



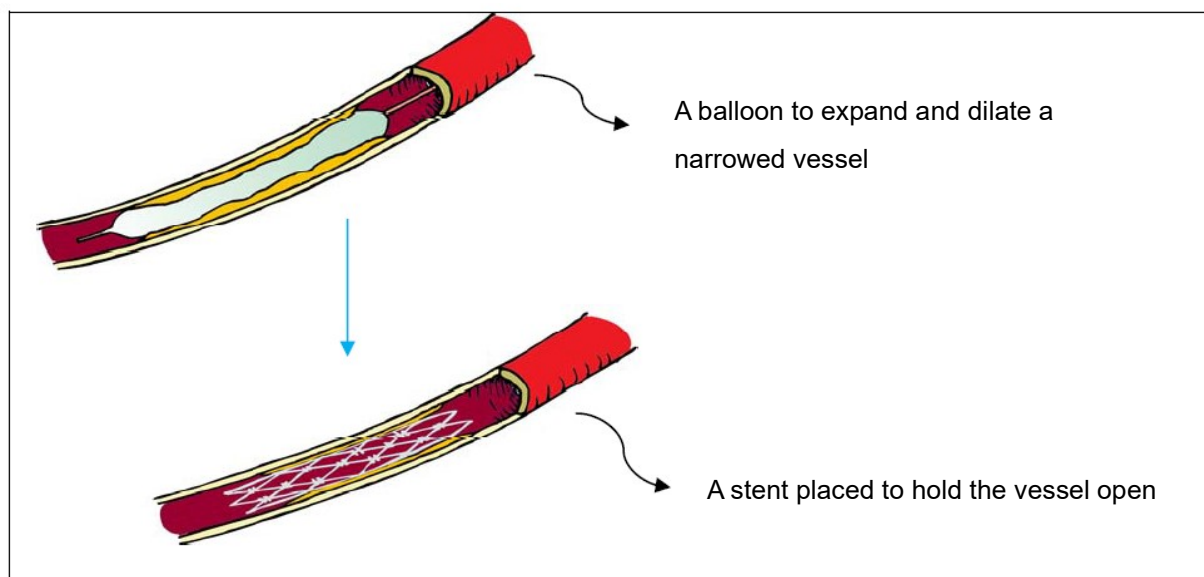
Procedure Information Sheet

Introduction

Atherosclerosis with build up of atherosclerotic plaques leads to narrowing or occlusion of the lower limb arteries. As a result, the supply of oxygen and nutrients to the lower limb becomes inadequate. It may cause leg pain during walking / exercise that are usually relieved by rest, a condition known as intermittent claudication. In severe cases, rest pain, ulcer or gangrene may develop. In order to re-establish blood flow to the ischaemic part, surgical interventions may be required. Peripheral angioplasty / stenting may improve lower limb circulation.

The Operation / Procedure

1. The procedure will be performed under general, spinal or local anaesthesia.
2. If the procedure is performed under local anaesthesia, the patient will be awake throughout the procedure, but the anaesthetist will prescribe some sedatives.
3. A small puncture is made at the groin.
4. Under fluoroscopy guidance, a balloon catheter is used to dilate the narrowed or blocked vessel.
5. A metallic stent may be placed into the artery if necessary.
6. The implanted stent will permanently remain in the patient's body.



Before the Operation / Procedure

1. Doctor will explain to patient about operation, risks and complications. Patient has to sign a consent form.
2. Body check up as doctor's order will be done before operation, eg. blood tests, urine routine, ECG and X-ray.
3. Hair clipping of groin, shower / hair washing before the procedure.
4. Intravenous infusion, premedication of antibiotic may be required.
5. Wear a clean surgical gown, a cap and stockings immediately before the procedure.
6. Fasting for 6 – 8 hours prior to the procedure.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



After the Operation / Procedure

1. Hospital care
 - 1.1. Close observation of vital signs and wound.
 - 1.2. Keep wound dressing clean and dry.
 - 1.3. Inform nurse if the puncture site haematoma, bleeding or oozing.
 - 1.4. Remain in bed for 12 hours after the procedure. In particular, do not move or bend the affected limb.
 - 1.5. Resumption of normal diet depends on the individual situation / progress.
 - 1.6. After general anaesthesia, you may feel throat discomfort or phlegm, deep breathing and coughing exercise are helpful to prevent pneumonia.
 - 1.7. May resume usual activities gradually under the instruction of medical staff 12 hours after the procedure.
 - 1.8. Usually discharge 2 to 3 days after the procedure.
2. Home care after discharge
 - 2.1. Keep wound clean and dry. Follow-up as advices.
 - 2.2. Avoid strenuous activities/heavy weight lifting within 1 week after the procedure.
 - 2.3. Control the risk factors of atherosclerosis, quit smoking, go on low-fat, low-salt, low-sugar and high-fibre diet.
 - 2.4. Proper foot care, avoiding any injury. Maintain walking exercise regularly.
 - 2.5. Take medications as prescribed, e.g. anti-platelet agent like aspirin. And continue drug therapy to control hypertension / diabetes / high cholesterol level.

Risk and Complication

1. Perioperative mortality rate is usually less than 1 - 2%.
2. Systematic complications:
 - 2.1. Cardiovascular: myocardial infarction, arrhythmia, congestive heart failure.
 - 2.2. Pulmonary: pneumonia, respiratory failure.
 - 2.3. Renal failure / complication (contrast).
 - 2.4. Allergy / anaphylactic shock.
 - 2.5. Others: cerebrovascular accident, deep vein thrombosis, pulmonary embolism.
3. Risks related to the operation itself:
 - 3.1. Stent: infection, thrombosis.
 - 3.2. Injury to the femoral arteries: Haemorrhage, pseudoaneurysm.
 - 3.3. Distal limb ischaemia.
 - 3.4. Wound infection.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority, Procedure Information Sheet:
Peripheral Angioplasty / Stent for Atherosclerotic Occlusive Disease of the Lower Extremities (12/2022)

Patient's Signature: _____ Date: _____

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____