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# Embolisation

## Interventional Imaging Department



## HAVING AN EMBOLISATION

Your doctor has decided that you need an embolisation to treat the cause of the problems you may be suffering. The following information is designed to help answer any questions or worries that you may have prior to your procedure. If we are unable to answer all your questions, please feel free to ask a nurse on admission or to contact your doctor.

## WHAT IS AN EMBOLISATION?

An embolisation is a way of blocking abnormal blood vessels. Various substances can be used to block the blood vessel, including medical glue, medical putty, metal coils or plastic beads. The type of substance used depends on the area, which is being embolised, the size of the blood vessel and the speed at which blood flows through it. Sometimes more than one type of substance is used during the procedure to get the best results.

An angiogram (a detailed x-ray of your arteries using a clear injection called contrast) or venogram (a detailed x-ray of your veins using a clear injection called contrast) is performed to show the abnormal blood vessel.

## WHAT ARE THE RISKS?

**Radiation:** The radiation doses are low because of the advanced technology used on this type of x-ray machine. The dose is monitored and recorded. Sometimes embolisations are complex

If the bleeding will not stop, please come into the Accident and Emergency Department at St. Peter's Hospital.

The ward will advise when you can take your normal medications. You can take Paracetamol to help alleviate any pain or discomfort.

**Please avoid taking extra ASPIRIN for pain.**

The bruising and discomfort should diminish within 7 to 10 days. You can remove the Elastoplast dressing the following day.

If you are a diabetic taking Metformin tablets, please re-start these **three days after** your procedure.

If you require further advice, please call the Interventional Suite telephone **01932 723470** on weekdays between 09.00 - 17.00 hours.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## DISCHARGE ADVICE AFTER AN EMBOLISATION

**It is essential that a responsible adult accompanies you home** and that someone is able to stay with you overnight for the first 24 hours. If hospital transport has been arranged to take you home, you must still arrange for someone to stay with you overnight.

### **You must not drive for the next 24 hours.**

Once home you should try and **rest** as much as possible for the next 24 hours. Avoid activities that may cause any added strain to the groin artery such as standing for long periods, frequent trips up and down stairs, lifting heavy objects, hot baths, and long walks.

It is inevitable that you will experience some **bruising** and **soreness** in the puncture area,

Keep checking your puncture site hourly until bedtime and then three times a day for the next 2 days. The site should feel soft and there should be no bleeding. If there is bruising, it may spread. This is normal; however, the bruising should remain soft, and the colour start to fade. If the bruise remains dark, is hard when touched, enlarging, or the skin shiny, please call the Interventional Suite on **01932 723470**, weekdays 09.00 - 17.00 hours, or, if out of hours, please come into the Accident and Emergency Department at St. Peter's Hospital.

If you are concerned that the groin puncture site is bleeding, lie down and firmly press the area for 10 minutes. Keep resting for a further 10 minutes.

and require a long screening time (when x-rays are being produced). Your consultant will inform you if your radiation dose is higher than expected.

**Contrast:** There is a small chance of a reaction to the dye, for example, headache, migraine, visual disturbances, skin rashes and nausea.

**Bleeding at the puncture site:** About 1-5% of patients will experience bruising and /or bleeding at the wound site.

**Treatment with embolisation:** The procedure is undertaken in sterile conditions, however, there is a small risk of infection. There is a chance that the coils used for some embolisations may migrate from where they were placed. There is a risk of technical failure to embolise the vessel. There is a chance of non-targeted embolisation. This means that the substance used to block a vessel, may release into normal vessels. This may restrict blood flow to an organ or extremity.

You may experience some pain during the procedure. Your consultant will speak to you about this and discuss medication to manage any pain.

There is a small chance of you requiring further procedure or operation. Patients with existing kidney disease may experience a temporary worsening of their kidney function.

The doctor, who will be performing your embolisation, will explain the risks to you before asking you to sign your consent form.

He/she will not recommend the procedure unless it is felt that the benefits outweigh the risk.

## **HOW DO I PREPARE FOR THIS PROCEDURE?**

You will be advised to come into hospital on the day of your procedure. You will not be able to have anything to eat or drink for 6 hours prior to the procedure. Depending on the time of your procedure, you will either be asked to fast from midnight, or after a light breakfast. Your pre-assessment nurse will inform you of this.

You should still take your normal medications, with a small amount of water, at 06.00 hours in the morning. However, if you take Warfarin, Clopidogrel or other blood thinning drugs or tablets, you must contact the Pre-Assessment nurse on **01784 882651** or **01784 883662** one week prior to your test for advice as to when to stop taking your medication.

## **THE FOLLOWING INFORMATION IS FOR DIABETIC PATIENTS ONLY**

### **Diabetes and Metformin tablets**

If you have diabetes and are currently taking any Metformin tablets - this includes the following formulations Glucophage SR and Bolamyn SR as well as combination tablets such as Avandamet, Competact, Eucreas.

You will be instructed by the nurse when you can sit up. Some patients will have received a special collagen 'plug' into the artery to stop the bleeding. If this has been used, you will be able to sit up and mobilise quicker.

You may be required to stay on your trolley/bed for about four to six hours after your procedure before mobilising gently around the ward. You will be advised by the ward staff when you can mobilise. Please wait for the nurse to help you when getting up for the first time.

You will be encouraged to drink plenty of free fluids, particularly water, as this will help to dilute the contrast which was used during your procedure. When you are able to drink normally, you will be offered a light meal, such as a sandwich.

## **WHAT HAPPENS WHEN I LEAVE THE HOSPITAL?**

Once the nursing staff and doctor are fully satisfied with your condition, you will be able to go home. The following information regarding your continued recovery is intended to reassure you about what you can do once you leave hospital.

It's a good idea to read this prior to discharge so that you can ask any questions before you go.

## HOW LONG DOES THE PROCEDURE TAKE?

The procedure could take up to an hour and a half. Please be aware that embolisations can be complex so the procedure may take longer.

## WHAT HAPPENS AFTER YOUR PROCEDURE?

The radiologist will look at the images and send a detailed report to the Specialist who requested the procedure.

You will be moved into the Recovery Room where you will be monitored for a short while. Once your blood pressure and pulse are stable, there is no severe bruising or any bleeding from the procedure site, the nurse will collect you and you will return to your ward or room.

Before you leave the Interventional Suite, the nurse will show you how to feel your puncture site and the surrounding area. It is important that you continue to briefly check the area every 10 minutes for the first hour. If during these checks, you should feel a wet or warm sensation in the area or a lump forming please press firmly on the lump/bleeding and call a nurse immediately.

Once back to your ward or room, the nurse will take regular recordings of your blood pressure, heart rate, limb pulse and especially your wound site. These will be closely monitored for the first hour.

These tablets should be stopped one day **before** the test up until 3 days **after** the test. This period of time without your Metformin or tablets in combination with Metformin may cause your blood glucose to rise. Please seek advice from your GP if you feel you will require further treatments to cover this time period.

## Diabetes and good blood glucose control

Ideally your blood glucose should be controlled within the 5-7 mmols range or at least below 10.0 mmol/l when you have your angiogram. Please bring in your hypoglycaemia - low blood sugar - treatment (dextrose tablets or sugary drink) of choice and your blood glucose testing kit. It is important to let someone in the Imaging department know if you are not able to detect hypoglycaemia (low blood sugar) symptoms. Please make sure that you drink plenty of fluids the day before your procedure to make sure you are well hydrated.

Please contact your GP if you have any further concerns regarding your diabetes before your test, or alternatively contact the diabetes specialist nurses telephone **01932 723315** or **01932 722844**.

## WHAT HAPPENS BEFORE THE PROCEDURE?

The nurses on the ward will prepare you by taking your pulse, temperature, and blood pressure and by feeling and marking the pulses in your limbs. They will also take a brief medical history in which it is important that you tell them about **any allergies** that you might have, inclusive of foods.

Please shave both sides of your groin. If you are unable to do this yourself, please do not worry, a nurse will do this for you. You will be required to wear a hospital gown and paper pants.

The doctor will explain the procedure carefully to you and will ask you to sign a consent form before the procedure takes place. This is very important, as you must understand what will happen to you during the procedure and before signing this form.

When the Interventional Suite is ready, your ward nurse will bring you to the waiting area or recovery room in the Interventional Suite.

## **WHAT HAPPENS DURING THE PROCEDURE?**

There will be a team of doctors, radiographers, and nurses in the interventional suite with you during your procedure.

The Consultant Radiologist will insert a very thin tube into a vessel. Most commonly, this will be either the artery or vein in your groin. Your consultant will inform you of where they will access the vessel during your consent.

The insertion site will have previously been numbed with an injection of a local anaesthetic, which may sting slightly. The clear dye, called contrast, is injected via the thin tube called a catheter, into the affected blood vessels.

Some patients may experience discomfort when the dye is travelling along the length of the blood vessel. The sensation does not last long.

You will be asked to keep very still while detailed x-rays of the blood vessels are taken. This may take some time, depending on the type of blood vessel being looked at. It is usual to have more than one injection of dye to look at different parts of the blood vessels. You may be given specific breathing instructions during the procedure.

When the abnormal blood vessel is located, the embolisation substance(s) will be used. During this, you may be required to keep very still.

After the procedure, the doctor or nurse will remove the thin tube and firm pressure will be applied the area to stop any bleeding and reduce any bruising. This will be applied for between 5-20 minutes.

## **WHAT DO I HAVE TO DO DURING THE PROCEDURE?**

In order to take these detailed pictures, you will need to lie flat with one pillow.

The staff in the interventional suite will explain how you need to lie. They may ask you to move during the procedure and will help you as necessary.

The table will be moving, and the x-ray equipment will move closely over your body. Please do not be alarmed by this, there will be a nurse close by to reassure you. Occasionally, you may be asked to hold your breath for a few seconds. We advise that you try and lie as still as you can during the procedure as this will help us to carry it out more efficiently, quicker, and safely.