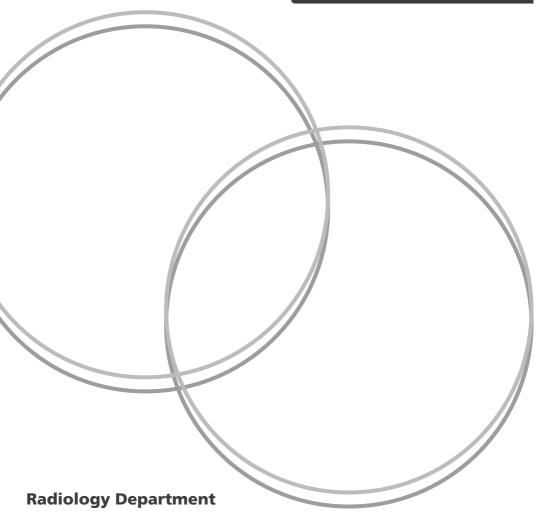


Thrombolysis

Information for patients



This leaflet gives you further information that will add to the discussion you have with your doctor about the procedure called thrombolysis. It is important that you have sufficient information before you sign the consent form.

What is thrombolysis?

Thrombolysis is a procedure used to treat an acute or sudden blockage of the blood vessel(s) leading to the leg(s). The doctors will try to resolve the problem by introducing 'clot busting' medication straight into the affected vessel to restore the circulation to the foot (feet).

This is not a procedure undertaken lightly and requires much discussion between all the doctors caring for you. Sometimes this condition requires an operation to remove the clot. You need to tell your doctor if you have a history of stomach ulcers or any bleeding disorders.

What happens before the procedure?

Once a decision has been made to perform thrombolysis you will first need to have a femoral angiogram through the blood vessel at the top of your leg. (We will give you a separate leaflet about this procedure.) This is carried out in the X-ray Department.

You will need to wear a hospital gown and a cannula will be placed into one of the veins your arm in case we need to give you medications during the test. You can take insulin and most other medications as normal before the test. If you take metformin you should have your last dose the day before the test and not take it again until 48 hours after the test.

What happens during the procedure?

The angiogram will very clearly show the condition of your blocked blood vessel and any blood clots. Based on this information the doctors will decide whether to start administering the 'clot busting' medication (called rt-PA). You will first be given an initial injection followed by an infusion for 12 to 24 hours through a tube placed within the clot from the groin. A nurse will be with you to monitor you and give you sedation if required. Once the medication is underway you will go back to the ward where you will continue to be monitored by the nursing staff on a 1:1 basis. This involves frequent blood pressure and heart rate monitoring and regular blood tests. You will return to the radiology department after 8 to 12 hours to see if there is any progress and again in another 8 to 12 hours. Once the doctors are happy with the progress, the tube from your leg will be removed. You will need to remain in bed throughout this time.

What happens afterwards?

You will moved back onto your bed, and asked to lie flat until all the tubes in your leg have been removed. After this you need to stay lying flat for a further 4 to 6 hours. The nurse will check your blood pressure, heart rate, puncture site and foot pulses frequently until you are discharged. We will also carry out frequent blood tests to make sure that your blood has been thinned by the correct amount by the clot-busting medication given to you.

The nurses on the ward will give you pain relief medication if you need it.

If the puncture site starts to bleed:

Alert your nurse immediately. She will need to press on the puncture site to stop the bleeding.

What are the risks associated with this procedure

Bruising at the puncture site is common but should disappear in a few days. Bleeding from the puncture site occurs infrequently. Rarely the blood vessel may be damaged which may worsen your symptoms or cause bleeding. Infection is also a rare occurrence. The consenting Doctor will explain other rare complications to you before the procedure. I

In particular the following may occur:

- Stroke (either a clot or a bleed) less than 0.5% to 1%
- Bleeding requiring transfusion 5%
- Small risk of clot travelling into the smaller arteries in the leg which would require an alternative procedure including surgery in up to 5%.

How to contact us

If you have any questions or concerns, you may telephone us on the number on the top of your appointment letter.

Further information

Royal College of Radiologists

Website: www.rcr.ac.uk

Cardiovascular and Interventional Radiology Society of Europe

Website: www.cirse.org

British Society of Interventional Radiology

Website: www.bsir.org

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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