Northern Care Alliance
NHS Group

Having a Coronary Angiogram - Silver Heart Unit

An information guide

Health & care information you can trust

The Information Standard Certified Member

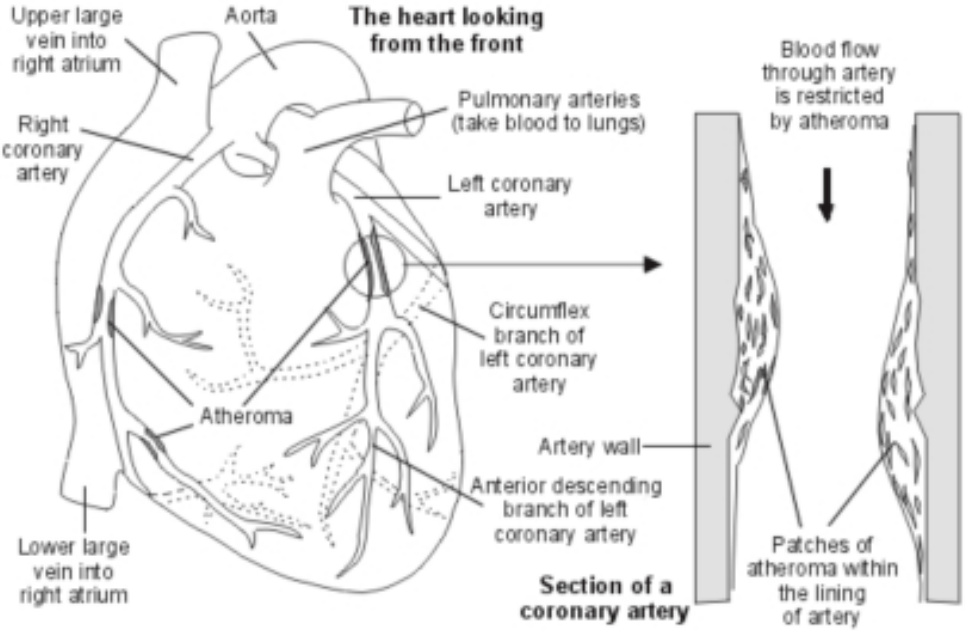
Having a Coronary Angiogram

Your cardiologist has recommended that you have a coronary angiogram. This leaflet will provide you with information about the procedure, benefits and risks.

What is a coronary angiogram?

A coronary angiogram, also known as cardiac catheterisation, is a test to show if there are any problems with the coronary arteries.

These are the blood vessels that lie on the surface of the heart and supply the heart muscle with oxygen. The procedure is performed by a cardiologist.



Why do you need the test?

The test provides the doctor with information about your heart that is not always available from other tests.

Are there any alternatives?

There are other tests such as exercise tests and scans but these do not provide enough information on the best treatment for you.

Before the procedure

You will be asked to attend a pre-assessment clinic. This is to ensure we have all the necessary information before your admission.

The clinic will give you an opportunity to ask any questions you may have. A nurse will assess you and may need to perform some routine blood tests.

We will ask if we may take swabs from your nose and groin to screen you for Methicillin Resistant Staphylococcus Aureus (MRSA). This a common germ that is found on the skin and in the nostrils of about a third of healthy people, Methicillin resistant means it as built a resistance to Methicillin (A type of penicillin) and some other antibiotics.

MRSA can cause problems if it enters the body through pimples, boils or a wound for example, it can cause problems to patients in hospital who are ill or vulnerable.

If MRSA is found it can be easily treated by using a prescribed body wash and nasal cream for about five days after which we will reswab you to ensure the germs have been cleared.

On the day

You can eat and drink as normal (something light is preferable).

If you take **warfarin or Sinthrome** to thin the blood this will need to be stopped. However you may need cover while your warfarin is stopped, so you will need to see your anti-coagulant nurse for advice.

A blood test will be done on the day of the test to ensure your international normalized ratio (INR) is at the acceptable level for having a coronary angiogram.

If you take **Metformin** you may be asked to stop taking this before and after your coronary angiogram. This will depend on whether the results of one of the routine blood tests we take in the pre-assessment clinic is low. We will contact you to let you know if this is necessary.

On admission to the ward, you will be shown to your bed/chair and some routine checks and assessments will be done.
The Fairfield Silver Heart Unit catheter lab has two X-ray rooms and your test will be performed in one of these.

In the cardiac catheterisation lab (X-ray room)

A coronary angiogram usually takes about 20 to 30 minutes.

You will be asked to lie on the X-ray bed, and once you are comfortable a member of the team will attach you to a monitor so that you can be observed during the procedure.

In the room you will see a C shaped X-ray arm that will be over the bed and screens on which your arteries will be shown when the dye is injected. There will be a trolley containing the equipment needed for the test.

The doctor will clean the area into which a small thin plastic tube, called a sheath, is to be inserted. This is usually your right groin

(near the femoral artery) or your right wrist (near the radial artery). The left side may be used if the right side is not accessible.

A local anaesthetic will be given into the skin over the artery, this may sting for a few seconds before the area becomes numb. This will allow the doctor to place the sheath into the artery causing you very little, if any, discomfort. If the sheath has been placed in the groin the doctor will take a picture to decide which type of recovery is to be used at the end of the procedure. This picture may cause a warm flush feeling around your abdomen area and may give you a sensation of passing water but you won't have.

Once the doctor is happy that the sheath is in the correct position he will insert a long, thin plastic tube (catheter) through the sheath and around to the coronary arteries. The X-ray machine will be guided into the correct position and a colourless dye injected into the arteries, these will be pictured on the screen. The machine may be positioned quite close to you but it will not touch you.

At the end of the procedure the small sheath will be removed from the artery. If it was in the femoral artery (groin) the doctor may seal the vessel with a collagen plug, called an Angioseal, after which you will have to sit for 30 minutes, then you can mobilise and be discharged an hour later (1½ hour recovery).

If an Angioseal cannot be used there is nothing wrong, it just means the artery is not suitable for the plug. The sheath will be removed and pressure applied for about 10 minutes by a doctor or nurse, after this you will have to lie flat for an hour, sit up for another hour then you can mobilise and be discharged an hour later (3 hour recovery).

If the procedure is done through the wrist (radial artery) a tight pressure band will be applied to the wrist at the puncture site, this puts pressure on the site allowing the puncture to heal. After 1 to 2 hours the pressure in the band will be slowly deflated and removed. You will be discharged an hour later (3 to 4 hour recovery).

Benefits

A coronary angiogram gives detailed information about the heart and will show any blockages or narrowing's or no disease at all. There are other tests to assess the blood flow and function of the heart, however at present there is no other test that gives such a detailed assessment of the coronary arteries.

Serious or frequently occuring risks:

Complications are rare, most are minor but some can be more serious:

- Small background risks of serious complications including stroke, heart attack and death (1 in 1,000 risk overall) .
- Minor bleeding and bruising around the puncture site is common.
- Rarely significant bleeding can occur requiring blood transfusion, compression, injection, or surgical repair of the damaged blood vessel (1 in 200 risk).
- Development of an abnormal heart rhythm, possibly leading to loss of consciousness, can occasionally occur requiring treatment with either drugs or an electric shock.
- Damage (usually temporary) to the kidneys can occur but is rare in patients with normal kidney function before the procedure (less than 1 in 500 risk).
- Minor allergic reactions to the contrast dye may cause nausea or a rash. More serious reactions can occur but are rare.
- The test uses X-rays but the level of radiation exposure is closely monitored.

These risks are just a general guide and your doctor/nurse will discuss these on the day of your procedure before you sign your consent form.

How long is the recovery?

Following the procedure you will be taken back to the ward and your recovery time will depend on which method of recovery the doctor has used.

The staff will monitor your heart rate, blood pressure and puncture site regularly. If you notice any bleeding or swelling let the staff know straight away. Most patients will go home on the day of the procedure.

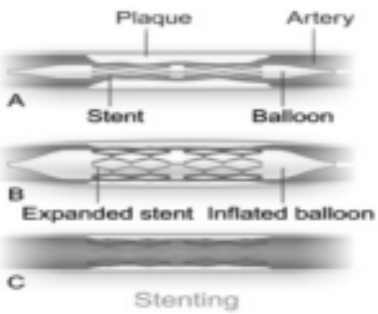
You will need to make arrangements for someone to stay with you overnight. This is because if the puncture site bleeds, they can ring for an ambulance.

Results of the test

These will be given to you by the doctor on the day of the procedure, before you are discharged home, with a plan of treatment.

You may be told that:

- There were no abnormalities found.
- Medication is the best treatment for you.
- You need an angioplasty which is a balloon and stent (pictured below) also called percutaneous coronary intervention (PCI). This procedure is similar to a coronary angiogram. It involves inserting a small tubular mesh like tube into the site of the narrowing.



- You need a heart bypass operation.
- You need a heart valve operation.

You will have a chance to discuss your results again with the nursing staff before you are discharged.

Returning to normal activity

- On discharge from the ward you will need someone to stay with you **overnight**.
- You **must not** drive for 2 to 3 days.
- **Avoid** bending too much or lifting anything heavy for 48 hours, such as lifting small children or carrying shopping bags.
- Following the procedure **do not** have a bath or shower, you can have a shower the day after the procedure, but you need to wait 5 to 7 days to bath or until the puncture site is fully healed.
- The small see-through dressing can be removed the following day.
- You can resume sexual activity after 2 to 3 days.
- **Do not** put any creams or talcum powder on the wound for a week due to the risk of infection.

Discharge information will be discussed again on the day of your procedure.

Summary

Expect your stay on the ward to be around 3 to 6 hours, occasionally there may be delays, although every effort is made to avoid this.

On the whole a coronary angiogram is a safe procedure. This leaflet is provided to help you to be fully informed before the procedure. If you have any queries these can be discussed by phone, at the pre assessment clinic or on the day of admission.

Ward 1, Fairfield General Hospital – 0161 778 2501

Ward 2, Fairfield General Hospital – 0161 778 3983

More information about your heart, tests and procedures can be found at the British Heart Foundation website on www.bhf.org.uk http://www.bhf.org.uk or by phone on 0207 554 0000.

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

: 0161 627 8770

: interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.
For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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