

Cardiac Catheterisation

Introduction

This leaflet has been written to provide you with some information on cardiac catheterisation. Please read it carefully, paying particular attention to the section entitled "What are the risks" on page 2. This leaflet is not meant to replace the discussion between you and your doctor.

If, after reading this, you have any questions regarding any aspects of your care, please don't hesitate to ask one of the ward nurses doctors or any of the healthcare team looking after you. Every effort is made to ensure that you do not experience any undue pain or anxiety during this procedure. We hope that the following advice will be helpful.

What is Coronary angiography and why am I having it done?

Also known as cardiac catheterisation, coronary angiography is a specialised investigation which allows us to find out detailed information about the arteries that supply blood to your heart (the coronary arteries). Using X-ray guidance and specialised tubes (called catheters) we are able to inject dye (contrast) directly into the coronary arteries and see if there is any disease (narrowing) within the vessels. If there are narrowings coronary angiography allows us to see the extent of these narrowings and how severe they are. This in turn will help your doctor decide on what the best course of treatment for you would be. Your doctor has referred you for this investigation as he or she suspects that you may have coronary artery disease (narrowing in one or more of the three blood vessels that supply your heart).

What are the Risks?

The risks of this procedure are extremely low. It should be painless and straightforward. However, there are reported cases of reactions to the dye, such as headache, migraine, disturbance of vision and skin rashes. There is a risk of arterial damage at the site of entry of the catheter. Normally a bruise is formed, but damage to the artery which may require surgical repair rarely occurs.

More serious complications, normally related to the seriousness of the underlying heart disease, can include heart attacks, strokes and death. These are extremely rare. The total risk of having one of these complications is (1 in 1000).

How long will I need to stay in hospital?

Please expect to be in the hospital all day with a plan to discharge you home in the evening. However, under very rare circumstances you may need to remain in hospital overnight.

Because this is a short-stay day case facility only, the service provided is for both men and women. Beds are, however, divided by curtains and every effort is made to maintain privacy.

What do I have to do before the test?

Eating and drinking (applies to all patients). You should eat and drink normally.

Medication

Warfarin

- If you take Warfarin, you should stop it for 3 days before your appointment. If you have a **valve replacement**, please contact us before stopping your Warfarin.
- If you take any of the new anticoagulants Dabigatran, Rivaroxaban or Apixaban, you should stop it for 2 days before your procedure.

Other medication

- it is important that you take all your normal medication. **PLEASE BRING ALL YOUR CURRENT MEDICATION WITH YOU.**

What do I do if I have diabetes?

If you are a Diabetic taking tablets

- If you take **metformin** tablets do not take these for 2 days **after** your appointment.
- If you take other diabetic tablets continue to take these.

If you are a diabetic taking Insulin

- You should continue to take your insulin as normal. Please remember to bring your insulin and blood sugar monitor with you. You should monitor your blood sugar and let the medical team know if it is above 13 or below 4.
- You can phone the Diabetic Centre on 01392 402281 if you have any questions regarding your diabetic medication prior to this procedure.

What happens on the day of the test? (Applies to all patients)

- If you are on the morning list you should have a drink and a light breakfast. If you are coming in for the afternoon list (1pm) you should have a drink and a light meal prior to leaving home. You should take all your usual

medication unless previously advised not to. (Patients on warfarin or diabetic medication follow instructions above). **PLEASE BRING ALL YOUR CURRENT MEDICATION WITH YOU.**

- You will need to attend **Taw Ward** in the **Wonford Hospital, Level 2, Block C. Tel: 01392 402836.**
- There are regular buses from the City (H) every 10 minutes. Pay & display car parking is also available, so please bring change for the ticket machines, or you can use the park and ride service.
- Bring a small overnight bag and a dressing gown, although most patients will be discharged home the same day there is a very small chance that you may need to stay in overnight.

Coronary Angiography (cardiac catheterisation)

Consent

Prior to the procedure the doctor will answer any questions you may have and then ask you to sign a consent form.

Before the test

You will be asked to put on a hospital gown, the nursing staff will then ask you a number of questions, perform a set of base line measurements and simple tests.

The cardiac cath lab

At the time of your procedure you will be met by one of the nurses that works in the cardiac cath lab and again asked a number of questions. You will be escorted to the cardiac cath lab where the procedure will take place. It is common for people to feel anxious so please do not be alarmed. All the staff are there for your care and endeavour to make you feel comfortable.

We have two cardiac catheter labs in our department. Images of both can be seen below.

Cardiac cath lab 1



Cardiac cath lab 2



The Test

The test may be done either from the groin, wrist or arm. Local anaesthetic is used to numb the area.

A tube (catheter) is advanced to the heart using x-rays to guide it. This is not painful and you do not feel the catheter inside you.

Dye is injected into the catheter and pictures are taken. One of the pictures may give you a warm flushed feeling.

During the test you may be asked to hold your breath and turn your head from one side to the other.

When the test is finished all the tubes are removed. The test will take between 20 and 60 minutes.

After the Test

If the test was carried out via the groin:

Normally a special plug called an angioseal is used. Usually you can then sit up immediately and you will rest in bed for approximately 30 minutes.

If the groin is not suitable for an angioseal pressure will be applied on the puncture site for 10 - 15 minutes (either by pressing or through the use of a specialized device), and you will then need to lie flat for 2 hours before sitting up at a 45° angle for a further 2 hours before getting up. It is important that you do not bend your leg during this time.

If the test was carried out via the wrist:

Pressure is applied by wearing a tight band around the wrist for approximately 2-4 hours.

If the test was carried out via the arm:

The doctor will stitch the wound. The stitches will need to be removed at your GP surgery on the fifth day. Please make an appointment with the nurse. If the fifth day falls on a weekend, the following Monday is recommended.

No matter which of the above applies to your procedure the nurse on the ward will regularly check your blood pressure, pulse and wound. You may eat and drink as soon as you get back to the ward.

During your stay with us please do not hesitate to speak to your nurse if you have any questions or worries.

When will I know the Results?

The doctor will discuss the result of the test with you before you go home. He will also discuss any change of medication or further treatment that may be required.

You will be sent home with a letter for your GP.

It is important that you are accompanied home after the test. Do not drive yourself home. A responsible adult **must stay** with you overnight.

On Discharge

- Take it easy for a couple of days and do not lift anything heavy.
- You must not drive yourself home after the procedure. The DVLA state that you can resume driving when you can safely perform an emergency stop if required to do so.
- You should discuss returning to work with the doctor.
- If the wound starts to bleed or swell, press hard on the puncture site for 15 minutes.

You should contact your GP if:

- The bleeding or swelling persists.
- You lose more than an eggcup full of blood.
- If your arm or leg develops persistent pins and needles or numbness.

If you have any worries, contact Taw Ward on:
01392 402836.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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