Information for patients undergoing Femoral Angioplasty

Introduction

This leaflet tells you about the procedure known as femoral angioplasty, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

If you are having the femoral angioplasty done as a pre-planned procedure, then you should have plenty of time to discuss the situation with your Consultant and the radiologist who will be doing the femoral angioplasty, and perhaps even your own GP. If you need the femoral angioplasty as an emergency, then there may be less time for discussion, but none the less you should have had sufficient explanation before you sign the consent form.

What is a femoral angioplasty?

A femoral angioplasty is a way of relieving a blockage in an artery, without having an operation. A fine plastic tube, called a catheter, is inserted through a blockage in an artery and a special balloon on the catheter is then inflated, to open up the blockage and allow more blood to flow through it.

Why do I need a femoral angioplasty?

Your doctors know that there is a problem with part of your circulation. You may already have had an angiogram, which has shown a blockage in an artery or the procedure may have been planned to follow on from an angiogram. While this might need treatment by surgery, in your case it has been decided that a femoral angioplasty is the best way of proceeding.

Who has made the decision?

The doctors in charge of your case and the radiologist doing the femoral angioplasty will have discussed the situation and feel that this is the next step. If a femoral angioplasty is considered appropriate immediately after an angiogram has been performed the situation will be explained to you but the decision to proceed remains with you in the same way as if the angiogram had been performed previously. You should not feel pressured into a decision when the procedure is underway as the advantages and disadvantages can be discussed prior to the examination.

Who will be doing the femoral angioplasty?

A specially trained doctor called an Interventional Radiologist. Radiologists have special expertise in using x-ray equipment and also in interpreting the images produced. Interventional radiologists have additional expertise in handling and manipulating catheters. They need to look at these images while carrying out the procedure.

Where will the procedure take place?

Generally in the x-ray department, in a special "interventional radiology" room, which is adapted for specialised procedures.

How do I prepare for a femoral angioplasty?

You will need to be admitted to hospital either as a day case or for an overnight stay. You may receive a sedative to relieve anxiety. You will be asked to put on a hospital gown. As the procedure is generally carried out using the big artery in the groin, you may be asked to shave the skin around this area.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning. You must also tell your doctor if you are on any blood thinning medications.

What actually happens during a femoral angioplasty?

The procedure starts off in exactly the same way as an angiogram and, if you have already had this performed, you will know what to expect. If you have not, you will need to read the leaflet, "Information for patients undergoing angiography".

You will lie on the x-ray table, generally flat on your back. You need to have a needle put into a vein in your arm so that the radiologist can give you a sedative or painkillers should this be necessary. Once in place, this will not cause any pain. You may also have leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on a finger to record the oxygen levels in your blood. Oxygen may be given a through small tube in your nose if appropriate.

The radiologist will keep everything sterile and will wear a theatre gown and operating gloves. The skin near the point of insertion, probably the groin, will be cleaned with antiseptic and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the artery will be anaesthetised with local anaesthetic, and then a needle will be inserted into the artery. Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the artery. The needle is then withdrawn, allowing the fine plastic tube (catheter) to be placed over the wire and into the artery.

The radiologist will use the x-ray equipment to make sure that the catheter and the wire are moved into the right position, very close to the blockage in the artery. The wire and the catheter will then be moved so that they pass into the narrowed area. The balloon is then inflated. This may need to be done several times in order for the narrowed area to open up sufficiently to improve the blood flow. If the narrowing remains then a stent (like a metal spring) can be inserted to keep the artery open and improve blood flow.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse, or another member of clinical staff, standing next to you and looking after you. If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.
As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes off and should not concern you.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. Some angioplasties take about half an hour.

Other angioplasties may be more involved and take rather longer, perhaps over an hour.

As a guide, expect to be in the x-ray department for about an hour and a half altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered. You may be allowed home on the same day, or kept in hospital overnight. Most patients will be given Aspirin to improve blood flow in their arteries and to try and limit the chance of a similar condition occurring again.

Are there any risks or complications?

Femoral Angioplasty is a very safe procedure, but there are some risks and complications that can arise. There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted but this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this would then require treatment with antibiotics. Very rarely, damage can be caused to the artery by the catheter or the balloon and this may need to be treated by surgery or another radiological procedure.

Sometimes it is not possible to manoeuvre the wire through the blockage and occasionally, despite inflating the balloon several times, the narrowing is so severe that it does not open up as much as anticipated. The radiologist who is doing the procedure may be able to tell you if there are likely to be problems like this, for example, if the blockage is very long or difficult to get to. If the femoral angioplasty is unsuccessful, then it may be necessary to have surgery to relieve the blockage. Despite these possible complications, the procedure is normally very safe and is carried out with no significant side effects at all.

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Femoral Angioplasty is considered a very safe procedure, designed to improve your medical condition and save you having a larger operation. There are some slight risks and possible complications involved and, although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

Sources of information

This leaflet is based on information from Clinical Radiology Patients liaison Group (CRPLG) of The Royal College of Radiologist and the British Society of Interventional Radiology (BSIR) who have given their permission for it to be reproduced.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team on 01323 417400 Ext: 5860 or by email at: **esh-tr.patientexperience@nhs.net**

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Dr John Giles; Consultant Radiologist, Dr Mo Faris; Consultant Radiologist, Dr Neal Barlow; Consultant Radiologist

The group that have agreed this patient information leaflet:
Julia Barbour; Specialist Matron, Interventional Radiology, Dr Justin Harris; Consultant Radiologist

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Responsible clinician: Tracianne Walter; Specialist Sister, Interventional Radiology

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