

"We cure because we care..."



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How is PTCA different from bypass surgery ?

Both procedures achieve the same result. They increase the blood flow to the heart muscle.

In PTCA the obstructed part of the coronary artery is widened with a balloon catheter and a stent is placed.

It is non surgical, no incision is made and can be done during angiography.

In coronary artery bypass surgery a detour around the narrowed or blocked part of the coronary artery is constructed using a length of vein or artery taken from inside the chest. It is a major surgery involving opening of the chest, grafting the arteries and a prolonged hospital stay.

After your angioplasty

Your stay in the hospital can be from one to three days. For the first eight to twenty four hours after your procedure it is very important not to bend your 'procedure leg'. You should also remain flat in bed. The nursing staff will check your leg for warmth and color. They will also look for any bleeding. After the introducer sheath is removed, you will be allowed out of bed.

Going home from the hospital

You will be instructed by your doctor about your physical activities, you will receive information on how to reduce the risks of further coronary atherosclerosis. The need for PTCA may be reduced or avoided by:

- Changing eating habits and reducing fats and cholesterol in your diet.
- Participating in a regular physician - approved exercise program.
- Stopping smoking.
- Reducing the risk factors by controlling high blood pressure, high blood sugar, keeping weight down.
- Taking the medicines Aspirin and Clopidogrel regularly as prescribed by your doctor.

After several months, your doctor may want you to have a stress test. This procedure monitors the result of your PTCA and stent placement.

Facilities Offered :

- **Cath-lab**
Angiography & Angioplasty
DSA
Pace Maker
- **Cardiac OT**
CABG (Bypass Surgery)
Valve Surgery
ASD, VSD, PDA.
- **Ortho OT**
Orthopaedic Surgery
Joint Replacement Surgery
Arthroscopy
- **Neurosurgery**
- **Bariatric Surgery**
- **Cosmetic Surgery**
- **Urology & Nephrology Dept.**
Urogenital Surgery
Lithotripsy
Dialysis
- **Endoscopy**
- **ENT Dept.**
- **Dental Dept.**
- **Ophthalmology Dept.**
- **General OT**
- **Paediatric Dept.**
- **ICCU**
- **General Ward**
- **Polyclinic**
- **EECP (Enhanced External Counter Pulsation)**
- **DEXA (Bone Densitometry)**
- **EEG / EMG / BERA**
- **ECG**
- **2D Echocardiography**
- **USG (Sonography)**
- **Computerised Stress Test**
- **Pulmonary Function Test**
- **Audiometry**
- **Digital X-ray**
- **Holter Monitoring**
- **Ambulatory BP**
- **Ventilators**
- **Computerised Pathology**
- **Arterial Blood Gas**
- **Complete Health Check-up Plan**
- **Physiotherapy**
- **Cardiac Ambulance**
- **24x7 Pharmacy**
- **Canteen Facility**



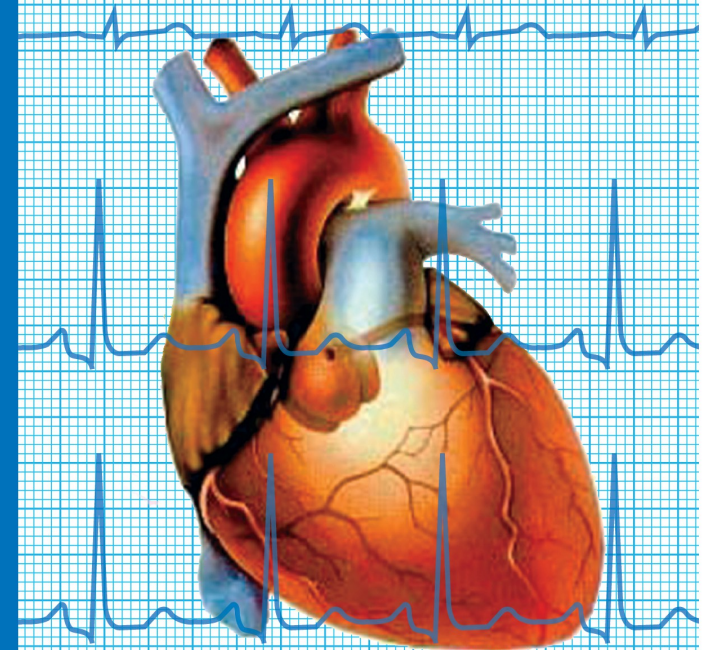
Vishal Complex, S.V. Road, Malad (W), Mumbai-400 064
Tel. : 2807 4040 / 4208 6000 Fax : 4208 6001

Sainath Road, Near Malad Subway, Off. S.V. Road, Malad (West), Mumbai-400064
Tel. : 4206 6700 / 2888 5001 / 8767076009 Fax : 4206 6701

Geeta Nagar, Phase-7, Near Mira-Bhayander Flyover, Mira-Bhayander Road,
Mira Road (East), Mumbai-401105. Tel. : 2813 1125

CARDIOLOGY

The quick information resource for patients



What is coronary artery disease ?

- Coronary artery disease (CAD) affects the coronary arteries that supply blood to the heart muscle.
- The most common cause of CAD is atherosclerosis, commonly called hardening of arteries.
- Risk factors :
Diabetes, hypertension, smoking, high cholesterol, ageing, etc.
- Fats, cholesterol and other elements carried in the blood gets accumulated in the inner wall of the arteries to form a plaque.

What is angina ?

Narrowed coronary arteries restrict the amount of blood, that can reach the heart muscle. Fatigue, tightness in the chest or a peculiar crushing type chest pain called angina, may accompany the decreased blood flow.

What is heart attack ?

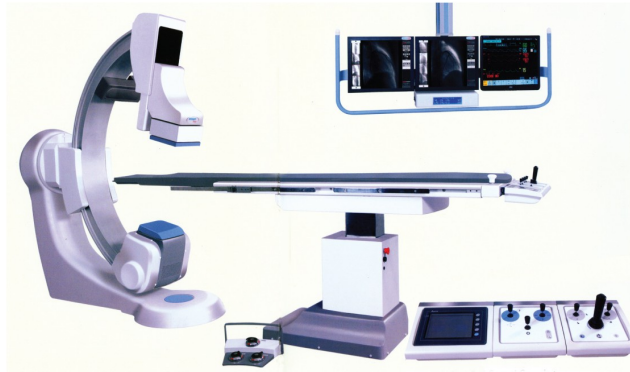
If a coronary artery suddenly closes, blood flow to a part of the heart may stop completely. In these cases, some of the heart muscle may be permanently damaged. This is often accompanied by severe chest pain that won't go away. This is called myocardial infarction or heart attack.

Test to detect CAD :

- Echo /color Doppler
- Stress echo
- Coronary CT Angio
- Stress test
- Thallium stress test
- Coronary Angiography

What is angiography ?

This procedure is done to see where and what extent the coronary arteries are blocked. A fine tube is passed along the artery in the right thigh or forearm up to the heart. Dye is injected and serial X-ray films are taken to study the flow of dye in the coronary arteries. The pictures will let your doctor see any narrowed or blocked arteries. Your doctor will inject X-ray dye through the catheter. You may need to take a deep breath when the picture is taken. When the angiogram procedure is over, you will go to a recovery area. The introducer sheath will be taken out before you go to your hospital room or go home.



When will your doctor recommend angiography ?

Your doctor will recommend angiography under the following circumstances :

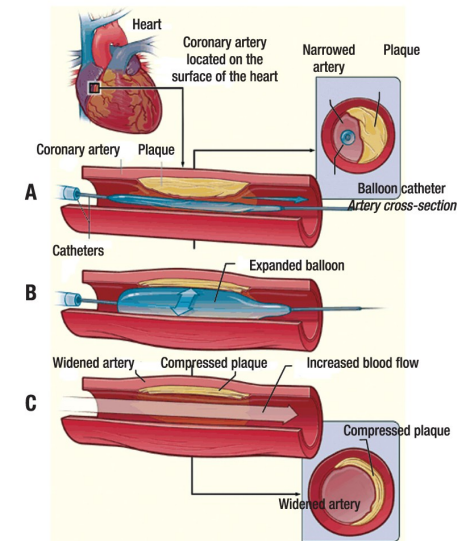
- When you have chest pain called Angina on walking or at rest.
- When ECG or Stress test shows changes suggestive of ischemia.
- After a heart attack.
- During a heart attack, in unstable patients with a view to coronary intervention.
- Sometimes, you may have no symptoms called 'silent ischemia' which may be detected at rest or by Stress test. This is done to prevent silent heart attack or sudden collapse.

What are the procedures to relieve coronary artery disease?

When the disease is localized in one or two arteries, the blockage can be opened by stretching or dilating. This is done by using a small balloon on a tube inside the artery; this procedure is called percutaneous transluminal coronary angioplasty (PTCA). when blockage involves more coronary arteries, bypass surgery is recommended.

How will the doctor know that you require surgery ? (Bypass surgery)

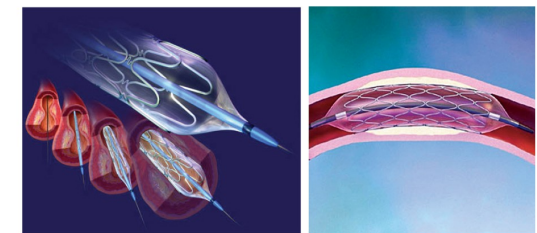
When the blockage is more complicated and involve more coronary arteries, coronary artery bypass surgery is recommended.



What is percutaneous transluminal coronary angioplasty (PTCA) ?

PTCA is a non surgical procedure designed to dilate narrowed coronary arteries. PTCA is similar to your coronary angiogram procedure. It is performed in the cath lab. In a PTCA, a small catheter with a small balloon attached is passed into the artery. From here, it is passed into the coronary artery. The balloon is passed through the blockage. The balloon is inflated to expand the opening in the artery, more blood can flow through the artery, when the balloon is removed.

Your doctor may recommend placing a coronary stent. The coronary stent is designed to help keep the treated area in the artery open and prevent recurrence.



STENTS