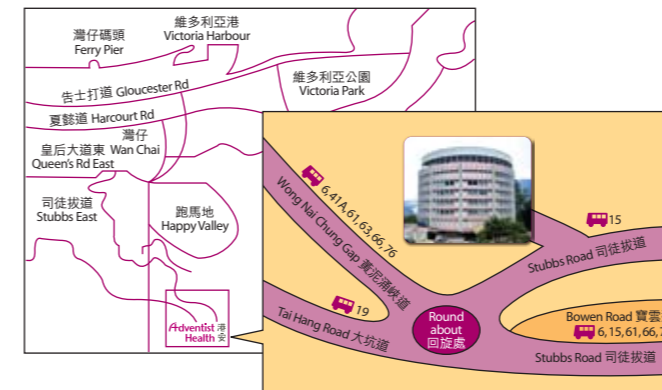


15.0 cm MI 0.9
Gen TIs 1.1
[2d] G78/71 d
FA4/P90
HAR/FS10
[C] G50/0.80 kHz
FA5/F1/B
TDI



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Map 路線圖



Bus 巴士

6, 15, 66 Central Bus Station 中環巴士總站
76 Causeway Bay 銅鑼灣
19, 41A, 63 North Point 北角

Minibus 專線小巴

5, 24M

Taxi 計程車

Available to and from the front entrance of Hospital
乘計程車可直達本院大門前

Parking 停車場

Parking is available for a fee for patients and visitors
本院設有收費停車場予病人及其家屬使用

Cardiac Catheterization and Interventional Center 心導管檢查及介入治療中心

Address 地址: 40 Stubbs Road, Hong Kong
香港司徒拔道40號

Phone 電話: (852) 2835 0578

Fax 傳真: (852) 2591 4475

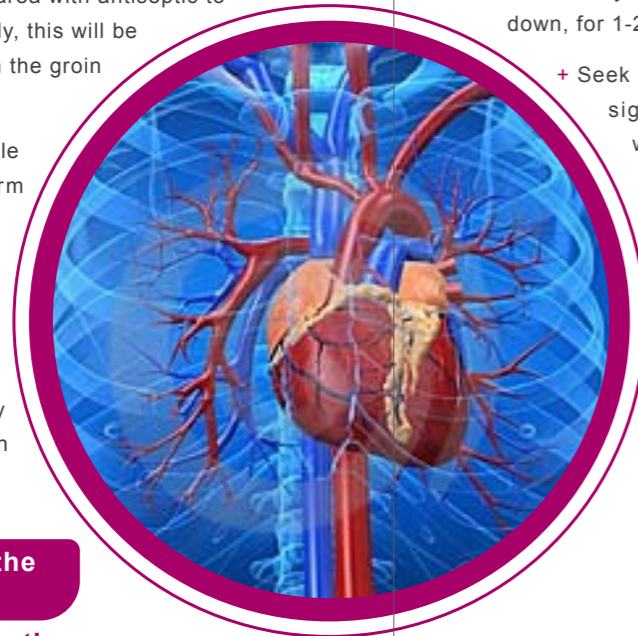
Email 電郵: hkahinfo@hkah.org.hk

Website 網址: www.hkah.org.hk

The First Hong Kong Hospital to be Accredited by JCI in 2006
Trent Accredited since 2000

全港首間榮獲國際JCI評核認可醫院 (2006)
英國國家衛生服務「卓越」評核認可 (2000)

- + You may eat and drink as normal. Increased fluid intake can help to flush the X-ray dye out of your system.
- + You may take a shower as usual, but the puncture site must be kept clean and dry.
- + Do not lift heavy objects, do strenuous exercise, or bear down, for 1-2 weeks.
- + Seek immediate medical attention if there are signs of swelling, redness, or heat in the wound area.



Preparation for the procedure:

- + Routine blood tests and an electrocardiogram (ECG) will be performed on the day of admission.
- + The nurse will shave the area to be used for the catheter insertion, and clean the area with antiseptic to prevent infection. Usually, this will be an artery in your wrist on the groin area.
- + An intravenous (IV) needle will be placed in a forearm vein so that IV Fluids and medications can be administered quickly and easily when required.
- + A mild sedative drug may be given at the discretion of your physician.

What happens after the procedure?

Nursing care following the procedure:

- + Your doctor will remove the catheter sheath and will usually apply a device such as a C-clamp. Alternatively, the physician will apply firm, direct pressure, over the puncture site, and ensure that the pressure is maintained for 15 to 20 minutes to stop any bleeding. The patient will have a pressure dressing for about 8 hours.
- + You are to lie flat in bed for at least 6 hours after being transferred to the ward. If a trans-femoral procedure is performed, you must keep your legs straight and avoiding bend your leg. You are not to sit up until your doctor or nurse instructs you to do so.
- + The nurse will frequently check your vital signs and the puncture site.



Adventist 港
Health 安
Hong Kong Adventist Hospital
香港港安醫院

Bookings and Enquires

For any queries regarding our services,
or for booking a cardiologist, please
contact us on the number below, or
visit our website.

Tel: 2835 0578

Website: www.hkah.org.hk

Cardiac Catheterization and Interventional Center

The Hong Kong Heart Center with its Cardiac Catheterization and Interventional Center was the first of its kind established in a private hospital back in 1985, dedicated solely to the investigation, treatment, rehabilitation and prevention of heart disease. Our experienced team of cardiac specialists provide comprehensive professional services for the prevention and treatment of heart diseases.

With state-of-the-art equipment, procedures such as Coronary Angiography and Angioplasty are performed in the Cardiac Catheterization and Interventional Center, to investigate and manage cardiovascular diseases. Well-equipped operation rooms and a 24-hour emergency interventional service are available for life saving procedures, including percutaneous coronary intervention.

Artis Zee Interventional Imaging System

Artis Zee system represents the very latest in imaging expertise, and has the following advantages:

- + Multi-axis imaging system with C-shaped arm, which offers variable working height, enabling large volume 3D imaging with high resolution.
- + 'Door-to-balloon' time is minimized.
- + Even the edge of a coronary vessel can be seen clearly, and the location of a stent can be correctly fixed in a matter of seconds.
- + Procedural reports can be obtained in a comprehensive and efficient manner due to a newly designed computer program



Other Hi-Tech equipment

Our quality services are supported by a full range of state-of-the-art equipment, including intravenous ultra-sound, electrophysiology, and the previously mentioned Artis Zee imaging system, all of which contribute to the investigation, diagnosis, and therapeutic procedures performed at the Center.

Interventional Procedures

Coronary Angiography

This procedure remains the 'gold standard' for diagnosing coronary artery disease, and provides an accurate assessment of the severity of stenosis in an artery. A thin specialized catheter is fed into the aorta via a small puncture over a peripheral artery, and guided into the heart under X-ray control. The coronary arteries are viewed under X-ray using radio-opaque contrast, coronary balloon dilation with or without stenting for a significantly narrowed segment is usually performed at the same setting.

Coronary Balloon Angioplasty

This is a minimally invasive procedure to open narrowed or blocked coronary arteries performed under local anesthetic, and with X-ray control. A cardiac catheter is inserted either via the groin or the wrist, and the balloon is positioned within the narrowed segment of your coronary artery. The balloon is then inflated and the stenosed segment of the artery is then widened, thus allowing restoration of normal blood flow.

Stenting

A stent is delivered and placed inside a segment of an artery following balloon dilatation. It is made of very thin steel and is in the form of a cylindrical slotted tube of different sizes. It is rigid enough to prevent collapse of a vessel



after balloon dilatation, yet flexible enough to be delivered to the segment which has just been dilated. Drug-eluting stents are stents that have been coated with medications that can prevent restenosis caused by overgrowth of tissue (intimal hyperplasia). Following successful angioplasty and stenting, a patient requires adequate anti-platelet agents, usually a combination of aspirin and another medication called Plavix, to prevent clotting.

Implantation of a Permanent Pacemaker / Implantable Cardioverter Defibrillator (ICD)

These complex electronic devices monitor the heart's electrical activity and send out electrical impulses when the heart needs them. Generally, they are implanted under the skin of the upper chest region under local anesthesia. Pacing leads are advanced to the heart chambers via a vein, and the entire procedure requires just over 1 hour.

Electrophysiology Study (EPS)

EPS is an electrical 'test drive' to determine if an individual's heart has the tendency to go into abnormal rhythm usually a fast rhythm due to an abnormal circuit requiring treatment. By advancing catheters into the heart chambers through a small opening in the groin, the physician can collect and study electrical signals to diagnose any abnormal heart rhythm, assess the potential risk to the patient, and test the effectiveness of medications.

Radiofrequency Ablation (RFA)

RFA is a percutaneous interventional therapy used to treat abnormal heart rhythms often curative. The first step of the procedure is to identify the precise area of the heart that is giving rise to the abnormal rhythm. The second step is to use a specially designed catheter, and delivers high frequency energy to the identified area of abnormality, thus ablating the pathway or tissue causing the chaotic rhythm.

Coronary Artery Disease

What is Coronary Artery Disease?

This is the commonest of all cardiovascular diseases. The coronary arteries supply oxygen and nutrients to the heart muscle, but once they become narrowed, or blocked, due to plaque deposition inside the vessel wall, or a clot blocking the lumen, the vital supply of oxygen is reduced, and the function of the heart is adversely affected.

How to diagnosis Coronary Artery Disease?

Coronary anatomy is accurately defined by diagnostic coronary angiography. It is done very safely under local anaesthesia.

Can it be treated?

A very effective treatment is Balloon Angioplasty and Stenting, which widens the blocked or narrowed segment of the involved vessel and reduce the incidence of post-procedural re-narrowing. This procedure is usually performed at the same setting following the initial cardiac catheterization and coronary angiography.

Another alternative is coronary bypass grafting via open heart surgery.

How to prepare for the procedure?

You are requested to:

- + Inform your doctor if you are taking any medications, or if you have any allergies, in particular, allergies to iodine, seafood, X-ray dye, or medications.
- + Avoid eating and drinking for at least 4 to 6 hours before the procedure.
- + Be admitted to the medical ward on the day of the procedure, or the day before.
- + Empty your bladder before leaving your hospital room going to the Cardiac Catheterization and Interventional Center