

Healing

After the procedure, your healthcare team will monitor you in a recovery area or the ward for a few hours. You will need to rest for a while. You may have a dressing over the area where the tube was inserted.

You will need to arrange for someone to drive you home after the procedure if you are not staying overnight. It is normal for the area where the tube was inserted to feel uncomfortable for a few days. It is also normal for a bruise to develop, but this should not increase significantly in size. The bruise can take several days to fade. Continue taking your medications unless you are advised to stop or pause them.

Your healthcare team will advise you about:

- How long you need to keep the dressing on
- Washing, although most people can usually wash as normal after a day or two
- When you can restart activities like heavy lifting or exercise. This is likely to be after assessment by the cardiac rehabilitation team
- Any other restrictions including driving (usually you will not be allowed to drive for at least a week as per DVLA regulations)

What are the risks?

In most cases, coronary angioplasty is usually considered a routine procedure and can bring significant benefit. However, no medical procedure is 100% safe. Before recommending the procedure, your healthcare team will have considered the likely benefits and possible risks in your particular case.

- Serious problems are rare (around 1 in 100 cases) but can include a heart attack, stroke or emergency bypass surgery.
- More common problems include local discomfort /bruising at the injection site (wrist or leg) and minor bleeding.
- Rarer problems include bleeding (rarely requiring a blood transfusion), damage to blood vessels, an allergic reaction to the dye, kidney problems and heart rhythm problems.

If you have any questions, you should discuss these with your healthcare team prior to the procedure.

When to seek medical assistance afterwards

Speak to your healthcare professional or seek urgent medical attention if you experience any of the following symptoms after the procedure:

- Major bleeding or swelling
- Chest pain or discomfort
- Dizziness or light-headedness
- Numbness or coldness in the arm or leg on the side of the tube insertion

Lifestyle following a coronary angioplasty

To reduce the risk of future heart problems, it is important to make long-term changes to your lifestyle including:

- Stopping smoking and avoiding exposure to secondhand smoke.
- Following a balanced and heart-healthy diet, rich in fruits, vegetables, whole grains, lean proteins, and low-fat dairy products.
- Keeping up with regular physical activity as recommended by your cardiac rehabilitation team.
- Maintaining a healthy weight

Making progress on some (or all) of these things can make a big difference to your overall risk of future heart problems.

Any questions or comments?

If you have other questions that we haven't covered then please ask the healthcare team looking after you. Unfortunately, NW Hearts Charity can't answer questions about your own health situation.

If you have any comments about this leaflet (good or bad), then please contact office@nwhearts.org NW Hearts Charity always welcomes feedback about how we are doing and how we might improve.

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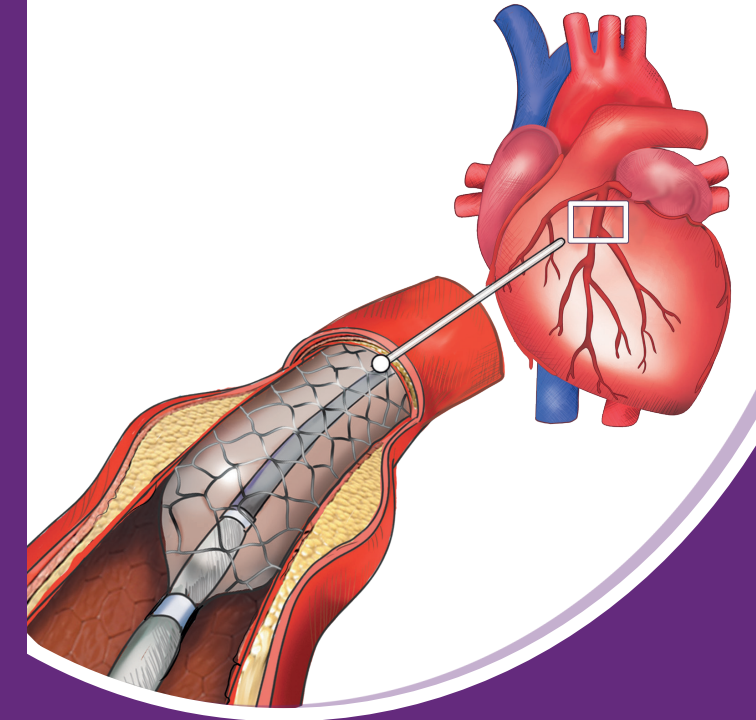
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Coronary angioplasty

(Percutaneous coronary intervention)

Patient information leaflet



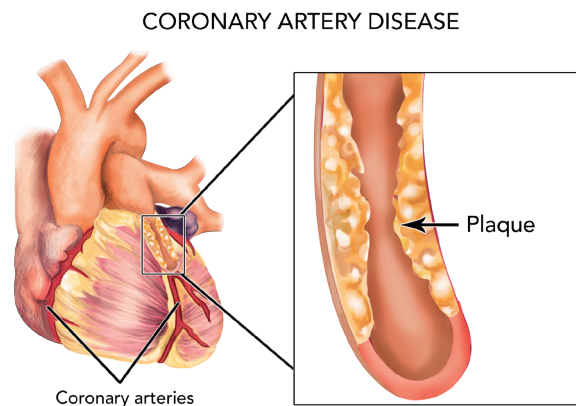
NW Hearts Charity

Your heart · Your charity

What are the coronary arteries?

Coronary arteries are the main pipes (blood vessels) that form the plumbing system of the heart. This blood supply carries oxygen that the heart needs to pump normally. Coronary Artery Disease is the medical term used when the coronary arteries become narrowed or blocked.

Coronary artery disease often develops gradually. Some people experience symptoms like chest pain or breathlessness but many people have no symptoms. Even if you have no symptoms, coronary artery disease may need treating, to reduce your risk of a heart attack. Your healthcare team will consider whether your coronary arteries need opening or widening. Sometimes, these treatments need to be performed as an emergency.



Fatty cholesterol deposits build up in the lining of the heart arteries making them narrower. This can restrict blood flow and cause angina.

What are the types of treatments for narrowed or blocked heart arteries?

- **Coronary angioplasty:** described in this leaflet
- **Coronary artery bypass grafting (CABG):** A surgical procedure that creates new pathways for blood to bypass blocked or narrowed arteries.
- **Medications:** To dissolve blood clots or prevent further clotting. This treatment may be given as tablets or by an injection.

Your healthcare team will talk to you about the right treatment for you based on your condition and medical history.

What is coronary angioplasty ?

Coronary angioplasty is a common treatment for narrowed arteries. It involves placing a thin flexible tube called a catheter into your artery and inflating a small balloon at the tip. The inflated balloon widens the artery, enabling better blood flow. A thin metal tube called a stent is often inserted at the same time to help to keep the artery open.

Doctors sometimes use the letters PCI to mean a coronary angioplasty (this stands for Percutaneous Coronary Intervention). In most cases, the angioplasty procedure lasts from 30 to 90 minutes and only needs a local anaesthetic.

What is the difference between a coronary angioplasty and a coronary angiogram?

A coronary angiogram is a diagnostic test that takes detailed pictures of the coronary arteries using X-rays. It examines the blood flow to your heart and can identify narrowed arteries. It does not treat the arteries. Coronary Angiography is described in more detail in another NW Hearts Charity leaflet.

A coronary angioplasty is a treatment procedure. It is performed after a coronary angiogram. When doctors are planning an angiogram, they usually do not know what narrowings they will find. They may talk to you about having an angioplasty straight after the angiogram if they find narrowings that require treatment. This is known as a "coronary angiogram +/- proceed" (which means coronary angiogram with or without proceeding to an angioplasty).

A coronary angiogram +/- proceed is often performed urgently during or after a heart attack or admission to hospital if symptoms indicate major or severe coronary artery disease.

What preparation is needed?

If you are having a planned coronary angioplasty, please make sure that you have nothing to eat for 2 hours before the procedure. You can drink clear fluids up until the procedure and take your usual medication.

Dress in comfortable clothes that you can easily take off and put on. You may wish to bring a dressing gown, shawl or blanket and something to read whilst you are waiting. If you use a walking aid, please bring this with you if you feel you might need it. It is also helpful to bring a list of your usual medications with you to the hospital.

What should I expect on the day of the procedure?

Planned coronary angioplasty is usually a day case procedure, although, in more complex cases, you may need to stay in hospital overnight afterwards.

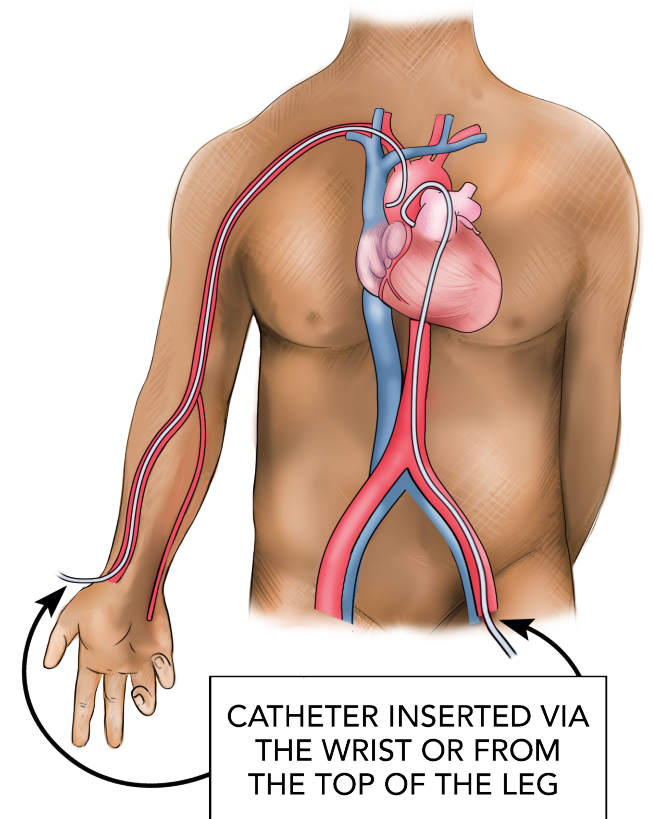
When you arrive at the hospital, a nurse will ask you to change into a gown, ask you some general questions and put a small needle (cannula) into your arm.

Your doctor will ask you to sign a consent form for the procedure, which means that you understand why you are having the procedure and what the risks are.

Coronary angioplasty is performed in a special x-ray room called the cardiac catheterisation lab (Cath lab).

The procedure typically involves the following steps:

- The medical team will numb your wrist or the top of your leg using a local anaesthetic injection. This injection can briefly sting before the area becomes numb. Once the anaesthetic has been injected, the procedure is usually pain-free although some people experience mild discomfort in the forearm and arm. The team may also give you a gentle sedative to make you calm and relaxed.



- The team will then insert a catheter (thin flexible tube) through your blood vessel to reach the heart and inject a special dye into the coronary arteries which helps them see the arteries with x-rays.
- Once the pictures are obtained, the team will proceed with treating the narrowing/blockage in the coronary arteries by guiding the tip of the catheter to the area of narrowing / blockage and inflating the small balloon at the end. A stent (thin metal tube that helps keep the artery open) is often inserted at the same time. The balloon is then deflated and removed, leaving the stent in place.
- At the end of the procedure, the access site in the wrist or the top of the leg is usually closed with a small closure device or bandage.