

# Getting ready for a Percutaneous Transluminal Angioplasty (PTA)

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The Booking Clerk from Diagnostic Imaging will call you to let you know the date and time of your PTA. Please write the date and time in the space below.

Date \_\_\_\_\_ Time \_\_\_\_\_

**Your PTA is in the:      Diagnostic Imaging (DI) Department  
Main Level  
Hamilton General Hospital  
237 Barton Street East, Hamilton**

## **Please bring with you**

- Your health card.
- All of your current medications (in their original containers or blister pack) including prescription and non-prescription, insulin, inhalers, vitamins and herbals.
- A responsible person to drive you home as you will be sedated. You will need someone to stay overnight at home with you.
- If you have difficulty understanding English, please bring a family member or friend who speaks English and can interpret.

If you have an allergy to x-ray dye, please call the Diagnostic Imaging Department at 905-521-2100, ext. 46900, as you may need to take medication before your procedure.

To cancel your appointment, please call the Diagnostic Imaging Department at the phone number above.

The Diagnostic Imaging Department is a Regional Trauma Centre for Central South Ontario. It responds to emergency cases on a daily basis. Please be aware that this may delay or change the time of your procedure.

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## **What is a Percutaneous Transluminal Angioplasty (PTA)?**

A PTA is a procedure used to open up a narrowing in your artery. You may have a narrowing in one or more arteries that supply blood and oxygen to major organs, arms and legs.

## **What are the risks?**

The risks vary with each person and are related to your health condition.

Your doctor will explain your risks to you before the procedure.

## **How do I prepare for the procedure?**

### **Pain and anti-inflammatory medications**

- All aspirin and anti-inflammatory medications such as Ibuprofen, Advil, Motrin or Aleve can be taken as directed.
  - You may take acetaminophen (Tylenol).
  - Please speak with your pharmacist or doctor if you have any questions about your medications.
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### **Blood thinners**

- If you are on any blood thinners such as warfarin (Coumadin), Lovenox, Heparin, Plavix, Pradax (dabigatran) or Fragmin (Daltaparin), please contact your doctor or nurse for instructions. Your doctor or nurse will tell you when to stop taking your blood thinners.
- If you are taking blood thinners a blood test needs to be done 2 to 5 days before the procedure.

### **Eating and drinking**

Your stomach must be empty before your procedure as you will be sedated.

The night before your procedure you can eat and drink normally until midnight.

**DO NOT eat or drink anything after midnight,  
including candies or chewing gum,  
unless told otherwise.**

## **If you have diabetes - check your blood sugar**

Check your blood sugar the morning of your procedure. If you have a low blood sugar, treat it as you normally would and let the staff know when you arrive for your procedure. **Otherwise, do not have anything to eat or drink.**

If you need to take your diabetes pills or insulin with food while you are at the hospital for your procedure:

- Bring the medication and food with you to the hospital.
- Bring your insulin pen, blood glucose monitor and supplies to the hospital.

Usually, you will be able to eat and take your diabetes medication including insulin within 1 to 4 hours after the procedure is done.

If you have further questions about your diabetes' routine, please call your health care provider for your diabetes.

## **Where do I go when I arrive at the Hamilton General Hospital?**

Go to the reception desk in the Diagnostic Imaging Department on the Main Level.

## **Before your procedure**

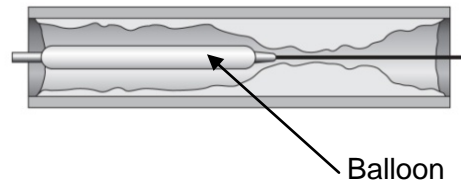
- You will meet the doctor who will do the procedure. The doctor will explain the procedure and your risks, answer your questions and ask you to sign a consent form.
  - You will change into a hospital gown.
  - An intravenous (IV) line will be started in your arm.
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- The hair at the access site that will be used for your procedure will be clipped (groin or elbow).
- You will be asked to empty your bladder in the bathroom just before the procedure.
- You may wear your glasses, hearing aid(s) and dentures.
- Please make sure you have someone who can drive you home after the procedure, and there is someone available to stay overnight with you or you can arrange to stay with them.

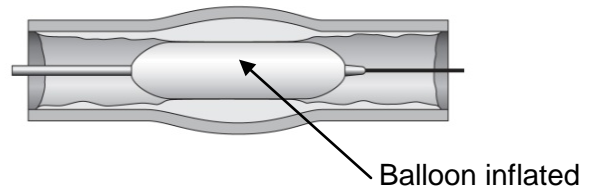
### **How is a PTA done?**

- During the procedure you will be awake, but you may receive medication to relax you.
  - You will lie on a narrow table.
  - The clipped area will be cleaned with antiseptic.
  - Sterile sheets will be placed over you. The staff will provide you with as much privacy as they can.
  - The site will be injected with a local anesthetic or “freezing”. This will sting for a few moments and then the area will become numb. You will feel pressure and movement at the site during the procedure, but should not feel pain.
  - A small thin hollow tube, called a sheath, is inserted through the skin into an artery. Your doctor will decide before the procedure whether it will be done through the:
    - femoral artery in your groin. This is the most common access site.
    - brachial artery in your elbow. This is a less common access site.
  - Guide wires and smaller catheters are then inserted through the sheath into your artery.
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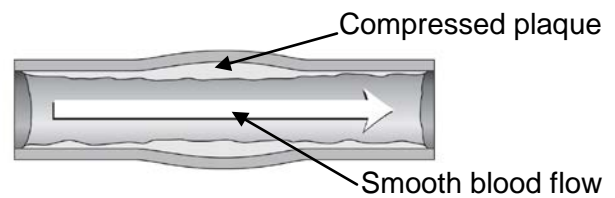
- A tiny deflated balloon is advanced into the narrowed part of the artery.



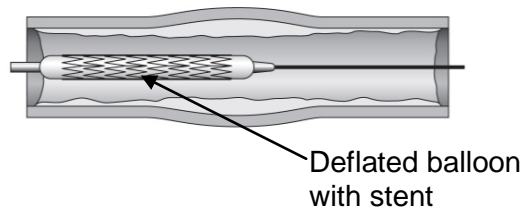
- The balloon is inflated and it presses the plaque against the artery walls.



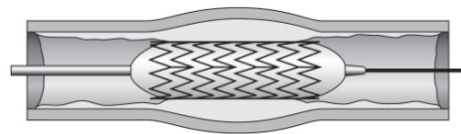
- The balloon is deflated and removed. The blood will now flow more easily through the artery.



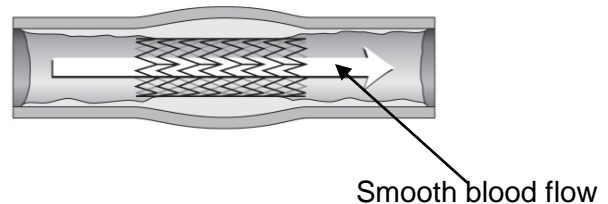
- Sometimes, another deflated balloon follows. This one has a stent on the outside of it.



- When the balloon is inflated it pushes the stent open and it attaches to the artery walls.



- The stent remains to support the open artery.



## After your PTA

Your sheath will be removed by the doctor or nurse.

Firm pressure will be applied to the area for 10 to 15 minutes to ensure bleeding has stopped.

You will be transferred to Day Surgery.

You will be given something to eat and drink. You will be encouraged to drink lots of fluid to help flush the dye through your kidneys.

You will need to rest in bed for at least 3 hours. Your nurse will tell you how long you will have to rest in bed.

## Going home

### Care of access site

Know what your access site looks and feels like before you leave the hospital. You may notice bruising, soreness and swelling at your access site. This will heal over time.

- Do not let your access site go under water for at least 3 days.
- Do not go in swimming pools or hot tubs for 1 week.
- You may have a shower the morning after the procedure.
- You may have a bath after the access site is healed.  
Healing is when the access site is dry with no open areas and no drainage. This is usually within 72 hours.
- Change the bandage over the access site daily until it is healed over.
- Do not lift anything heavier than 10 pounds or 4.5 kilograms for the next 48 hours.

## Medications

Be sure to take all of your regular medications, unless otherwise directed by your doctor or nurse. You may be told not to take blood thinners or pills for diabetes for a day or two after an arterial procedure.

Before you leave the hospital, make sure all of your questions regarding your medications are answered. Contact your doctor if you have any more questions after you are home.

## Call your doctor if you notice

- Numbness, pain or coldness in your leg.
- An increase in bruising or swelling from when you left the hospital.
- If you develop a lump smaller than a golf ball at the access site.
- Redness, warmth to touch or pus draining from the access site.
- Fever or chills.

If your doctor is not available, go to an Urgent Care Centre.

**If you develop any sudden severe pain or notice bright red blood at the access site or a sudden lump develops that is larger than a golf ball:**

- Apply firm pressure to the area and call 911.

## Follow-up appointments

- Make an appointment to see your family doctor in one week to check the access site.
- Make an appointment to see the specialist (who sent you for this procedure) when he or she has indicated.