

Why is the operation necessary?

The main artery, which carries blood down your leg, is blocked. The calf, foot and toes are starved of blood. This causes pain on walking. If you have pain at rest or non-healing wounds or gangrene this may be a sign of danger to the survival of your leg.

We hope to open the blocked part of the artery with a balloon/stent so that blood flows properly again.

What is the procedure?

A needle is introduced into the main artery of the affected leg in the groin. A guidewire is passed up or down the artery and through the blocked part. A balloon is then introduced over the wire, through the blockage, and inflated to open the artery. It is then removed. The blood will now flow down the leg towards the toes. Occasionally it is necessary to introduce a metal stent (scaffolding) to support the artery. The stent is left in permanently.

Are there any alternative treatments available?

Angioplasty or stenting may not be possible or the best method for you depending on the severity or the location of the blockages.

In such cases, an alternative surgical procedure known as a bypass operation may be considered.

If the symptoms are not too severe and there is no danger to the leg, patients can also be managed with Best Medical Therapy which involves exercise, stopping smoking, losing weight, medication like a statin and aspirin and controlling all other risk factors like diabetes, and high blood pressure.

Is the operation safe?

Before you agree to the procedure, you should consider the risks that may be involved. Your procedure will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However, there are risks involved with all procedures, even if these risks may be small

What are the specific risks related to this procedure?

The potential risks can be divided into the following categories:

At the puncture site:

- Some bruising is common after an artery puncture (2%).
- Very rarely significant bleeding from the artery or blockage of the artery can occur which may require a small operation. The risk of requiring an operation to fix this is < 1%

Related to the contrast

- Patients may experience an allergic reaction to the x-ray

contrast. In most cases this is minor but very rarely (1:3000) a reaction may be severe and require urgent treatment with medicines.

- The x-ray contrast can affect the kidney function. If you are at risk of this, special precautions will be taken to reduce the chances of this problem. If you are a diabetic on Metformin tablets, you should not take this on the day of the procedure and for 48 hours after the procedure.

Related to the treatment

- Vessel blockage can occur after angioplasty of a narrowed artery. It can be treated with re-ballooning or a stent.
- Vessel rupture following angioplasty occurs infrequently. This can be treated in theatre by putting a stent with a waterproof covering (stent-graft) into the artery to seal the tear. If this is not possible, an urgent

operation may be required to repair the artery.

- Small fragments from the lining of the artery can occasionally break off and lodge in an artery below the angioplasty site (distal embolization). This may also require an operation to 'fish out' the fragment if it is causing a problem with the blood flow.
- The overall risk of requiring an operation is low (1-2%)

Pre-Admission and Registration

Before your admission, you should register your details with the hospital's Pre-admission Clinic. This allows the hospital to register all your personal and medical aid details, which greatly reduces the time and paperwork it takes to admit you on the day of your operation. If you are not a member of a medical aid you will have to pay a deposit for the hospital costs on admission. If you are on a medical aid you will need to get pre-authorization for

Before you agree to the procedure make sure you know:

- The name of the procedure
- The reason you are having the procedure
- What results to expect and what they mean
- The risks and benefits of the procedure
- What the possible side effects or complications are
- When and where you are to have the procedure
- Who will do procedure and what that person's qualifications are
- What would happen if you did not have the procedure
- Any alternative procedures to think about
- Who to call after the procedure if you have questions or problems
- How much will you have to pay for the procedure

the procedure. Our staff will be able to assist you with the necessary details.

What do I need to do before the operation?

Your surgeon may want you to stop certain medication such as clopidogrel, warfarin, Xarelto or other blood thinning medicines before the operation.

What happens when I get to the hospital?

Please report to the hospital reception on time for your admission. Bring along all the documents that may be needed such as your medical aid card, ID and contact details.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked.

Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

The operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs.

The groin area may need to be shaved to remove excess hair. Blood tests will be taken to check your kidney function and haemoglobin level. A drip will be put up and fluids given

to make sure the kidneys are well hydrated. You will be taken on your bed to the operating suite by the staff.

You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

What are the anaesthetic risks involved?

The anaesthetist will interview and examine you and ask about chest and heart troubles, dental treatment, and any previous anaesthetics. The anaesthetic itself, and the risks associated with anaesthesia will be explained.

Most procedures can be done under local anaesthetic with or without conscious sedation. If the leg is very painful or the procedure is likely to take long, a spinal or general anaesthetic may be used.

What time will my operation be?

The timing of your operation is pre-arranged, and the nurses will tell you when to expect to go to the operating theatre.

Changes to the exact timing are common however, as emergency procedures must be accommodated, and the time taken for the operations can be unpredictable. We occasionally must change the scheduling of cases on a particular day, but your operation will almost always be done on the day that it is scheduled. You may have to wait longer than we had hoped for reasons that are beyond our control.

How long does the operation take?

Usually about 60-90 minutes depending on the complexity

What happens after the procedure?

You will be helped back onto your bed and go to the recovery area. There will be someone with you until the ward nurse arrives to escort you back to the ward.

A nurse will observe your access site regularly and continue to measure your blood pressure, oxygen levels and heart rate.

If you feel any swelling, oozing or pain around the access site, please inform the nurse immediately.

If you need to use the toilet during this time, please ask for a bedpan or bottle. It is important to put pressure on your access site when moving, coughing, laughing, or sneezing. This can be done by gently putting your hand over the area for the rest of the day.

Will I have pain?

There may be some discomfort at the needle puncture site.

How soon after the operation can I eat?

You will be allowed to eat and drink after this procedure, although this will need to be lying flat for the recovery period. It is important to drink plenty of fluids after this procedure to help your kidneys flush the x-ray dye from your body.

How Soon After The Operation Can I Get Out of bed?

2-6 Hours depending on whether a closure device or a pressure dressing was used to seal the hole.

How long will I stay in the hospital?

Most patients stay overnight.

What happens when I am discharged from the ward?

Your surgeon will determine when you are ready to go home. You will be given a script for

medication for pain, and you may need additional blood thinners for up to 3 months.

You will be given instructions on the dressings. You will also get an appointment for your follow-up in the surgeon's rooms. Please ask for a sick certificate if you need this for your employer.

What should I be aware of when I get home?

There are very few problems that may arise after you go home. Significant bleeding from the puncture site or increasing swelling or pain should be reported to your doctor. If you are unsure, then phone the doctor's rooms for advice.

Angioplasty or stenting on its own does not stop peripheral vascular disease. If you have peripheral vascular disease, you should make changes in your lifestyle.

These changes include:

- Stop smoking
- Eating foods low in fat, cholesterol, and calories
- Maintaining your ideal body weight
- Exercising aerobically, such as brisk walking, for 20 to 30 minutes at least 5 x per week


How soon can I start exercise?

The day after your angioplasty it is important to start some gentle exercise such as walking. Avoid heavy lifting for 3 days.

How soon can I drive a car?

You cannot drive on the same day as the procedure, if you have any bruising/swelling in your groin you should avoid driving until after this is resolved. There are no restrictions for driving once you have recovered

How Long Will I Be Off Work?

Providing there are no complications, 2-3 days. 

What About Payment?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost. Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account. Although accounts may be submitted to the medical aid, the patient is responsible for payment.