You have been scheduled for a lower extremity angiogram with Dr. Juan Carlos Correa, MD

Date of Procedure: _____

Arrival Time: _____

Please read these instructions carefully so you are prepared for your procedure.

A Registered Nurse will call you 3 days and 1 day prior to your procedure. It is imperative that this preoperative call is completed. If we are unable to reach you prior to 4 pm the business day before your procedure, you will have to be rescheduled.

One Week Before Procedure:

- ✓ We will need labs completed **1 week prior** to the procedure. Your labs can be drawn at our office or anywhere convenient for you. Please coordinate in advance with our office.
- ✓ Please advise us if you are taking any blood thinners/anti-platelet medications: **Aspirin, Plavix, Warfarin, Eliquis,Xarelto, Pradaxa, Aggrenox, Ticlid, Prasugrel, Dipyridamole, Anagrelide**. The doctor may have you hold these medications anywhere from 24 hours to 5 days before your procedure date. You will be given Heparin during the angiogram to prevent clotting. **Please notify us of any history of GI bleeds orfrequent nose bleeds.**
- ✓ Please begin to **plan transportation to and from the procedure.** Due to patient safety you **CANNOT** drive yourself home from the procedure. Plan on being at our facility for approximately 4-5 hours for your procedure. You will be kept in post-oprecovery for **1 hour after** your procedure to ensure you are stable before leaving our facility.

Night Before/Day of Procedure:

- ✓ You will need to fast for the procedure: **No food or drink after midnight** except for pertinent medications that the nurse will discuss with you in advance. These can be taken with a small sip of water.
- ✓ **Please take only the medications the RN has previously discussed with you on the morning of the procedure.**
- ✓ You will need to arrive **at the Arrival Time above** for your pre-operative assessment and IV fluids. Hydration is important as you will be given contrast, which is a dye used to locate blockages in the arteries. Please advise the doctor if you have a known **allergy to contrast, iodine, or eggs.**
- ✓ If you have **asthma, COPD, or sleep apnea:** We ask that you bring your rescue inhaler or CPAP machine if you have either.

Post-Procedure:

- ✓ You will be kept in post-op recovery for a minimum of **1 hour after** your procedure to ensure you are stable before leaving our facility; then, your transportation will be able to take you home. Again, you **CANNOT** drive yourself home from the procedure.
- ✓ You **MUST** have supervision for 24 hours after your procedure.
- ✓ If you are a diabetic taking **Metformin,** your doctor may ask you to hold this medication for two days after the procedure.

If you have any questions or concerns, please contact the office at (913) 529-8600. There is someone on call after hours.

What is a peripheral angiogram?

An angiogram is an imaging test that uses x-ray technology to view the blood vessels in the pelvis, legs, and feet. This test is used to study blocked, narrowed, enlarged, or abnormal arteries. The x-ray images are created by injecting a liquid dye (an iodine based contrast media) through a catheter into the desired blood vessel from the access point, which is normally through the groin. The contrast makes the blood within the vessel visible on the x-ray monitor. The contrast is excreted from your body via the kidneys. It is important to inform your doctor if you have a known allergy to contrast or have a history of kidney disease. Common reasons why your doctor may advise the need for an angiogram:

- ✓ You are experiencing night cramps known as rest pain (commonly experienced in the thighs or calves)
- ✓ You get cramps in your thighs or calves when you walk that typically resolve within a few minutes of standing still
- ✓ Your extremities are often cold, even during the warmer months
- ✓ Tingling or numbness in your feet or toes that may get worse with activity
- ✓ You have weak or absent pulses in the lower extremities
- ✓ You have a history of, or currently have, slow or non-healing ulcers

What is a peripheral angioplasty?

Once the angiogram has been completed and a diseased vessel has been located, your specialist will usually proceed to treat the diseased area at that time. This is referred to as a percutaneous transluminal angioplasty (PTA). The angioplasty is done by guiding a thin, flexible tube with a small balloon at the end to the area where the artery is narrowed or occluded. Once in position, the balloon is inflated and the narrowing is gradually widened. If the narrowed artery does not respond to the balloon treatment, your specialist may consider placing a stent in that location. Re-closure of the artery is less likely to occur if a stent is used. An atherectomy may also be performed during your procedure. An atherectomy is a minimally invasive technique for removing plaque (atherosclerosis) from the artery.

How is a peripheral angiogram/angioplasty performed?

Your procedure will be performed in an angiography suite.

- ✓ You will be sedated during the procedure. You will be in what we call a “twilight sedation.”
- ✓ Your groin will be numbed with a local anesthetic before a tiny plastic tube, called a catheter, is introduced. The catheter is inserted through a small incision in the groin. You should not feel any pain at the incision site but you may feel slight pressure. You cannot feel the catheter moving inside your arteries.
- ✓ Contrast dye is injected and pictures are recorded as the dye flows through the arteries making them visible on the monitor. The contrast makes the arteries “light up” in comparison with the surrounding structures.

- ✓ The specialist will then carefully study the images for any blockages or narrowing. If you do require intervention, it will be done through the same catheter that has been placed in your groin for the angiogram.

- ✓ The balloon will be placed where the narrowing or blockage is located, and then it will be inflated to widen the narrowed area. It will then be removed, and additional pictures will be taken to see whether the balloon treatment was successful.

- ✓ In some cases the artery is successfully stretched open, but the narrowed portion of the artery can shrink back as the balloon is deflated. If opening the narrowed vessel is not entirely satisfactory, your specialist may place a stent. The stent supports the wall of the blood vessel and keeps it open. The stent will stay in place for life and you will be given a stent card with the stent location and lot numbers.

What are the risks?

- ✓ A small amount of bruising at the catheter entry point is relatively common. The bruising is not normally a cause for concern and can be expected, unless it becomes painful. There is always a risk of bleeding and infection when using a needle during any procedure.

- ✓ Damage to the artery or the arterial wall can happen, which can lead to blood clots. This is not a frequent occurrence. Your specialist will likely place you on a blood thinner and/or anti-platelet medication for an extended period of time after your procedure to ensure this does not happen in the event the artery is damaged.

- ✓ Possible, while rare, side effects may occur. Notify your doctor immediately if you notice a rash, any pain associated with bruising at the groin, or excessive bleeding at the incision site that does not stop after 20 minutes of applied pressure.