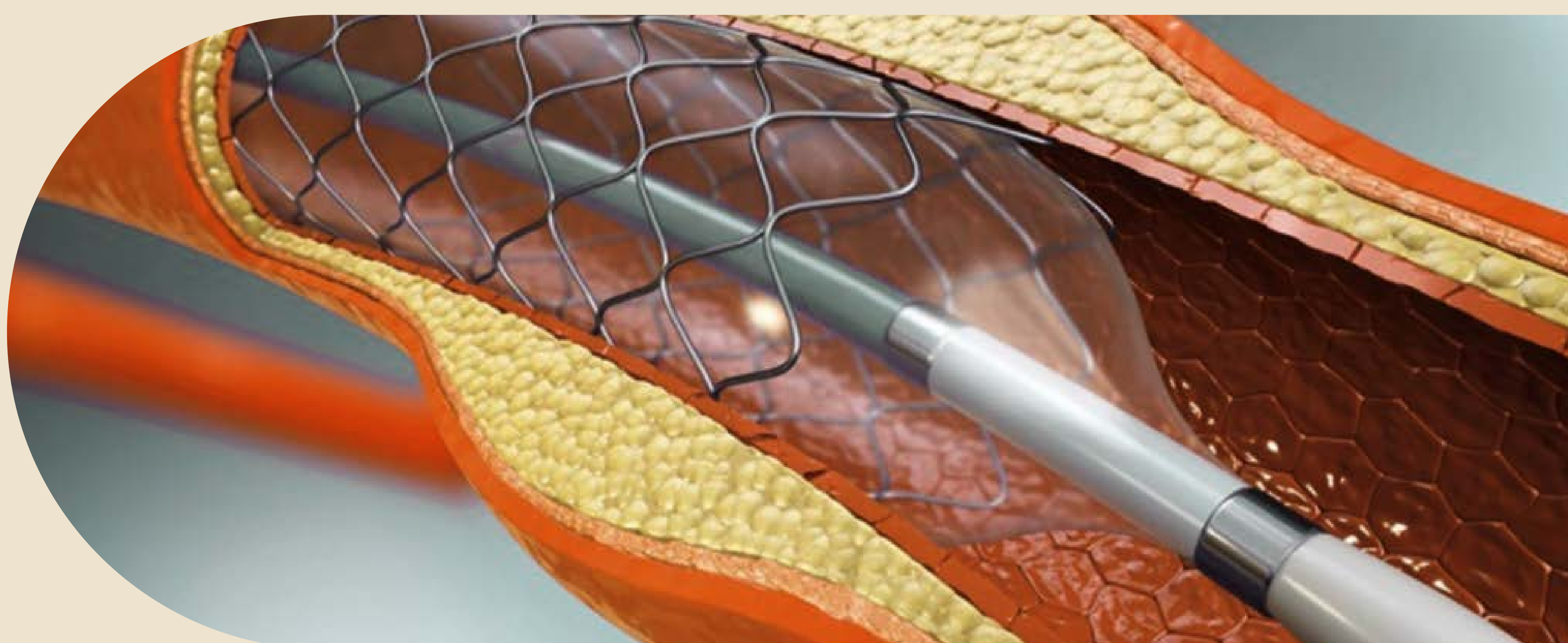




Renal Artery Disease Guide



What is renal artery disease?

The main renal artery becomes narrowed or blocked by a gradual build up of a fatty substance called plaque within the artery wall. This causes reduced blood flow to the kidney(s), leading to insufficient renal function and/or hypertension (increase in blood pressure). The plaque may continue to build up until the artery is completely occluded. Another cause of stenosis or occlusion of the main renal artery could be fibromuscular dysplasia.

Treatment options

The goal of treatment is to reopen the blocked area. Various options are available and your doctor will suggest the most appropriate choice.



Medications

It can be used alone or in combination with one of the other treatments. It does not eliminate stenosis, but can be used to control hypertension.



Surgery

This procedure is done while you are asleep. The surgeon either performs an endarterectomy directly on the artery to clean out the plaque or performs a bypass from the aorta or the iliac artery.



Angioplasty and/or stenting

The operation can be done while you are asleep or awake, the doctor will discuss this with you. A catheter mounted balloon is placed inside the artery where the lesion is located. It is inflated to press the plaque against the artery wall and is then removed. This can be followed up by expanding a stent into the vessel wall. This stent will remain in place permanently to keep the artery open.

Before the operation

The following tests would have been performed:

- Doppler ultrasound/MRI/CT Scan/Angiography
- Blood tests
- Electrocardiogram (ECG)
- Urine test

Medications

You should continue taking your normal medications. Please consult your doctor for advice if you are taking WARFARIN or HORMONE REPLACEMENT.

Belongings and valuables

Please bring your own toiletries and pyjamas. Leave any valuables at home.

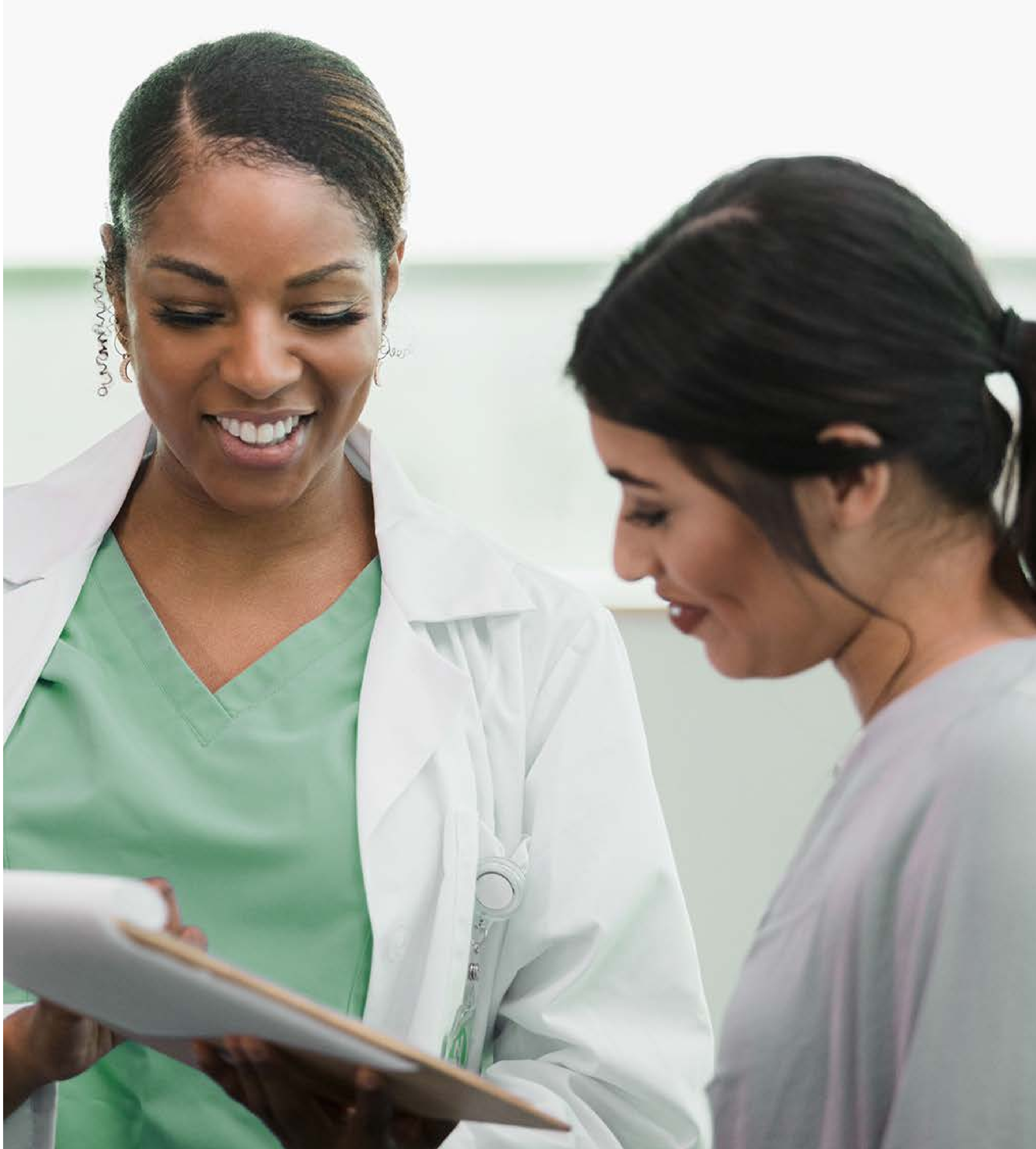
The day before surgery

Surgery:

You will be admitted to the ward for bowel preparation. This will involve drinking fluids only and you will also be given an enema. Nothing is to be taken orally from 10 pm at night. You will also be given lung physiotherapy.

Angioplasty and/or stenting:

Your nurse will advise you to have nothing to eat from 10pm at night.



After the operation

You will be admitted to the Intensive Care ward. You might have a tube in your mouth connecting you to a ventilator and a tube in your nose for drainage of your stomach. Over the next few days these tubes will be removed.

You will be connected to a machine that will monitor your heart rate and rhythm and your blood pressure. You will have a catheter (a tube) in your bladder to measure your urine output. You will have a drip or epidural catheter that contains medication for pain.

You will receive daily physiotherapy.

ANGIOPLASTY AND/OR STENTING

You will spend one night in the High Care Unit where the nursing staff will check the site where the catheter was inserted as well as the pulses in your feet and arms. You will urinate often to get rid of the x-ray dye that was injected into your arteries.

You will be instructed to drink more fluids to get rid of the dye more easily.

Before you leave the hospital, your doctor will instruct you about the pharmaceutical therapy and activity levels following the procedure. It is very important to regularly check the condition of your renal arteries and your doctor will schedule those checkups with you.

DIET AND FLUIDS

You will not be able to eat or drink anything until your doctor gives you permission to after bypass surgery. You may eat and drink as you like after the endarterectomy and angioplasty and/or stenting.

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