

Patient information leaflet

Thrombolysis

Radiology department

Introduction

We hope this guide will answer your questions about your thrombolysis procedure. Please contact the team if you require further information via the details at the end of this leaflet.

What is thrombolysis?

Thrombolysis is the breakdown of blood clots with the use of drugs.

Once a clot starts to form in a blood vessel, it may continue and block the whole vessel.

While an operation may be necessary to remove the clot, it is also possible to dissolve the clot by directly injecting a special 'clot-busting' drug into the artery or vein.

This can lead to a great improvement in blood flow and may avoid the need for an operation.

Sometimes an underlying narrowing is revealed in the blood vessel once the clot has dissolved and it may be possible to treat this by angioplasty (balloon) or stent insertion at the same time.

Why do I need a thrombolysis procedure?

Your doctor has referred you for this procedure, as there is a blockage in your blood vessels diagnosed during other diagnostic tests.

These tests may include imaging examinations such as a Doppler ultrasound scan, magnetic resonance imaging (MRI) or computed tomography (CT) angiography.

While the blockage could need treatment with surgery, in your case, it has been decided that thrombolysis is the best way of proceeding.

If nothing is done about the situation, then severe and permanent damage may occur.

Are there any risks?

X-ray radiation: All X-ray procedures involve exposure to radiation in varying amounts. The dose you get from a medical x-ray is very low, and your doctor has determined that the benefits of having the water-soluble enema outweigh potential risks.

The radiographer is present throughout your test, making sure that the dose is kept as low as reasonably possible and the duration and level of X-rays are kept to a minimum.

Contrast medium: A very small number of patients have an allergic reaction to the contrast medium (x-ray dye). This can be minor, severe, or even life threatening but the chances of this occurring are very rare. If you get an itchy rash or difficulty breathing during the procedure tell a member of staff, the team will provide appropriate treatment.

Before your examination begins the radiographer will ask you a series of questions about your medical history, including any allergies you may have. This will help us assess if you are at risk of an allergic reaction to the x-ray dye.

Procedure risks: Thrombolysis is generally a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

Bruising at the puncture site is very common and rarely may require a small operation. Occasionally, ongoing leakage from the puncture site may cause swelling called a 'false aneurysm' that may require a further procedure.

Clot-busting medications have to be very powerful to work, consequently there is a risk that bleeding will occur elsewhere in your body. Commonly, this is from the bowel and might require treatment or stopping the thrombolysis.

Very rarely, bleeding can occur in the brain and cause a stroke.

Sometimes the blood clot may be so extensive that the clot-busting medication simply cannot dissolve it all away. In these cases, surgery may be required to relieve the blockage.

If angioplasty or venoplasty is required, then there are additional risks related to these procedures
(see relevant patient information leaflets).

Patients aged 12 to 55, could you be pregnant? X-rays can be harmful to an unborn baby and should be avoided where possible by patients who are or may be pregnant. It is recommended that the examination is performed within 10 days of the first day of your menstrual period.

If your appointment is not within this time or if you think you may be pregnant, please contact the X-ray department before your appointment. When you arrive for your test, you will be asked when your last period started. If it is more than 10 days earlier, your appointment may be postponed.

Breastfeeding: On the day of your examination, you will be given an injection of contrast medium. These agents are low risk contrast agents. A very small percentage of the injected contrast enters the breast milk but virtually none is absorbed across the gut of the infant. No special precautions are required and you can carry on breastfeeding as normal. However, if you have any concerns you may want to express some breast milk prior to your appointment.

Will I need an injection?

Occasionally, patients are given antibiotics, painkillers and other medications through a cannula placed in your arm.

Preparing for your procedure

Please bring overnight belongings and expect to stay in hospital for at least a few days in total.

Please do not have anything to eat for 6 hours prior to your procedure.
You may still drink clear fluids such as water.

If you are unsure or have questions about your preparation, contact your doctor or the



radiology nurses for advice.

Please leave any jewellery or valuables at home.

Please contact the booking team before your appointment if:

- you are or think you may be pregnant
- If you have had a previous allergic reaction to x-ray dye (contrast agent) or are allergic to iodine.
- If you weigh over 30 stone/190 kilograms
- If you plan on using hospital transport or need a hoist to transfer
- If you require an interpreter – please inform us as soon as you receive your appointment letter, and we will arrange an interpreter for you.

Allergies

If you have asthma or any allergies, especially to iodine or contrast medium (x-ray dye), please inform us in advance.

Medication

Please continue to take all medications as usual prior to your examination. If you are taking any blood thinning medication (Anti coagulation medication) you will be advised to stop for a certain period before the procedure. If you are taking warfarin you will be given a short course of alternative medicine. Please contact the radiology nurse on the number below.

Getting to us

When attending The Princess Alexandra Hospital (Hamstel Road, Harlow, Essex, CM20 1QX), follow the signage to the radiology reception, which is located on the ground floor, green zone.

Please let the receptionists know that you have arrived for your appointment.

When should I arrive?

Please arrive in the radiology department at your given appointment time. A notification through text or letter should have been sent to you to confirm this appointment.

Can someone stay with me in the hospital?

You may have a friend or relative attend with you, but they will be asked to stay in the waiting area while you have your procedure.

Children are not allowed in the waiting area unattended. Our staff are not permitted to supervise children, so please ensure child care arrangements are in place to avoid your tests being rescheduled.

The day of the procedure

You will be shown to a cubicle and asked to undress and put on a gown; please bring a dressing gown if you have one. You may also be asked to remove jewellery, dentures, glasses, or other metal objects, which may show up on the X-rays.

The procedure

Your identification will be checked by a nurse and radiographer, a brief history will be taken; please tell the radiologist what medication, severe allergies, choking episodes or other medical conditions, such as thyroid disease and diabetes you may have.

Before the procedure, the interventional radiologist will explain the procedure and ask you to sign a consent form.

Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will lie on the X-ray table, generally flat on your back. You may have monitoring devices attached to your chest and finger and will be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves.

A small cannula (thin tube) will be placed into a vein in your arm for antibiotics, sedative and painkillers to be given.

The skin near the point of insertion, usually the groin, will be swabbed with antiseptic skin preparation and you will be covered with sterile drapes.

The skin and deeper tissues over the artery or vein will be numbed with local anaesthetic, and a fine plastic tube (catheter) is then passed over a wire and into the artery or vein.

The radiologist will use the X-ray equipment and small amounts of dye (contrast medium) to make sure that the catheter is moved into the right position, very close or actually into the blood clot.

The clot-busting drug (thrombolytic) is injected down the catheter and into the blood clot. The catheter is left in the artery or vein and attached to an infusion pump, so that injection of the clot-busting drug can be continued over hours (occasionally up to 48–72 hours) during which time you will be transferred back to the ward for careful observation.

The radiologist will check progress periodically by injecting the dye to show how much of the clot has dissolved. Once the procedure is completed, the catheter will be removed, and firm pressure applied, for about ten minutes, to prevent any bleeding.

Is it uncomfortable?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may feel a warm sensation for a few seconds when the dye is injected and feel like you are passing urine.

After the procedure

You will be taken back to the ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site.

You will be transferred back to a specialised ward and must lie fairly flat for anywhere between 24 and 72 hours, you will not be able to get out of bed or sit completely upright.

The nursing team on the ward 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.

You will come back to the radiology department at set time intervals over the 24-72 hours to assess the progress of the procedure and the clot-busting medication.

Can I drive after my procedure?

No, it is important that you have a responsible adult to escort you home. You must not drive or use public transport for the journey home.

How soon can I return to work?

This will be advised by your physician.

When will I get my results?

You will not know the results of your examination immediately. The radiologist will report their findings to the clinician who arranged your procedure, who will discuss the results with you. It usually takes a couple of weeks for the results to become available.

What do I do if I feel unwell after I have gone home?

You may have a small amount of bruising around the site of entry; however, if you notice any excessive bleeding you should call your GP, or go straight to the A&E department. If you experience a high temperature or fever, excessive pain, or diarrhoea you must contact your GP or the A&E department as you may have an infection which needs to be treated with antibiotics.

Contacting the team

If you have any further questions about your procedure or an existing appointment, please contact the radiology department **(Monday to Friday, 8am to 6pm)** at **01279 82 2527 / 3405**

If you have any queries **outside of working hours (after 4pm and on weekends)**, you will be redirected to the main radiology reception.

Please note appointment booking cannot be made during this time.

Your feedback matters

If you would like to give feedback on your care, please contact our patient experience team at paht.pals@nhs.net or **01279 827211**.

Please contact the communications team at paht.communications@nhs.net if you would like this leaflet in another language or format.