Cardiac Catheterization: What You Can Expect

(0:10 - 0:39)

As part of your medical care, it has been recommended by your doctor that you have a procedure called cardiac catheterisation performed to determine why you have been having heart related problems. The following information is an overview of what cardiac catheterisation is, the benefits and risks of having it done, what you can expect during the test, and how to prepare for your procedure. Cardiac catheterisation is a frequently performed procedure.

(0:40 - 1:01)

Thousands are done every day to give doctors the information needed to recommend the best possible treatment options for you. It involves an x-ray angiogram that reveals narrowings, blockages in your heart arteries. It may also evaluate heart valve function and overall performance of your heart muscle.

(1:02 - 1:22)

You will have an opportunity to ask questions and voice concerns during your pre-catheterisation planning session. So during this presentation, please write them down and bring them with you to your next appointment. Before we get started, we would like you to meet Dr. Bailey, who will be performing your cardiac catheterisation.

(1:24 - 1:40)

Hello, I'm Stephen Bailey. I'm Chief of the Division of Cardiology at the University of Texas Health Sciences Centre here in San Antonio, and I'm Director of Interventional Cardiology. I have been a cardiologist for over 35 years and involved in interventional cardiology for more than 30 years.

(1:41 - 1:59)

Your doctor has asked us to perform a procedure in order to define what is wrong with your arteries or valves of your heart. I'll be leading the team performing your procedure and look forward to your learning more about the procedure that's scheduled. Here's what you can expect during your appointment.

(2:00 - 2:22)

We ask that you arrive fasting in the morning, with your last meal before midnight. If you take medication, your doctor will talk about whether or not you should take them the morning of your appointment, during your pre-catheterisation evaluation. First, when you arrive, a nurse will cleanse and shave the area where the tubes, known as catheters, will be inserted.

(2:24 - 2:46)

Procedures are usually performed via an artery in the area between the thigh and abdomen, or groyne, or using the artery in the wrist or arm. With your permission, a nurse may give you a mild sedative to help you be more comfortable throughout the procedure. You will be awake, but very relaxed and relatively pain-free.

(2:47 - 3:12)

You will then be transferred into one of our state-of-the-art cath labs, where you will be moved onto the x-ray table. Intravenous pain medications and sedatives will be given if you have agreed to receive them. A local anaesthetic, similar to the numbing agent you receive at the dentist office, is given to locally numb the area over the site of the arterial puncture.

(3:13 - 3:41)

Through a small needle, a soft, flexible wire, then a hollow tube, referred to as a sheath, is inserted, allowing an opening that doctors can use to insert different catheters without making multiple incisions. You may feel slight pressure as the sheath is inserted, otherwise the rest of the procedure is generally not painful. Through the sheath, a catheter is then guided towards the heart.

(3:43 - 3:59)

If at any time you feel pain or severe discomfort, please let one of the staff know right away. This is video similar to what your doctors will be seeing. Here is an example of an artery that has partial blockage.

(4:00 - 4:16)

In many cases, your arteries may not have narrowing severe enough to limit blood flow to your heart. If your doctor sees no immediate need for treatment, then the catheter will be removed. Alright, Mr. Millett, we're done with the pictures here.

(4:16 - 4:31)

It looks like you have some minor areas of blockage in the artery on the left side, top left side. The bottom left artery has about a 40-50% area of blockage. If it is determined that there is a severe blockage, then we will proceed to treat it.

(4:32 - 5:00)

Through the same entry point, another catheter is inserted, this time with a device that will open up the artery. Then they may need to brace it open with a small metal, bridge-like device called a stent. Once the procedure is completed, the sheath will be removed and a vascular plug to close the artery will be inserted or hand pressure will be held on your leg to prevent

bleeding.

(5:01 - 5:29)

You will then be taken to a comfortable recovery area and encouraged to drink liquids to help flush the contrast dye from your body. You will need to lie flat on your back for two to six hours while the insertion site begins to heal. Most patients will go home the same day after a diagnostic catheterisation, so it is very important to arrange for a family member or friend to drive you home.

(5:30 - 5:51)

If the procedure involved opening a blockage with a balloon or stent, then you will need to spend the night in the hospital for observation. You will likely need to arrange one to two days off from work following the procedure as well. After the procedure, check with your doctor to see when you can return to normal activities.

(5:51 - 6:17)

The benefits of cardiac catheterisation are many, including relief of chest pain and prevention of heart muscle damage in case of an evolving heart attack. However, like any medical procedure, there are some risks involved, which include bleeding, infection, minor heart attacks, or strokes. These risks will be further discussed with you during your pre-catheterisation meeting.

(6:18 - 6:36)

It is important to keep your appointment as scheduled. This procedure is very important for your treatment and all efforts should be made to make sure you are here on time. If you cannot make it, please phone us as soon as you can so that we may reschedule you to the next available time.

(6:37 - 6:54)

I hope you found this information useful, but I do know that many times there are questions that are unanswered. Please take a moment right now to write those down and bring them with you prior to your catheterisation visit. I do look forward to helping you and your doctor understand more about the problem that we've been asked to answer.

(6:55 - 6:56)

Thank you very much.