

# Arteriography and angioplasty

MR Angiography has greatly reduced use of conventional angiography.

Patients admitted on day of procedure, earlier if less fit. Often suitable for day case unit. Overnight stay not routinely required for diagnostic angiograms. Should stay overnight after interventions.

## Pre-procedure

- Warfarin - stop 3 days in advance and check clotting on morning of procedure
- Non-steroidals other than aspirin : stop on day of procedure and for 48 hours
- Metformin - omit on day of procedure and withhold for 48 hours, restart if function ok
- All other medications including anti-hypertensive and anti-anginal to continue
- Fluids only for 2 hours prior to procedure (can have light breakfast if late am procedure)

## Investigations - recent results to be available for

- FBC (Hb must be  $>80\text{g/l}$ , Pts  $>100$ )
- U&E (K must be  $<5$ , if not give IV 10% dextrose 20mls/hr and 5mg Salbutamol neb)
- Coagulation screen - only if on anticoagulant or abnormality likely
- ECG if history of IHD, glucose if diabetic

## Observations

- Record BP - postpone only if very high
- Assess and document peripheral pulses

## Fluid Management

Ensure patient well hydrated and good urine output prior to contrast (if pre-dialysis) - if in doubt put up 6hrly 500mls N Saline. Do not fluid overload dialysis patients. Avoid diuretics. Beware that after stenting/angioplasty, some patients may become polyuric.

## Consent

Should be done in OPD for diagnostic studies. Radiologist should obtain consent for interventional studies, need to warn of risks of contrast, and catheter-related complications including embolism, arterial occlusion, bleeding from puncture site, loss of renal function, occasional need for surgery after intervention.

## Post-procedure

- Diagnostic studies - mobilise at 4 hours if no complications
- Interventions - mobilise at 6 hours, and overnight stay
- Pulse and BP: hourly for 4 hours, then 6 hourly overnight if an IP
- Urine output: beware polyuria post-angioplasty
- Assess pain, wound, haematuria
- Check U &E following morning if kept in
- Warfarin can be restarted the following day
- Consider aspirin 150mg if angioplasty/stent - ask radiologist if not clear

Angiography and angioplasty - information for patients from [EdRenINFO](#)

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