

Angioplasty of the Leg (Balloon Procedure)

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What is angioplasty of the leg?

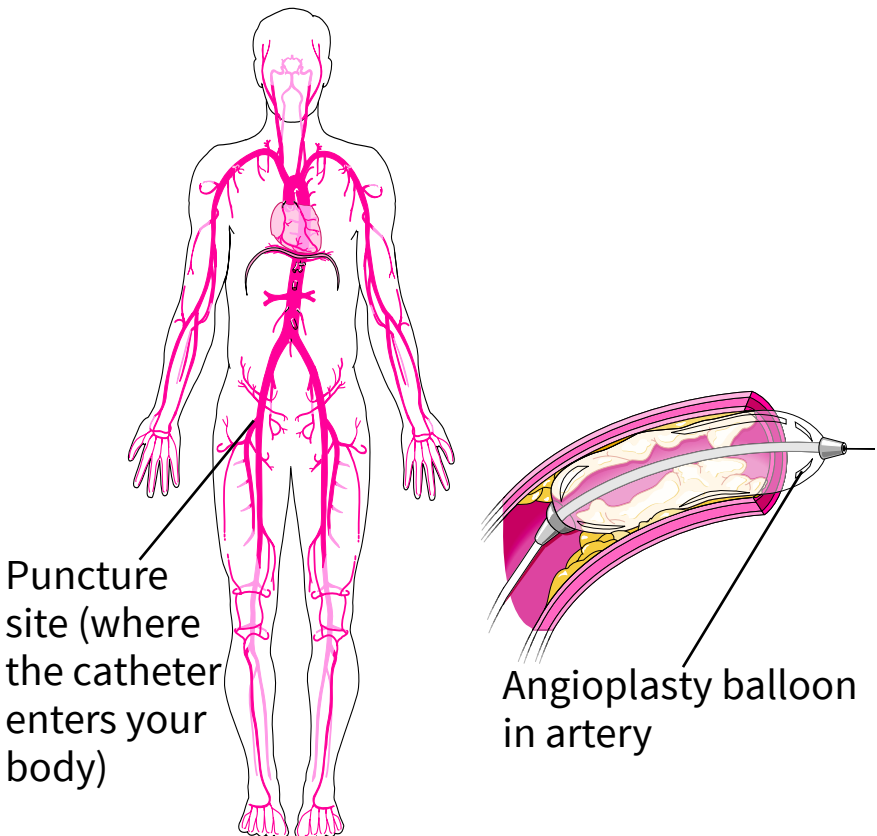
- Angioplasty of the leg (also called a **balloon procedure**) is a procedure to open narrowed arteries in your leg.
- It may be done to prevent you from needing bypass surgery (surgery to help blood get past a blockage).

Why do I need this procedure?

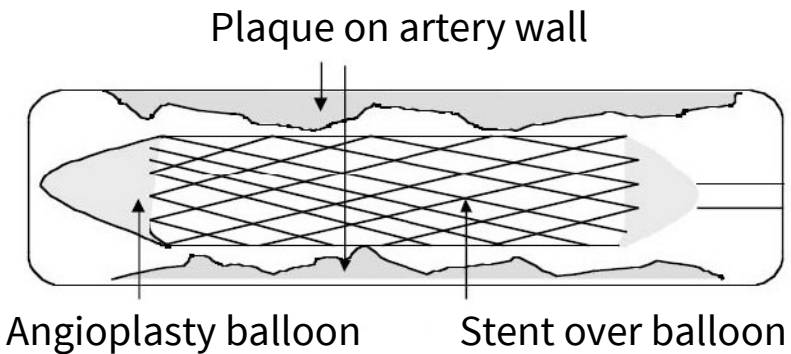
- You may need angioplasty of the leg if you:
 - › Have severe (very bad) pain in your legs when walking (called **claudication**) that affects your quality of life and/or your ability to work.
 - › Have gangrene (tissue death) or wounds that do not heal in your leg.
 - › Have pain even when you are resting.
 - › Are at risk of having your leg amputated (removed) because of low circulation (blood flow).

How is angioplasty of the leg done?

- You will have an intravenous (I.V.) in your hand or arm. Your I.V. will be used to give you medication and/or fluids.
- Your surgeon will put a catheter (a flexible tube with a balloon on the tip) into an artery (blood vessel) in your groin.
- They will put the catheter in the narrowed artery and inject dye into the catheter. This is to help make the artery easier to see. Then we will take pictures of the artery.



- We will blow the balloon up several times. This will make the artery bigger and improve circulation to your leg.
- Your surgeon may also put a stent in the artery.
 - › A stent is a wire mesh tube. It holds the artery open and prevents it from getting narrow again.
 - › A stent stays in place for the rest of your life.
- Your surgeon will decide if a stent is right for you.



What are the risks of this procedure?

- Your surgeon will talk with you about the risks of this procedure. Risks may include:
 - › Bleeding at the puncture site that could cause a bruise and/or a lump
 - › Damage to the artery
 - › Kidney problems caused by the dye used to see the artery (rare)
- If the procedure does not open the blockage, there is a chance that you may need:
 - › Another angioplasty of the leg
 - › Bypass surgery
 - › Leg amputation

How long will I be in the hospital?

- This procedure can be done as an inpatient (you stay in the hospital overnight) or as an outpatient (you leave the hospital the day of your procedure). Your surgeon will decide what is best for you.

Before your procedure

- **Do not eat or drink after midnight on the night before your procedure.**
- In the morning, you may take your usual medication(s) with a small sip of water.

After your procedure

- **You must stay in bed for up to 4 hours after your procedure.** This will help to avoid bleeding and give the puncture site time to heal.

While you are on bedrest:

- › Lie flat on your back.
- › **Do not** lift your head off the pillow. You may turn your head from side to side.
- › **Do not** put your elbows above your shoulders or your arms behind your head.
- › **Do not** cross or bend your legs.
- › **Do not** stretch (like reaching for things on your bedside table).
- › The head of your bed may be raised 30 degrees.

What can I do if I have back pain from lying flat?

- If your back starts to hurt, please tell your nurse. They may be able to help you by changing your position and/or giving you pain medication.

How will I pee when I am on bedrest?

- You will need to use a urinal (bottle) or a bedpan. If you are having problems with this, please talk with your nurse.

When will my I.V. be taken out?

- Your surgeon will decide when you no longer need your I.V.

Activity

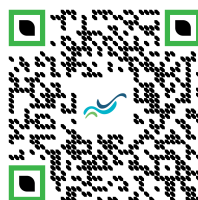
- Plan to take it easy and rest for the first 24 to 48 hours (1 to 2 days). After this time, you can go back to your usual activities (if you feel well enough).
- **Do not** drive if you are taking pain medication.
- **Do not** drive if you have pain in your groin.
- Most people fully recover in about 7 to 14 days (1 to 2 weeks) after this procedure.

Discomfort and/or pain

- You may have some swelling in your leg. This is caused by having more blood flowing to your leg. It will go away over time (usually 4 to 6 weeks).
 - › If you have swelling, raise your leg above the level of your heart for 20 to 30 minutes several times during the day.
- You may feel pain at the puncture site. This will go away over time.
 - › **If the pain gets worse, call your surgeon's office. If you cannot reach your surgeon, go to the nearest Emergency Department right away. Do not drive yourself.**
- You may have a bruise and/or a lump at the puncture site. This will go away over time.
- **If the lump gets bigger or if there is bleeding from the puncture site:**
 - › Press gently on the puncture site with your hand and go to the nearest Emergency Department right away.
 - › Do not drive yourself.

Medications

- **Do not** drink alcohol while taking pain medication.
- **Do not** drive while taking pain medication.
- Your doctor will prescribe an antiplatelet medication and a statin medication, unless you cannot have these for medical reasons. Always follow your doctor's advice.
- **For more information**, scan the QR code or visit:
 - › <https://library.nshealth.ca/Patients-Vascular-Surgery>



Stop smoking

- Smoking will damage your arteries. If this happens, you may need more surgery or a leg amputation.
- It is normal to need help to stop smoking. Talk to a member of your health care team about Nova Scotia Health programs that can help.
- **For more information**, scan the QR code or visit:
 - › <https://mha.nshealth.ca/en/stop-smoking-program>



Questions for my health care team:

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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Vascular Surgery, Central Zone
Illustration by: LifeART Super Anatomy 1 and 2 Images, Copyright © 1994,
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