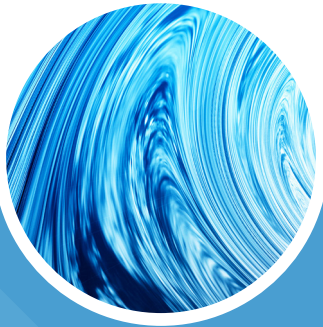


Heart Catheterization: What You Need To Know



Allina Health

Heart Catheterization

A heart catheterization (or angiogram) lets your doctor see how well your heart pumps blood. Your doctor will be able to look at your heart muscle, valves and coronary arteries.

Over time, your heart's arteries can become clogged from a build-up of cholesterol or plaque (a fatty build-up). This can reduce blood flow to your heart muscle.

This test uses contrast which is injected through a catheter (a small, thin tube). Your cardiologist (heart doctor) inserts the catheter through an artery in your arm or leg.

They use a special X-ray monitor to watch the contrast flowing through your heart vessels.

Your doctor will take X-ray pictures to see if your heart arteries are narrowed or blocked. They will work with you on a treatment plan.

Possible Procedure Risks

Side effects from the procedure are rare, but may include:

- a reaction to the contrast
- infection at the catheter insertion site
- bleeding at the catheter insertion site
- blood clots
- fast or slow heart rhythms
- kidney damage or kidney failure
- stroke
- heart attack
- death.

Before Your Procedure

- You will be brought into the procedure area. Members of your care circle (family members and friends) will stay in the waiting area.
- A nurse will place an IV (intravenous) catheter into a vein in your arm. You will receive medicine to make you comfortable for your procedure and IV fluids through the IV.
- You will have blood work, electrocardiogram (known as ECG or EKG) or other tests as needed.
- Your groin or wrist area will be cleansed and hair clipped. This helps reduce the risk of infection.
- A nurse practitioner or physician assistant will review the procedure with you. They will explain the risks and benefits of the procedure.
- A nurse practitioner or physician assistant will also review all of the tests done before the procedure to make sure it is safe for you to have the heart procedure.

During Your Procedure

- You will be taken to the procedure room and transferred to a table, where you will lie flat.
- You will be given medicine through your IV to help you feel relaxed.
- The cardiologist will inject a medicine (local anesthetic) to numb your groin or wrist area.
- The cardiologist will insert a small tube (a sheath) into a blood vessel in either location.
- After the sheath is inserted, the cardiologist will guide a long, thin tube (a catheter) through the sheath and move it through a major artery up to your heart.
 - You may feel pressure in your groin or wrist area. You should not feel pain.
- The cardiologist will do different tests once the catheter has reached your heart.
- They may inject contrast into the heart arteries.
 - X-ray pictures will be taken as the contrast travels through the arteries. This will help them create a treatment plan.
- If the cardiologist sees narrowing from a fatty buildup, they may do a procedure to open the blocked artery.
 - The common procedure (angioplasty) is to open the artery using a small balloon, which is quickly inflated and removed, and stents (tiny, expandable mesh coils) that stay in the artery to help keep it from getting narrow again.

- The cardiologist can measure pressures inside your heart chambers and other major blood vessels, take blood samples, view the inside of the blood vessels or take a sample (known as a biopsy) of your heart muscle.
- After doing tests, the cardiologist will remove the sheath and close the catheter insertion site.
 - A nurse will apply pressure over the area to keep the blood vessel from bleeding if a closure device is not right to use.
 - The sheath *may* be left in place for a few hours to lower the risk of bleeding from the procedure site.
- You will be taken back to the prep or recovery area, or taken to a hospital room.

After Your Procedure

- The cardiologist will talk with you about your results. You may still be sleepy and not remember details. The nurse practitioner or physician assistant will review the information with you again later.
 - You can ask a member of your care circle to hear the results with you. They can take notes and ask questions.
- The cardiologist will give members of your care circle the results of the procedure if you say it is OK.
- You will need to stay flat in bed for 2 to 6 hours. This will depend on the procedure you had.
- You may feel the urge to urinate. This is from the contrast and IV fluids you received. You will need to use a bedpan or urinal while on bedrest.

- Nurses will check:
 - your procedure site for bleeding
 - the circulation in your arm or leg
 - your blood pressure and heart rate often.
- When you are awake and safely able to swallow, you may eat. Drink lots of water and other liquids to help your kidneys flush the contrast out of your body.
- Once you are off bedrest and can handle a light level of activity, you will be able to go home.
 - If you had a blocked artery opened with angioplasty or stent, you will need to stay in the hospital overnight either on “inpatient status” or “observation status.” Members of your health care team will explain this to you.

Going Home

- Follow your After Visit Summary. It has instructions about food, medicines, activity level, incision care, return to work and follow-up appointments.
- If you stayed overnight at the hospital on “observation status,” plan to leave at about 9 a.m. This time may be later if you have any issues or complications.
- The medicine (anesthesia, sedation or both) you received during your procedure made you sleepy. This will affect your ability to think clearly and make good decisions.
 - For your safety, you will need a responsible adult to drive you home and to stay with you for 24 hours.
 - For 48 hours:
 - Do not drive or use any machinery.
 - For 24 hours:
 - Do not make important decisions.
 - Do not drink alcohol. (It is also important to not drink alcohol as long as you are taking prescription pain medicine.)
- Keep all follow-up appointments, even if you feel well.



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