

## Consent Information – Percutaneous Coronary Intervention

### 1. What is a coronary angioplasty and stenting?

Angioplasty and stenting is often used instead of surgery to deal with narrowed or blocked coronary arteries. The procedure is performed in much the same way as a coronary angiogram.

You will have the following procedure:

After an injection of local anesthetic, a fine tube (catheter) is put into the artery in your arm or groin. The tube is carefully passed into the affected part of the artery using X-rays. A tiny wire is passed down the artery so that a sausage shaped balloon can be passed over it and into the part that is narrowed or blocked.

To open up the artery, the balloon is blown up with fluid, which then presses against the plaque, pushing it out of the way.

Most of the time, one or more stents may be placed in the artery to help keep the artery open. A stent is a metal tube or spring coil. This is passed into the diseased part of your artery using a balloon. The balloon is removed once the stent is in place.

The stent stays in for life. After the procedure, you will be given drugs which reduce your risk of blood clotting and the stent blocking.

While the catheter is in the artery, a number of additional mechanical devices may be used to complete the procedure. These include pressure wires and an Intravascular Ultrasound

If the heart becomes unstable during the procedure, an additional balloon device to stabilise the heart may be required. This is called an intra cardiac balloon pump.

Blood thinning medication such as Clopidogrel /Ticagrelor is used for up to 12 months and sometimes longer. A small daily dose of Aspirin may need to be taken for the rest of your life.

### 2. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding following.

Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment. The risks are higher if you are having the procedure for a heart attack.

There are risks and complications with this procedure. They include but are not limited to the

**Common risks and complications (more than 5%)** include:

- Minor bruising at the puncture site.
- The coronary artery can become narrowed or blocked again. Many factors can influence this and your doctor will discuss these with you.
- Loss of pulse in the arm after a radial artery (arm) procedure
- Major bruising or swelling at the puncture site.

**Uncommon risks and complications (1 - 5%)** include:

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- A heart attack.
- Surgical repair of the groin/arm puncture site or blood vessel.

**Rare risks and complications (less than 1%)** include:

- The stent may suddenly close within the first month. This can cause angina or heart attack. It may be treated with another angioplasty or with surgery.
- Emergency heart surgery due to complications with the procedure.
- A reaction to the drugs given to prevent blood clotting.
- Minor reaction to the x-ray dye such as hives.
- Loss of kidney function due to the side effects of the x-ray dye.
- A stroke. This can cause long term disability.
- An allergic reaction to the x-ray dye.
- A higher lifetime risk from x-ray exposure.
- Rupture of a blood vessel requiring surgical repair and blood transfusion.
- Skin injury from radiation, causing reddening of the skin.
- Death as a result of this procedure is rare.