

Patient information

Angiogram

Interventional Radiology Department

Angiogram

This leaflet tells you about the procedure known as angiography, (or having an angiogram), explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

If the angiogram is being done as a pre-planned procedure, then you should have plenty of time to discuss the situation with your consultant and the radiologist who will be doing the angiogram, and perhaps even your own family doctor (GP).

If you need the angiogram as an emergency, then there may be less time for discussion, but none the less **you should have had sufficient explanation before you sign the consent form.**

What is an angiogram?

An angiogram is a special X-ray examination of blood vessels. Normally, blood vessels do not show up on ordinary X-rays. However, by injecting a special dye, called contrast medium, into an artery through a special fine plastic tube called a catheter, and taking X-rays immediately afterwards, detailed images of arteries and veins can be produced.

Who will be doing the angiogram?

A specially trained doctor called an Interventional Radiologist. Radiologists have special expertise in using X-ray equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

What are the benefits of having an angiogram?

This test helps the medical staff clearly see the arteries in the part of your body that is the subject of this investigation.

What are the risks of having an angiogram?

There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted, and this is quite normal. The bruise may become very large and uncomfortable, but this does not happen very often. If a large bruise develops, there is the risk of it getting infected, and this would then require treatment with antibiotics.

In some hospitals a large bruise is treated by having a small operation to drain it. The Interventional Radiologist doing your Angiogram will be able to tell you how often problems with bruises occur in your hospital, and how they are treated.

Very rarely, some damage can be caused to the artery by the catheter, and this may need to be treated by surgery or another radiological procedure.

Important

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney X-rays and CT scanning, then you must also tell your doctor about this.

Will I be given an anaesthetic?

You will be given a local anaesthetic. Local anaesthesia is drug-induced numbness: it may be provided by an anaesthetist, surgeon, or other healthcare professional, depending on the technique used.

Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

Getting ready for your angiogram

- You need to be an inpatient in the hospital.
- You will probably be asked not to eat for four hours beforehand, though you may be told that you can drink some water.
- You may receive a sedative to relieve anxiety.
- You will be asked to put on a hospital gown.
- As the procedure is generally carried out using the big artery in the groin, you may be asked to shave the skin around this area.

The examination

Generally performed in the Interventional Radiology Theatres, located within the Main Theatre complex in the X-ray department, in a special "screening" room, which is adapted for specialised procedures.

You will lie on the X-ray table, generally flat on your back. You need to have a needle put into a vein in your arm, so that the Interventional Radiologist can give you a sedative or painkillers.

Once in place, this will not cause any pain. You may also have a monitoring device attached to your chest and finger, and may be given oxygen through small tubes in your nose.

The Interventional Radiologist will keep everything sterile and will wear a theatre gown and operating gloves. The skin near the point of insertion, probably the groin, will be cleaned with antiseptic, and then most of the rest of your body will be covered with a theatre towel.

The skin and deeper tissues over the artery will be anaesthetised with local anaesthetic, and then a needle will be inserted into the artery. Once the Interventional Radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the artery. Then the needle is withdrawn allowing the fine, plastic tube (catheter) to be placed over the wire and into the artery.

The Interventional Radiologist uses the X-ray equipment to make sure that the catheter and the wire are moved into the right position, and then the wire is withdrawn. The special dye (contrast medium) is then injected through the catheter and X-rays are taken.

Once the Interventional Radiologist is satisfied that the X-rays show all the information required, the catheter will be removed and the radiologist will then press firmly on the skin entry point, for several minutes, to prevent any bleeding.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off, and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse, or another member of clinical staff, standing next to you and looking after you. If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.

As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes off and should not concern you.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Some angiograms, for example those looking at the large arteries in the legs, are generally straightforward and do not take very long, perhaps half an hour. Other angiograms looking at much smaller vessels, may be more complex, and take rather longer, perhaps over an hour. As a guide, expect to be in the Interventional Radiology (IR) Theatres for about an hour and a half altogether.

After the examination

After the procedure you will be taken to theatre recovery or the Theatre Admissions Unit (TAU) for a few hours. Nurses here will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it.

You will generally stay in bed for a few hours, until you have recovered. You may be allowed home on the same day or kept in hospital overnight.

Results

The results of your test will be discussed with you by your surgical consultant and possibly by the Interventional Radiologist performing this procedure.

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Interventional Theatres

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