

Interventional Venous Stenting

Your doctor would like you to have a Venous Stenting and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

Eastbourne DGH Appointments: 01323 414917
Conquest Hospital Appointments: 0300 131 4500 ext. 147422

What is a Venous Stenting?

Often patients who have had a blood clot within the veins of the leg (known as deep venous thrombosis or DVT) develop a narrowing of the veins as the clot resolves and the body heals. This narrowing can impede the normal flow of blood through the vein. Over time, this can cause pain, swelling and varicose veins to form and can be quite debilitating.

Venous stenting is a relatively new procedure which is designed to restore normal flow through the scarred vein by opening it up with a balloon and keeping it open using a tube made of a fine metal mesh (a stent).

Who will be doing the Venous Stenting?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the x-ray department. This is similar to an operating theatre into which specialised x-ray equipment has been installed.

How do I prepare for a Venous Stenting?

You will need to be admitted to hospital either as a day case or for an overnight stay.

- For **morning admissions, please do not eat or drink anything from midnight** – you can drink water for up to four hours before the procedure.
- For **afternoon admissions**, you may eat a light breakfast but **please do not eat anything after 6am** – you can drink water for up to four hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If there is a possibility you could be pregnant you must inform the radiology department before the procedure.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain x-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

What actually happens during a Venous Stenting?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You will either be given heavy sedation or a general anaesthetic to minimise discomfort during the procedure. If you have a general anaesthetic, you will be asleep during the procedure.

You will lie on the X-ray table, generally on your front.

You will 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 through a small tube in your nose.

The radiologist will wear a theatre gown and operating gloves. The skin near the point of insertion, probably the back of your knee, will be cleaned with antiseptic and then most of the rest of your body covered with a theatre towel. Sometimes it is necessary to puncture the vein in both legs.

The skin and deeper tissues over the vein will be numbed with local anaesthetic. A needle followed by a wire and catheter (fine plastic tube) will be inserted into the artery and guided using x-ray imaging to the correct position.

X-ray dye will be injected to show the course of the vein and where the scarring and narrowing is. The radiologist will use the X-ray pictures to guide a wire through the narrowing. A balloon can then be used to stretch the vein at this point to open up the narrowing. This can be quite uncomfortable if the procedure is being done under sedation alone. A stent will then be placed into the vein to keep the narrowing open, and this may need to be ballooned again.

Once the interventional radiologist is satisfied with the outcome, the catheter will be removed. Firm pressure will be applied to the skin entry point, for about ten minutes, to prevent any bleeding.

What are the potential risks?

Venous stenting is a safe medical procedure, but there is always a small risk of complication.

- It is normal to have some pain at the site where the needle is inserted into the vein once the local anaesthetic has worn off. This should not require any treatment but you may take over the counter painkillers to help with the pain.
- Swelling and bruising over the vein in the back of the knee is common for a few days afterwards. Increasing or painful swelling can indicate a more serious problem – if you are concerned, attend your nearest emergency department.
- There is a less than 1% chance that the procedure can result in damage to the vein causing bleeding or blockage of the artery. Should this occur steps will be taken to try to fix the damaged vein. If this is not successful then surgery may be required, but this is very rare.
- The x-ray dye (contrast medium) used can result in temporary damage to the kidneys. The amount used is limited as much as possible. Should you have pre-existing kidney disease, an alternative type of dye may be used. Allergic reactions to the dye are also possible.

Will it hurt?

If the procedure is performed under general anaesthetic, you will not feel any pain. If it is under sedation, 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. As the balloon stretches the vein, this can be uncomfortable.

There will be a nurse, or another member of clinical staff, in the interventional suite and looking after you. If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some more painkillers through the needle in your arm.

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 procedures take about 30 minutes. Other procedures may be more involved and take 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 or the recovery area 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 some form of blood thinning agent for at least 6 months and will have follow up with ultrasound and with a haematologist.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stays with you overnight.
- Continue with your normal medication as prescribed, and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.

What do I do if I have a problem at home?

If you have severe pain, swelling or are concerned please go to your nearest emergency department.

Sources of information

British Society of Interventional Radiology

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 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: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

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

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT
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The directorate group that have agreed this patient information leaflet:
Diagnostics, Anaesthetics and Surgery Division

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