

Procedure Information Sheet – Percutaneous Balloon Pulmonic Valvuloplasty

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Pulmonic stenosis is the narrowing of the pulmonic valve. It is usually congenital. In severe cases, it will cause heart failure and malignant arrhythmias. Percutaneous balloon pulmonic valvuloplasty is used to expand narrowed pulmonic valve by special balloons. It is performed under the guidance of X-ray, through percutaneous method.

2. Importance of Procedure

- 2.1. Percutaneous balloon pulmonic valvuloplasty is a catheter-based treatment for pulmonic stenosis. Not all patients with pulmonic stenosis are suitable for this procedure. In selected cases, good long-term result can be achieved. Patients who refuse this method can select either surgical intervention or medical therapy.

3. Before the Procedure

- 3.1. An echocardiogram (ultrasound imaging of your heart) will be performed to assess and confirm the anatomy and functional significance of the pulmonic stenosis. Special attention will be taken on the feasibility of the percutaneous approach.
- 3.2. You will be invited to a ward or a clinic for some preliminary tests including electrocardiogram, chest X-ray, blood tests and echocardiograph. We will also check your allergy history. These can be performed days before the procedure or on the day of admission.
- 3.3. Our medical staff will explain to you and your relatives the details of the procedure together with the possible risks and complications. This information leaflet will be provided. You and your relative will have to sign a consent form.
- 3.4. Blood thinning drugs or metformin (for diabetes) may have to be stopped several days before the procedure. Drugs such as steroid may be prescribed. Antibiotic may be given as prophylaxis for the procedure.
- 3.5. Fasting of 4-6 hours is required prior to the procedure. An intravenous drip may be set up. Shaving may be required over the puncture site.
- 3.6. If you are a female, please provide your last menstrual period (LMP) and avoid pregnancy before the procedure as this procedure involves exposure to radiation.

4. The Procedure

- 4.1. This invasive procedure is performed under local anesthesia in a cardiac catheterization centre. You are alert during the procedure, but we may give you sedation to calm you down.
- 4.2. Electrodes are adhered on the chest to monitor the heart rate and rhythm. Blood oxygen monitor through your finger tip will be set up. Measurement of blood pressure from your arm will be taken during the examination.
- 4.3. A small wound is made at the groin for access to your arteries and/or veins. Both groins may be used. Sheaths will be placed inside the arteries and/or veins.
- 4.4. Catheters are advanced to the heart. Pressures within the heart are measured. Contrast is injected and films are taken.
- 4.5. A catheter mounted with a balloon will be delivered across your pulmonic valve and it will be inflated to open up your narrowed pulmonic valve. Repeated balloon inflations may be required.
- 4.6. Pressures within the heart are measured to ensure success of the procedure.

5. After the procedure

- 5.1. After the procedure, catheters will be removed. The wound site will be compressed to stop bleeding.
- 5.2. Nursing staff will check your blood pressure, pulse and wound regularly.
- 5.3. Bed rest may be necessary for 4 hours. In particular, please do not move or bend the affected limb. Whenever you cough or sneeze, please apply pressure on the wound with your hand.

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- 5.4. You should inform your nurse if you have any discomfort in particularly chest discomfort or find blood oozing from the wound site.
- 5.5. Once diet is resumed, please take more fluid to help eliminate contrast by passing urine.
- 5.6. Please follow instruction for the use of medications.

6. Follow Up

- 6.1. Usually you can be discharged 1-3 days after the procedure.
- 6.2. The wound will be inspected and covered with light dressing. Please keep the wound site clean and change dressing if wet. In general, showers are allowed after 2 days.
- 6.3. Please avoid vigorous activities (household or exercise) in the first 3 days after the procedure. Bruising around the wound site is common and usually subsides 2-3 weeks later. If you notice any signs of infection, increase in swelling or pain over the wound, please come back to the hospital or visit a nearby Accident and Emergency Department immediately.
- 6.4. Usually your doctor has explained to you the results of the procedure before discharge. Should you have further questions, you and your close relatives can discuss with your doctor during subsequent follow-up.

7. Risk and Complications

- 7.1. The procedure carries certain risks.
- 7.2. Procedure related death or major complications may occur in <5% of the cases. (Reference 1)
- 7.3. Mild pulmonic regurgitation may occur in the majority of cases, but most of them are not clinically significant.
- 7.4. Minor complications include contrast reaction, nausea and wound complications (<5%). Bruising around the wound site is common.

8. Remarks

- 8.1. It is hard to mention all the possible consequences if this procedure is refused.
- 8.2. The list of complications is not exhaustive and other unforeseen complications may occasionally occur. The risk quoted is in general terms. In special patient group, the actual risk may be higher.
- 8.3. Should a complication occur, another life-saving procedure or treatment may be required immediately.
- 8.4. If there is further query concerning this procedure, please feel free to contact your nurse or your doctor.

9. Reference

- 9.1. American Heart Association (1992). Complications and mortality of percutaneous balloon mitral commissurotomy. A report from the National Heart, Lung, and Blood Institute Balloon Valvuloplasty Registry. Circulation. 1992 Jun;85(6):2014-24.
- 9.2. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

