

Percutaneous coronary intervention (PCI) [PCI]

Information describing outcomes and complications associated with procedures in coronary intervention



Information for patients Cardiology

South Yorkshire Regional Coronary Intervention Service

Why do I need a PCI?

The heart is a muscle and like all muscles in the body it needs to have a good blood supply in order to work properly. Your heart gets its blood from three main blood vessels called the coronary arteries. Your doctors have identified a problem in one or more coronary arteries that are limiting blood flow and require treatment with stent(s). This procedure is called PCI or angioplasty.

What is a PCI?

PCI is a procedure in which a small balloon is briefly inflated and then deflated in the coronary artery. The balloon stretches the artery and squashes the atheroma (build up of fat). A fine metal framework (called a stent) is then inserted into the stretched area of the artery to keep it open and ensure that the blood supply is maintained. The PCI procedure is similar to the angiogram procedure; the same x-ray equipment and dye are used, PCI takes longer than the angiogram and in some cases may take up to an hour.

What are the benefits of having a PCI?

The main benefit from elective PCI is the improvement in symptoms (e.g. chest pains, breathlessness) that occur because of the narrowed artery. In some situations (acute heart attacks, complex disease) angioplasty can reduce the occurrence of further heart attacks or potentially premature death.

What are the risks?

Although PCI is usually a safe procedure, it cannot be performed without an element of risk. The majority of patients have no major problems, but the following complications can occur.

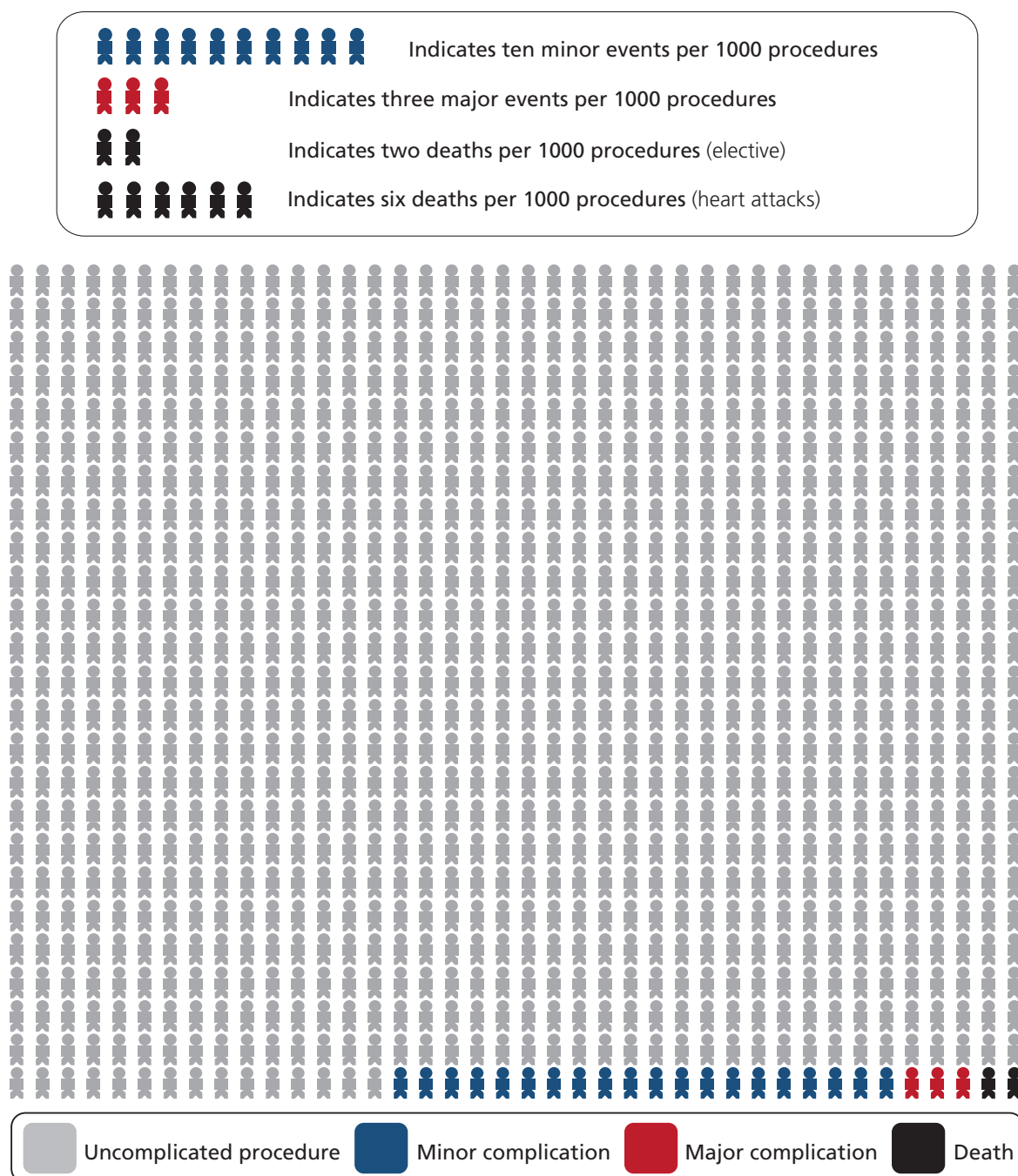
- Bleeding and bruising at the puncture site; this usually settles with pressure, but occasionally needs further treatment.
- Major complications are relatively rare but can include damage to the access artery, heart attacks, strokes and death. These risks are outlined overleaf.

These risks will be discussed with you before you are asked to give consent.

Risk of serious or frequently occurring complications

- The risk of heart attack or stroke is 1 in 100
- The risk of death is 1 in 625 for elective patients and 1 in 150 for heart attack patients
- The risk of vascular complications or a significant haematoma is 1 in 100
- The risk of needing emergency bypass surgery is 1 in 2000
- The risk of you being allergic to the contrast dye is 1 in 100, serious allergy is 1 in 40,000

Expected outcomes for 1000 patients undergoing this procedure



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