What to Expect
Your doctor will give you all the details, but here’s what you should expect on the day of your procedure:

- You will be asked not to eat or drink after midnight the night before.
- Your doctor may tell you to stop taking some medicines and keep taking others.
- You will have a temporary urinary catheter inserted into your body so you are more comfortable during the procedure.
- You will receive medicine to relax you, but are not usually put to sleep.
- The doctor will enter the arteries either through your wrist, or at the top of your legs near your groin, and use temporary tubes to help with the procedure (Figure 2).
- X-rays are used to help the doctor see the blockage in the arteries. In some cases, if the procedure takes a long time, the procedure may be stopped for safety reasons. Your doctor may bring you back at a later date to try to get the artery open.
- Most patients go home the next day.

Going Home
After the procedure, you may have some discomfort, tenderness or bruising in the groin, or wrist, area. Contact your doctor if you experience a lot of swelling, intense pain, infection, or if you notice a new rash or skin damage.

You will likely not be able to drive for 48 hours, lift anything more than 10 pounds, or do a lot of physical activity for one week.

You will probably be told to keep taking aspirin and any other medicine that your doctor prescribes you.

Your doctor will want to see you for a check-up four to eight weeks after the procedure, and may recommend rehab for your heart.
Chronic Total Occlusion (CTO) is a type of heart disease where an artery becomes completely blocked for at least 30 days (Figure 1). This prevents blood from getting to the part of the heart supplied by that artery. Without enough blood flow, the heart does not receive the oxygen and nutrients it needs to function properly.

Symptoms
Symptoms of a CTO can include:
- Chest pain
- Trouble breathing
- Tiredness

Treatment Options
Historically, people with a CTO who have these symptoms require a coronary artery bypass graft (CABG) surgery to increase blood flow to the heart. However, it is not the only treatment available.

Today, it is now possible to treat a CTO through a less-invasive technique called percutaneous coronary intervention (PCI), or angioplasty. In this procedure, the blocked artery is opened using balloons and stents.

If you have been diagnosed with a CTO, your doctor may be able to use advanced technology and innovative techniques to restore blood flow.

Effectiveness
In recent years, the success rate of this procedure has improved from 50 percent to 80-85 percent.

Restoring blood flow to a blocked vessel may greatly improve a patient’s quality of life by relieving symptoms and improving how the heart works.

CTOs are very common, occurring in as many as 30% of patients with significant coronary artery disease. With successful CTO intervention, they typically experience immediate and dramatic symptom relief.

Procedure Risks
Like any medical procedure there are risks to know about. Your doctor will talk about the risks involved. Some risks may include and are not limited to death, heart attack, stroke, bleeding, infection, kidney failure, vascular complications, damaged artery, emergency surgery, or radiation.