

Carotid and Intracranial Stenosis Angioplasty and Stenting

For patients and families

Read this booklet to learn:

- what carotid and intracranial stenosis are
- about angioplasty and stenting
- how to prepare
- what to expect
- who to call if you have any questions

You have been scheduled for:

- a carotid angioplasty
- an intracranial angioplasty

Date: _____

Time: _____



What is carotid stenosis?

Carotid stenosis is a narrowing of an artery (a type of blood vessel) or arteries in your neck. This narrowing needs to be opened to improve blood flow to your brain. It will also reduce your chance of having a stroke.

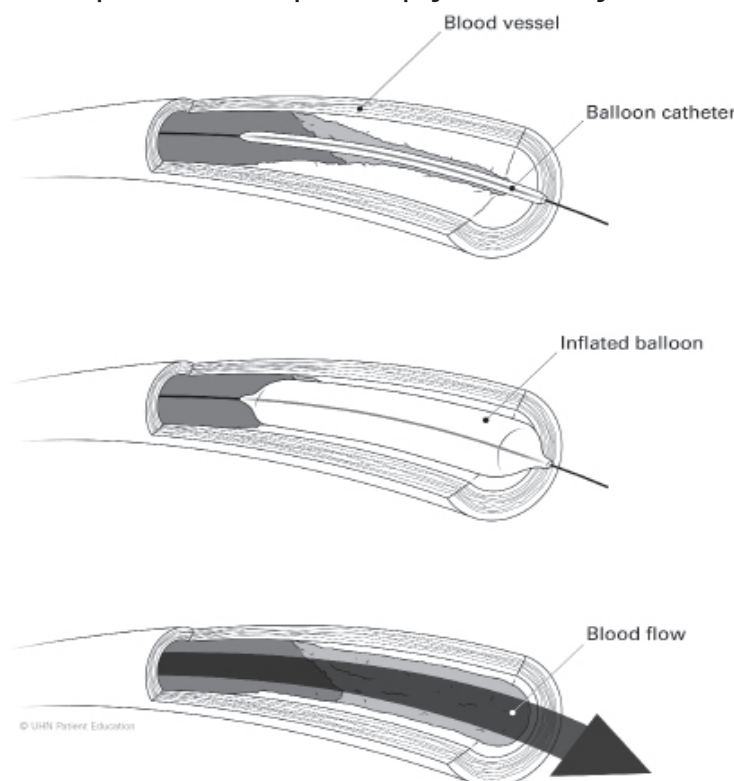
What is intracranial stenosis?

Intracranial stenosis is a narrowing of an artery or arteries in your brain. This narrowing needs to be opened to reduce your chance of having a stroke in that part of your brain.

What is angioplasty?

Angioplasty is the name of the procedure that can open up narrowed arteries. During an angioplasty, your doctor puts a catheter (tube) into an artery in your groin. The tube goes through the artery until it reaches the narrowed artery.

When it's in the right position, the balloon is filled with fluid to inflate (open) it. The balloon is then deflated (the fluid is taken out). This may have to be done a few times. This procedure opens up your artery.



What is a stent?

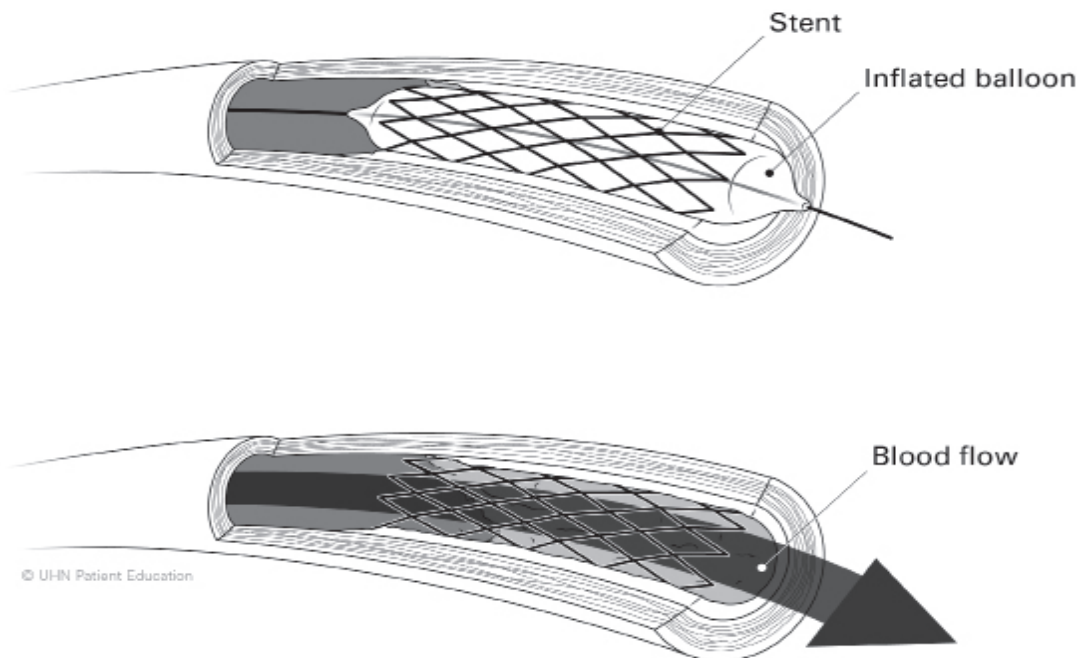
A stent is a metal mesh tube. It is put on the balloon. When the balloon opens up, the mesh tube expands to open up the narrowed artery in your neck or brain.

The stent stays in your artery.

Your doctor will use a stent when:

- angioplasty can't keep the artery open
- your artery has been torn or injured by the balloon catheter

Most patients have both angioplasty and stenting.



Are there any risks to this procedure?

Every medical procedure has some risk. Some of the risks of this procedure are:

- stroke
- bruising
- bleeding
- damage to the artery in your groin
- in extremely rare cases, death

There is also a risk that your artery or arteries will narrow again. In this case, the procedure can sometimes be done again.

Your health care professional will explain these risks when you sign your consent form. Consent means you agree to do the procedure.

How do I prepare?

Pre-Admission appointment

You have a Pre-Admission appointment about 1 or 2 weeks before your procedure.

During this appointment:

- you meet with your neuroradiologist.
This is an x-ray doctor who will do the procedure to treat your brain aneurysm.

They will give you information about the procedure and ask you to sign a consent form. This is a form that says you agree to have the procedure.

- you meet with your anesthetist.
This is a doctor who will give you medicine so you will be asleep during the procedure
- tell them if you are taking any blood thinning medicine (like Coumadin or Heparin) or have diabetes

Ask the health care team any questions you may have during this appointment.



Don't eat or drink after midnight before your procedure. You can take your regular medicine with sips of water.

The day of your procedure

Go to the Peri-Operative Care Unit (POCU) on the 2nd floor of Toronto Western Hospital. A porter will take you to the 3rd floor where you will have your procedure.

What can I expect?

We put an intravenous (IV) in your arm so we can give you fluids and medicines during the procedure.



We give you a local anesthetic in the groin area, using a needle. This kind of medicine numbs the area where we put in the tube.



We put a tube into your throat to give you oxygen. We may put in a urine catheter (tube) to help you urinate.



The anesthetist closely watches your heart rate, blood pressure and breathing during the procedure.



The neuroradiologist puts a small catheter into your groin artery and leads it to the narrowed part of the carotid or intracranial artery.



Then they put another catheter with a balloon at the end and lead it to the same narrowed area.



The balloon is inflated and deflated several times.



If a stent is used, it presses against the wall of the artery to keep it open.



Once the stent is in place, the balloon may be put in and inflated and deflated again.



The neuroradiologist will check you to see if you have any numbness, tingling or weakness in your arm and legs. Let your doctor know if you feel any of these things.

What happens after?

After the procedure, we take you to the recovery room. You stay there for about 1 hour. Then we take you to unit 6A, Fell Pavilion.

In this unit:

- we give you something to eat and drink
- you are attached to a heart, blood pressure and oxygen monitor
- we check your pulse (heart beat) and groin often

When can I go home?

You can go home about 1 or 2 days after your procedure. You must have a friend or family member help take you home.

What do I do when I get home?

- It's normal for your groin to be sore or bruised for 1 or 2 weeks.
- Don't exercise or lift anything heavier than 10 pounds for the next 2 days.
- Take Aspirin® 81 milligrams for the rest of your life
- Take Brillanta® 90 milligrams (two times a day) for 6 months

If you have any questions about your medicines or how much you can do when you get home, talk to your neuroradiologist.

You can speed up your recovery and improve your health by:

- not smoking
- doing things to keep your blood pressure normal
- doing things to keep your cholesterol (fats in your blood) normal
- taking your medicines regularly



Go to your nearest hospital emergency department if:

- your leg become more swollen
- your pain increases
- you have a fever higher than 38 °C or 101 °F
- you have a sudden severe headache

When will I see my doctor again?

If you had the procedure for an intracranial artery, your nurse coordinator will schedule a CTA or MRA (special kinds of x-rays) for you 3 months after your procedure. You will also see your neuroradiologist at this appointment.

If you had the procedure for a carotid artery, your nurse coordinator will schedule an ultrasound for you 8 weeks after your procedure. You will also see your neuroradiologist.

Who can I call if I have any questions?

If you have any other questions or need help, please call the Clinical Nurse Coordinator at: 416 603 5800, extension 2966

The Clinical Nurse Coordinator is available from Monday to Friday, 8:30 am to 4:30 pm.

If you need help outside those times, go to your nearest emergency department.



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