use any scented skin products (talcum, lotion, perfume, cologne, aftershave, etc.).
- Advise family members/visitors to refrain from using scented skin products. Visitors may be asked to leave or refused permission to visit if they are wearing fragranced products (as per hospital policy).
- Have available the phone number(s) of an emergency contact person.

**If you are unable to keep your appointment for any reason,
please notify the Wait List Management Office at 613-761-5397**

About the Procedure

A Note about Procedure Names:

The terms **Angiogram** and **Angioplasty** will be used throughout the guide. Angiogram is also known as Cardiac Catheterization and Coronary Angiogram. Angioplasty is also known as PCI or Coronary Angioplasty.

Why is an Angiogram Necessary?

Diagnostic tests provide important information, but they do not give all the answers. Sometimes an angiogram is also necessary for the doctor to make a correct diagnosis and determine the best treatment for your heart problem.

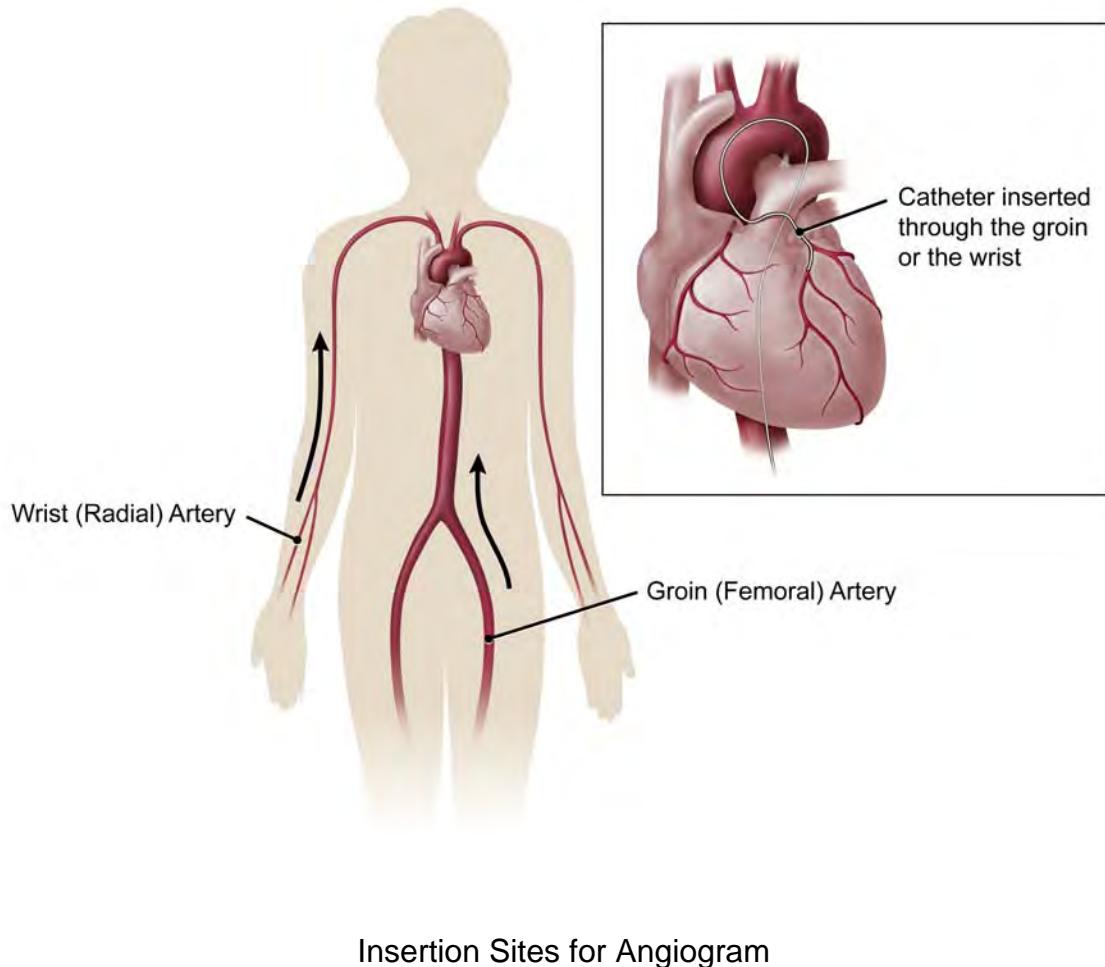
When your doctor orders an angiogram, the necessary information is sent to the Wait List Management Office at the Ottawa Heart Institute.

There may be unforeseen delays, changes in schedule or cancellations. Due to these possibilities there may also be a change in the doctor who will perform your procedure.

Should you have any questions or concerns or you experience a change in symptoms while you are waiting at home for your angiogram, do not hesitate to call the **Regional Cardiac Care Coordinator at 613-761-5397**.

What is an Angiogram?

An angiogram is a dye test used to detect heart problems. The procedure involves the insertion of a thin flexible tube (catheter) into an artery located in the groin area or the arm. The catheter is guided to the heart. Once in position, a dye is injected into the coronary arteries so that X-ray pictures can be taken. The X-rays reveal any blockages or narrowing in these arteries. The test can also look at the working of heart valves and heart muscle. Once the procedure is completed your doctor can determine the best treatment for you.



What is Angioplasty?

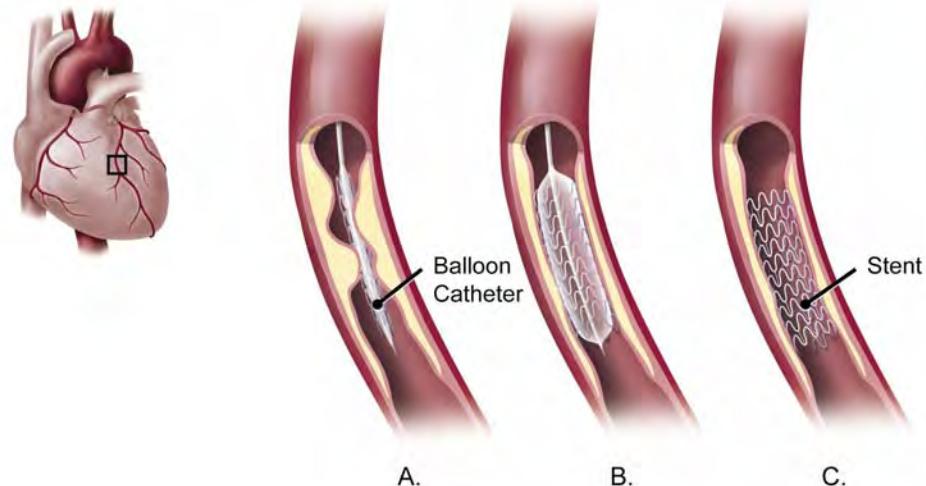
Angioplasty is also known as PCI:

- Percutaneous – through the skin
- Coronary – having to do with the heart
- Intervention – the type of procedure used to open a narrowed artery

Angioplasty is similar to an angiogram. Both are done in the catheterization lab. Angioplasty is a procedure used to widen the narrowing in arteries of your heart without surgery. The basic idea is to position a catheter with a small inflatable balloon within the narrowed section of the artery. Inflating the balloon catheter causes the balloon to push outward against the narrowing and surrounding wall of the artery. This process reduces the narrowing until it no longer interferes with blood flow. The balloon is then deflated and removed from the artery. In many patients a stent is placed within the artery once it is opened.

A stent is a small metal mesh tube that is placed into your blood vessel on a balloon catheter. The stent expands against the vessel wall as the balloon is inflated. Once the balloon has been deflated and removed, the stent stays in place permanently, holding the blood vessel open and improving blood flow. Stents lower the risk of this area narrowing again. There are several types of stents available. Your doctor will select the most appropriate type of stent for your medical condition.

Angioplasty is not for everyone. Your doctor will decide if angioplasty is suitable for you.



A. The balloon catheter and collapsed stent are inserted into the narrowed artery. **B.** The balloon is inflated to expand the stent. **C.** The balloon catheter is removed leaving the stent in place.

Advantages of Angioplasty

Over 90% of angioplasties are successful immediately. Blood flow through the artery returns to normal or near normal. Some people may not have complete relief, but their symptoms are improved, allowing them to be more active and comfortable.

There is no incision as this is not surgery and you are not put to sleep (general anesthesia). Most people are up and walking on the same day. Some people go home the same day, but some patients are required to stay overnight and go home the following morning.

Disadvantages of Angioplasty

An artery may become narrow again after angioplasty. This is called restenosis. If the artery narrows enough, you may feel angina again. The use of stents has reduced the restenosis rate. Restenosis is usually treated with a second angioplasty, but occasionally bypass surgery is needed or medical therapy is used.

Risks of Angiogram and Angioplasty

Angiogram and angioplasty (with or without stent implantation) are common procedures. Your physician has carefully considered your clinical condition and believes that the benefits of the procedure outweigh the risks. However, since these procedures are invasive there are risks associated with them.

Common risks include:

- Bleeding at the catheter insertion site or other organs due to blood thinning medication (anticoagulants)

Less common but potentially more serious risks include:

- Heart attack
- Stroke
- Unknown dye allergy
- Kidney problems, including kidney failure requiring dialysis
- Emergency heart surgery
- Death
- Other rare and unpredictable complications

In 1% to 2% of angioplasty cases, the artery collapses or is damaged by the wire or balloon. A stent can often fix this, but sometimes patients need emergency coronary artery bypass surgery. At the Heart Institute, our operating rooms are close by if a patient needs surgery.

Discuss the risks and benefits of your procedure with your doctor.

Angioplasty is not a cure for coronary artery disease. Coronary disease needs lifelong management. You can control your condition with a healthy lifestyle:

- Get enough exercise
- Maintain a healthy weight and reduce your waist size
- Quit smoking

You can control your risk factors by taking the medication that your doctor prescribes. Your doctor may prescribe medication for:

- High blood pressure
- High cholesterol
- High blood sugar

Preparing for Your Procedure

As a patient coming to the Heart Institute for a procedure, you will be in one of the following categories:

- A **day patient/outpatient** coming from home
- A **referred patient** sent from another hospital for a day procedure
- An **admitted patient** coming to the Heart Institute the day prior to your procedure

The patient categories are described below because the process for each is slightly different.

Same-day Angioplasty

Same-day angioplasty occurs when the angioplasty is done immediately following the angiogram. This decision is made by your doctor at the time of your procedure.

Day Patients/Outpatients

You are considered a day patient/outpatient when you are coming to the Heart Institute from home on the same day as your angiogram. A pre-procedure visit may be arranged by the office of the cardiologist performing the procedure. This visit includes:

- Cardiac assessment
- A session to teach you about the procedure
- Review and signing of the consent form
- Pre-catheterization tests (blood tests, ECG)
- Specific instructions about your medications

Note: Please bring your Health Card and all of your medications.

Many of our patients also find it helpful to bring:

- A family member or friend to take notes or ask questions
- A list of your own questions to ensure that you have all the information you need

If you are coming to the Heart Institute for blood work and ECGs, present yourself to the Day Unit. If you have been given an information package from your doctor, please give this to the ward clerk in the Day Unit. You will then be directed to the Ambulatory Care Unit for your tests.

Things to do before the day of your procedure:

- Please make arrangements for transportation home on discharge. You are not allowed to drive yourself. Discharge will take place approximately 5 to 6 hours after your procedure.
- If you live a considerable distance from the Heart Institute, check with the doctor to see if you should stay close to the hospital the night of discharge. Arrangements for accommodations should be made in advance. (see Accommodations insert)

You will receive a call between 4:00 p.m. and 8:00 p.m. on the evening before your procedure to confirm your expected time of arrival and the approximate time of your procedure. **If you have not received a call by 9:00 p.m. please call us at 613-761-4770.**

On the day of your procedure, you will come to the Heart Institute Day Unit located on the first floor. Once on the first floor, follow the green hearts.

Relatives and visitors may accompany patients to the Day Unit. **Only one person may stay with the patient at any time.** This person may be asked to wait in the lounge area for short periods of time. If a contact person is not present, the staff will phone them after the procedure. Visiting hours are from 8:00 a.m. to 8:00 p.m.

Referred Patients Coming from Other Hospitals as Day Patients

The Heart Institute will contact the nursing unit at your hospital to arrange the date and time of your procedure. Your time of transfer will depend on ambulance availability. To be sure you arrive in time, the ambulance may bring you well in advance of your procedure time.

You may be discharged directly from the Heart Institute. It is important to bring discharge clothing with you. You must be prepared to make arrangements for transportation home on short notice.

For patients returning to their hospital by ambulance, there may be delays depending on ambulance availability.

Visitors may accompany patients to the Day Unit. There is a restriction of one visitor per patient at any time. Visitors may be asked to wait in the lounge area for short periods of time. If a family member is not present, the staff will phone them after the procedure. Visiting hours are 8:00 a.m. to 8:00 p.m.

Ensure you provide the phone number and location of your contact person to the Heart Institute nurse in case of emergency.

Admitted Patients

If you are to be admitted to the Heart Institute, please call the Admitting Department at 613-761-4577 between 9:00 and 9:30 a.m. on the morning of admission to learn when your bed will be available. The bed cannot be booked prior to your admitting day and often will not be ready until after lunch. You will be asked to come to the Admitting Department once your bed is available.

Bring your medications (including insulin) as you may be asked to take your own medications.

For All Patients

Please use the Patient Responsibility Checklist on page 2 to help prepare for your admission to the Heart Institute.

Prior to your procedure:

- A nurse will do an assessment; take your blood pressure and other vital signs.
- A saline lock (intravenous catheter) may be inserted, and blood tests and ECG may be done.
- Pre-procedure teaching will be done and a video will be available for your viewing.
- You will see the cardiologist performing your procedure.
- Informed consent will be obtained.
- You may eat up to 4 hours and drink fluids up to 2 hours prior to your procedure.
- A small area of both groins or your wrist will be prepped.

In the Cardiac Catheterization Lab

You will be escorted to the waiting area of the Catheterization Lab either by walking, wheelchair, stretcher or bed.

Before Your Procedure

After a brief discussion with the nurse you will be taken into the Catheterization Lab and asked to lie on a special X-ray table. The temperature in the room will be very cold. You will be attached to a heart monitor.

As this is a teaching hospital there may be other physicians, nurses and lab technologists involved in your procedure. All staff will be wearing gowns, masks and special aprons.

Your groin/wrist will be washed with a cold solution and sterile sheets will be placed over you. It is important that you neither move nor touch the top of the sheets once they are in place. You may be asked to lie with your arms above your head for a period of time. A nurse will be available to assist you.

During Your Procedure

You will be given medication to help you relax, but you will be awake during the procedure so that you can follow instructions from the doctor and nurses. The doctor will administer freezing to your groin/wrist. A small catheter will be threaded through a blood vessel up to the heart. A contrast dye will be injected through this catheter to highlight the coronary arteries. Most patients experience a sensation of body warmth as the dye is injected or the urge to empty their bladder.

X-ray pictures will be taken throughout the procedure. The X-ray machine will move over you very close to your body.

During the procedure, you may be asked to take a deep breath and hold it for a few seconds, or to cough. It is not unusual to experience some chest pain. Inform the nurse if you experience any discomfort or have concerns.

The time for the procedure in the lab is usually between 30 to 90 minutes. If your condition is complex, your procedure will be longer.

Due to unforeseen circumstances there may be a lengthy wait in the lab waiting area or you may be returned to your room until the lab is available.

Following Your Procedure

After the Procedure

You will leave the Catheterization Lab on a stretcher, and one of the following will happen:

- **After an angiogram:** The catheter will be removed and a special clamp or manual pressure will be applied. A sand bag will then be placed over your groin to continue pressure on the puncture site.
- **After an angioplasty:** You will be transferred to a unit which specializes in catheter (sheath) removal if a groin insertion was used, or back to the sending unit if the wrist was used.

The nurse will frequently check your pulse, blood pressure, pulses in your feet or wrist, and the puncture site.

1. Following a groin insertion:

- If the doctor used your groin (femoral artery), you must remain on bed rest for up to 6 hours after the procedure.
- It is important to keep your head on the pillow and your affected leg straight. You will be reminded frequently to do these two things to avoid bleeding from the puncture site.
- If you experience back discomfort, you can be repositioned with the help of a nurse, keeping your affected leg straight. The head of your bed may be elevated slightly.
- During this time you may sleep, read or rest. You will be given a snack.

2. Following a wrist insertion:

- If the doctor used your arm (radial artery) you will have a clamp applied to your arm in the lab to prevent bleeding.
- You will be on bed rest for approximately 1 hour after the procedure.
- It is important to keep your arm on the pillow and refrain from twisting your wrist. You may move your fingers. Your nurse will be available to assist you while the clamp is in place.
- During this time you may sleep, read or rest. You will be given a snack.

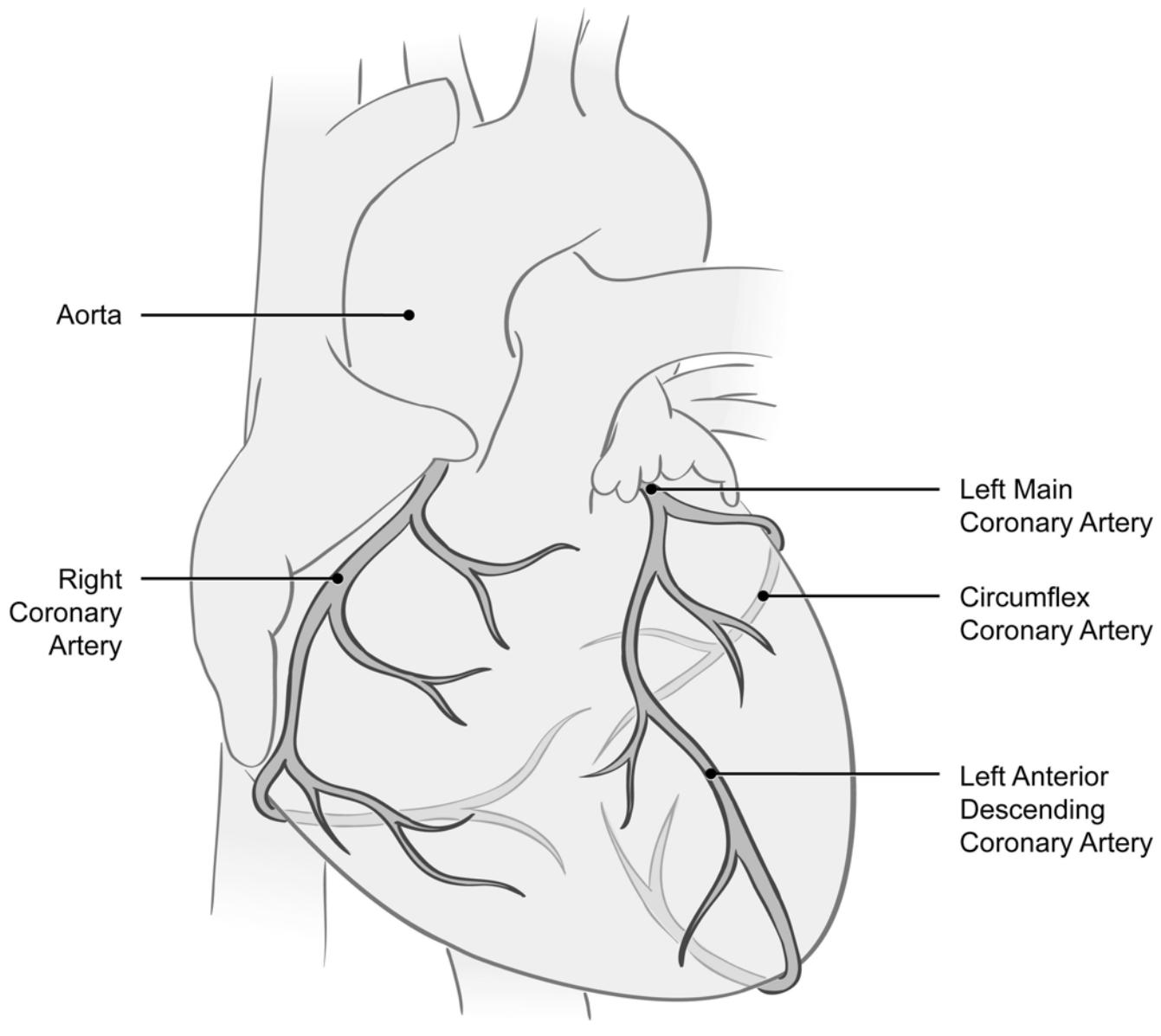
You will be encouraged to drink fluids so the dye will flush out through your kidneys. Ask your nurse for assistance as soon as you need to empty your bladder. It is important not to sit up. The nurse will assist you in getting up once your bed rest is complete. You will be encouraged to walk around during the hour before discharge.

You must have someone pick you up at the hospital and drive you home. Someone should stay with you overnight the day you go home. If this is a problem, tell your cardiologist or inform the Wait List Management Office at 613-761-5397.

Results of Your Procedure

Sometime following the procedure, prior to your discharge, the doctor will review the results and treatment options. In general, there are three treatment options for coronary artery disease: medical therapy, angioplasty, or coronary artery bypass surgery. The most appropriate treatment will be discussed with you by your physician. A copy of the results of the angiogram will be made available to your referring cardiologist and/or your family doctor.

Your doctor will use this picture of a heart to show you what was done during your procedure.



Discharge Instructions for Angioplasty/Angiogram

(Femoral/Groin and Radial/Wrist Insertion)

Procedure: _____ Date: _____

Insertion site: _____

Day of Procedure:

Please note any bruising or discoloration at the insertion site. A certain amount of bruising, stiffness or soreness is expected. A small bruise or lump at the procedure site is normal and will likely go away on its own. Some numbness or tingling in the affected limb immediately after the test is **normal**. Such numbness and tingling should disappear by the time you are ready for discharge.

Discharge Procedure:

Prior to discharge please report to the nursing station. You may need:

- A saline lock removed
- A return appointment
- A prescription

Returning to Another Hospital:

If you have been transferred from another hospital, the clerks will make return arrangements for you. Transfer times depend upon your recovery period as well as the availability of ambulances. It is not unusual to encounter delays.

Going Home:

YOU MUST NOT DRIVE HOME YOURSELF. You should make arrangements to be driven home by a relative or friend. If such an arrangement is not possible, a taxi may be acceptable if approved by your physician.

Advanced arrangements should be made to have someone with you at home throughout the evening and night after you are discharged from the hospital.

If this is not possible, you need to discuss this with your doctor in advance of your procedure.

Daily Activity Guidelines

Activity

Discuss individual questions about specific activities with your doctor.

Generally, if you are discharged the same day as your test, once home, you should take it easy and rest. The day following the test, you can gradually begin to resume normal activities.

1. Groin (femoral) insertion:

- Limit the amount of stair climbing as much as possible. Try to climb the stairs only once on the day of your procedure.
- Do not lift anything heavy—greater than 10 lbs (4.5 kg) —for 48 hours.
- Apply pressure to your groin if you have to sneeze or cough hard for 48 hours. The easiest way to apply pressure is to make a fist and place it firmly on the groin area over the band-aid.

2. Wrist (radial) insertion:

- Do not lift anything greater than 10 lbs (4.5 kg) with the affected arm for 48 hours after the procedure. Avoid vigorous wrist movements of the affected arm.
- You may elevate your arm on a pillow to help prevent swelling.

Returning to Work

You must discuss your return to work with your doctor. If you have a job which involves mostly sitting, you may be able to return to work within a few days following discharge. If your work is active, involving much movement, you may be advised to stay off work for a longer period of time.

Driving

Before discharge, be sure to talk to your doctor about when you may start driving again. Do not drive or operate any motorized vehicles for 2 days following your procedure. Additional driving restrictions (from 2 days to 1 week) may apply following such procedures. The restrictions may be extended if you have had a heart attack.

Care of Insertion Site

Dressing

- You may remove the clear dressing or band-aid the day after the procedure, and replace it with a new band-aid.
- A small amount of dried blood on the old dressing and puncture site is normal.
- You may take a shower the day after your test, but do not allow the dressing to stay wet.
- Do not take a tub bath or cleanse the arterial puncture site for 48 hours after your test.
- You may re-apply a dry band-aid for a few more days in order to keep the skin clean and reduce the risk of trauma or infection. The band-aid may be removed 72 hours after the procedure.
- Try to avoid wearing tight or restrictive clothing over the puncture site.

Puncture Site

Examine the site every day and notify your physician if any of these problems develop:

- An expanding lump or persistent area of redness and warmth
- Yellow drainage from the wound site
- Worsening numbness in the leg, hand, wrist, or arm
- Severe discomfort at the puncture site

Mild discomfort at the procedure site or forearm is normal and may be treated with Tylenol or application of a warm, dry towel.

Diet

- You should try to drink more fluid than usual for 48 hours after your procedure. This will help your kidneys flush the dye from your system.
- You may resume your usual diet after discharge.

Bleeding

If there is a small amount of bleeding at the puncture site:

- For a wrist site, sit down immediately and apply firm pressure to your wrist with your fingers for ten minutes.
- For a groin site, lie down and apply pressure to your groin using a fist placed firmly on the groin area over the band-aid.

If the bleeding stops, remain quiet and keep your procedure leg/wrist immobile for two hours.

If recurrent bleeding occurs, notify your physician as soon as possible.

- If you are unsure as to what action you should take phone 613-761-4708 and ask to speak with the Cardiology Nursing Co-coordinator

If the **bleeding does not stop** or if there is a **large amount** of bleeding:

- CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.
- Lie down and hold firm pressure on the site until help arrives.

Medications

Medications after your Angioplasty

If your cardiologist places a stent in your artery, you will need to stay on your medication **Plavix®**. These stents are very effective in reducing the risk of artery renarrowing. It is very important that you take the two blood thinners, **aspirin** and **Plavix®**, as prescribed by your doctor to reduce the risk of blood clots forming on these stents. You must **not** stop these medications without consulting your cardiologist.

Discuss any medication issues with your doctor prior to discharge.

If you normally take antacids, discuss this with your doctor. Antacids may interfere with some medications.

Please see the following chart for general information about some common cardiac medications. For more detailed information about your specific medications contact your pharmacist.

Type of Medicine	Names of Medication	How Medication Works	Potential Side Effects
Antiplatelet Agents	ASA = aspirin (ECASA=coated aspirin) Plavix® = Clopidogrel	<ul style="list-style-type: none"> Antiplatelets stop platelets (cells in the blood that help promote clotting) from clumping together ASA is a mild antiplatelet for life long prevention Plavix® is a stronger anti-platelet needed for a minimum of a year after a stent 	<ul style="list-style-type: none"> Increased risk of bleeding Stomach upset (nausea, diarrhea, heartburn); may need Pantaloc® to reduce these side effects
ACE Inhibitors (Angiotensin- Converting Enzyme Inhibitors)	Altace® = Ramipril Vasotec® = Enalopril Coversyl® = Perindopril	<ul style="list-style-type: none"> Relax blood vessels Lower blood pressure Strengthen the heart muscle 	<ul style="list-style-type: none"> Cough Headache Dizziness, lightheadedness (may need dose adjustment) Increased potassium in blood Swelling of lips/face/throat (rare) Call 911
Beta Blockers	Lopressor® = Metoprolol Tenormin® = Atenolol Monocor® = Bisoprolol	<ul style="list-style-type: none"> Lower blood pressure and heart rate Reduce the work of the heart Protect from heart rhythm problems after heart attack Improve heart function 	<ul style="list-style-type: none"> Fatigue/tiredness (improves with daily exercise) Dizziness, lightheadedness (may need dose adjustment) Insomnia / nightmares (improves with time)
Cholesterol- lowering Drugs (Statins)	Lipitor® = Atorvastatin Zocor® = Simvastatin Crstor® = Rosuvastatin Provachol® = Pravastatin	<ul style="list-style-type: none"> Reduce the amount of cholesterol in your body Prevent further heart disease 	<ul style="list-style-type: none"> Constipation, gas Nausea Muscle pain: Notify doctor (may need dose adjustment)
Nitroglycerin	Nitro spray Nitro Patch	<ul style="list-style-type: none"> Improves blood flow to heart by relaxing the blood vessels; Reduces angina symptoms 	<ul style="list-style-type: none"> Nitro spray may still be needed occasionally; use if required Nitro patch may not be required after angioplasty/stent and is often discontinued before discharge from hospital
Angiotensin II Receptor Blockers (ARBs)	Cozar® = Losartan Diovan® = Valsartan Avapro® = Irbesartan Atacand® = Candesartan	<ul style="list-style-type: none"> Relax blood vessels Lower blood pressure Strengthen the heart muscle Prescribed instead of ACE inhibitors 	<ul style="list-style-type: none"> Dizziness Headache Fatigue

What to do if you experience any chest discomfort (similar to your previous symptoms) which:

- Travels to your shoulder, arm, neck or jaw
- Feels vice-like, constricting, like a crushing weight/pressure or indigestion
- Is accompanied by sweating, shortness of breath, nausea, fear, denial

At the first sign of discomfort	→	Stop immediately and rest
If no relief with rest	→	Take 1 st nitroglycerine tablet/spray
If no relief within five minutes	→	Take 2 nd nitroglycerin tablet/spray
If no relief within five minutes	→	Take 3 rd nitroglycerin tablet/spray

If no relief after the 3rd nitroglycerin, call 911 or have someone else drive you to the nearest emergency department.

Before you go, did you discuss the following with your doctor?

1. Medications	Yes	No
2. Activity guidelines	Yes	No
3. Driving	Yes	No
4. Return to work (if applicable)	Yes	No

Remember you may, at any time (24 hours/day), call the Nursing Coordinator should you have any questions or concerns:

613-761-4708

Patient Tools

Personal Medication Information

Fold this form & keep it in your wallet

How does using this form help you?

- ✓ Reduces confusion and saves time
- ✓ Improves communication
- ✓ Improves medical safety
- Always keep this form (or an updated version) with you.
- Take an updated list to all doctor visits and all medical tests and or procedures.
- Update your list as changes are made to your medications.
- When you are discharged from the hospital some of your medications may have been changed. These changes will be reviewed with you.

Pharmacy Name and Phone Number: _____

Your Name:	Address:
Birth Date:	
Phone #:	

Allergic to	Describe reaction

Immunization Record	
Please tick <input checked="" type="checkbox"/> if you have had the following vaccines and write the date, if possible.	
Vaccine:	Date:
<input type="checkbox"/> Flu	
<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Hepatitis	

List all prescription medications **that you are currently taking** & over-the-counter (non-prescription) medications, such as vitamins, aspirin, Tylenol® & herbals (such as ginseng, gingko biloba, and St. John's wort). Include prescription medications taken as needed (such as nitroglycerin, Viagra®).

Notes