



EXETER VEIN AND HERNIA

Balloon Angioplasty

What is balloon angioplasty?

Angioplasty involves the stretching of blood vessels using a balloon over a guide wire. If indicated, the procedure may be followed with placement of a stent.

When is it used?

Angioplasty is most effective in vessels where there are narrow regions (stenoses) without occlusions, or short occlusions. It is less effective for longer occlusions.

Whilst angioplasty may be successful in opening or improving flow through a vessel, this situation is not always sustained, with around 50% of treated disease recurring after two years.

How is an angioplasty performed?

Angioplasty is performed through a puncture into the artery to be treated. It is an invasive procedure undertaken by specialists (radiologists) in an X-Ray theatre, almost always under local anaesthetic.

Where successful, angioplasty offers rapid symptom relief or improvement.

What are the risks of balloon angioplasty?

There are risks to angioplasty which include:

- Failure to treat the disease successfully
- Bleeding at the puncture site
- Damage to or occlusion of the artery which may require emergency intervention

- Recurrence of the treated disease

For these reasons, when considering the use of angioplasty, the benefits are carefully balanced against the potential risks.

What influences the decision to offer balloon angioplasty versus other treatments, including a SEP?

This can be better understood if we consider clinical scenarios:

- A patient with claudication at half a mile which is not limiting their lifestyle, but a nuisance. Whilst some improvement in walking distance might be experienced with angioplasty, should there be a complication the patient would likely be considerably worse off. Angioplasty would not be offered.
- A patient with claudication at 100 yards which was significantly limiting their lifestyle (shopping, working etc). There would be considerable scope for improvement in the walking distance. After careful consent regarding the risks, angioplasty might be offered.
- A patient with rest pain or ulcers due to poor circulation. There would be a huge gain to successful treatment. Given that the limb might be at risk of amputation without treatment, the risks would almost certainly be acceptable. Angioplasty would be offered for suitable disease.

In addition to the clinical indication (pain on walking, rest pain or tissue loss) there are other factors which affect a patient's suitability for angioplasty, including:

- The ability to lie flat for a prolonged period
- Access to the groin vessels (difficult in obese patients)
- The pattern of disease in the artery (location and extent)
- The ability of the patient to take blood thinning medications such as Aspirin, Clopidogrel or anticoagulants

Therefore, balloon angioplasty is a treatment offered to suitable patients, after careful discussion around the risks relative to the potential benefits.

Where will I have my angioplasty?

Patients requiring angioplasty would be referred to an interventional radiologist at the Royal Devon and Exeter Hospital.