

Having an angiogram or angioplasty

Before the procedure, please let a member of the medical team, surgeon or radiologist know if you are pregnant, or likely to be, as this procedure may harm your unborn child.

Introduction

This leaflet is a guide for patients having an angiogram or angioplasty.

What is an angiogram?

An angiogram is a test under X-ray conditions to look at the blood supply in your body. It is usually used to investigate the arteries in the legs, to see if there is any narrowing or blockage that may be adding to your symptoms. Symptoms that cause pain in your buttock, thighs or calves on exercise.

A clear liquid (dye) is injected directly into an artery in the groin through a fine tube (catheter) and circulates around the body. The dye allows the arteries to be clearly seen on the X-ray images. These images then help the doctor in the planning of any treatment.

Alternatives

In most cases a duplex scan (ultrasound) will have been performed before arranging an angiogram.

What to expect

You will be admitted to a surgical ward or the Day Surgery Unit on the day of your angiogram. The procedure itself is done in the X-ray or Theatre department under the guidance of a Radiologist (X-ray doctor) or Surgeon.

All usual medications should be taken on the day, unless you are taking medication to thin your blood, for example warfarin and rivaroxaban.

You will see a nurse in a pre-assessment clinic to discuss any medications that need stopping. If you have any queries regarding medications, please discuss with the nurse.

During the procedure

The procedure is usually performed when you are awake but local anaesthetic is used to numb the injection site, this is usually in the groin. The contrast gives a sensation of warmth as it is injected and you may feel that you want to pass water. These sensations will only last a few seconds.

In some cases, an angioplasty procedure may be required. The clinical team will aim to do it during your angiogram. If this is not possible you will need to return to the hospital for the procedure. Your clinical team will inform if you need to return to the hospital

Angioplasty/stent insertion

Occasionally, if patients have a short narrowing within the artery this can be stretched open using a procedure called angioplasty. The process is similar to having an angiogram, but in addition a small wire and plastic tube (catheter) is passed into the artery in the groin and fed along to the narrowed section where a balloon is inflated to stretch open that area. Sometimes it is also necessary to use a stent (small wire tube placed inside the artery) to keep the stretched area open.

After the procedure

After the procedure firm pressure is applied over the puncture site, however sometimes a closure device will be used to reduce the chance of bleeding.

You will need to lie flat for 1 to 2 hours with a total of 4 hours bedrest after the procedure. This is to prevent any sudden bleeding or bruising at the injection site in the groin.

It is important to drink plenty of fluid at this time to help the body get rid of the contrast through the kidneys.

You may be able to go home the same (or the following) day, and should have someone available to collect you. In the first 24 hours following the procedure you should have someone at home with you; in case you require assistance. You are advised to rest for the remainder of the day and can return to your normal activities the following day. You are also advised not to drive for 24

hours after the procedure and to avoid any heavy lifting for 2 to 3 days.

The results of the angiogram will usually be discussed with you during your hospital stay or at an outpatient clinic appointment 2 to 3 weeks later.

Complications

Angiography is generally a very safe procedure around 1 to 2 in every 100 patients may experience a complication.

Complications may include:

Bleeding or bruising at the groin injection site. If you experience significant bleeding (haematoma) an operation may be needed to remove the clot and repair the artery. If you experience sudden bleeding in the groin after the procedure, while at home, press on the area firmly and call 999. Rare complications include rupture or damage of the artery or debris from the narrowed artery dislodging, these can lead to bleeding or blockage of the artery. This may result in the need for urgent surgery. Very rarely, if the blood supply to the limb cannot be saved then there is a risk of limb loss.

- The contrast (dye) used in these procedures can interfere with kidney function.
- Infection is rare.

Angioplasty is not always successful and can sometimes worsen symptoms in the legs.

Is there anything I can do to help?

You can improve your general health. Take regular exercise, stopping smoking and reduce the fat in your diet. These actions will not take away the damage already done but will help slow down hardening of the arteries which caused the problem in the first place and may avoid the need for further treatment in the future. It will also help to improve the outcome of the procedure you will be having.

If you have any further questions about having an angiogram or angioplasty, please contact your consultant surgeon at the hospital.

Further information

More information can be found on the following websites:

Royal College of Radiologists

Website: www.rcr.ac.uk

Vascular Society

Website: www.vascularsociety.org.uk

Nice Guidance

Website: <https://www.nice.org.uk/guidance/cg147>

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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