

CORONARY ANGIOGRAM

WHAT IS IT?

A Coronary Angiogram ('angio') is a special X-ray of the arteries around the heart and surrounding blood vessels in order to detect any abnormalities, narrowing or blockage.

The test involves the insertion of a long thin catheter into an artery in your groin or wrist under local anaesthetic. The catheter is moved up the inside of the artery until it reaches your heart. When the catheter is in place, a small amount of contrast dye will be injected into it. X-rays will be taken as the dye travels through the coronary arteries.

PREPARATION

You will need to fast for 6 hours prior to the procedure. Hospital admission is required and is generally a day case, however some patients are required to stay in overnight depending on how they recover from the test.

Take all of your usual medications unless instructed otherwise by your cardiologist. You may not drive after the procedure and are also not allowed to be alone that evening.

PROCEDURE

- Coronary angiography is done in special laboratories or 'cath-labs' that look like operating theatres.
- You will be asked to lie on a narrow table which will be moved from side to side during the test.
- You may have an intravenous line inserted to enable medicines to be given during the test.

- Local anaesthetic will be injected into wherever the catheter is to be introduced, e.g. your groin, wrist or arm.
- The catheter will be moved through the main blood vessel of your body, the aorta, to the coronary arteries on your heart.
- When the catheter is in place a small amount of X-ray contrast dye will be injected into it. X-rays will be taken as the dye moves through your coronary arteries.
- Different catheters are needed to study the various arteries so one will be removed and the next introduced.
- Some people have nausea or chest discomfort when the dye is injected but this does not last long.
- A standard angiogram takes about 30-40 minutes. When the test is completed the catheter will be removed and pressure applied to the insertion site.
- You will be transferred to the ward or recovery area to rest in bed for at least four hours. In most circumstances you will be allowed to go home after four to six hours.
- The X-ray dye passes through your kidneys and is excreted in your urine.

WHAT TO BRING

- Medicare card
- Any concession or private health fund cards
- All your current medications in their original packaging

For overnight stays please also bring

- Night attire, including dressing gown and slippers (non-slip)

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RESULTS

Your doctor will inform you of the results at the end of the procedure. A follow up appointment will more than likely be organized for a couple of weeks later in the consulting rooms.

FOLLOWING DISCHARGE

If you are discharged on the same day you will not be permitted to drive home after the procedure and will need to have someone stay with you that evening. If you live in a regional centre, you may be advised to stay locally for a few days after the procedure.

It is important to talk to your cardiologist regarding his own instructions for dressing removal and wound care. Once the dressing(s) has been removed it requires little care. Keep clean and dry, avoid using powder. Check daily for signs of infection and report any possible signs of infection to your cardiologist promptly.

Please discuss any possible driving restrictions and medication changes with your cardiologist.

RISKS

As with any medical procedure there are some risks involved but serious problems are rare. Most people have no trouble and the benefits usually far outweigh the risks. Every effort is made to minimize your risk but should complications occur emergency equipment is readily available to help deal with them.

Exact risks vary from patient to patient and can include:

Haematoma (Bruising & swelling)

It is usual to have bruising and tenderness where the catheter was inserted for a few days. Very rarely, significant internal bleeding

can occur—your doctors will be prepared to deal with this risk.

Infection

Infection is rare and usually occurs in the area of skin overlying the catheter insertion sites. If an infection should occur it will be treated with the appropriate antibiotic.

Allergic reaction to dye

A dye, or 'contrast', is used to enable the coronary arteries to be seen on X-ray. Reaction to this contrast is usually minor and can result in hives but on rare occasions it can lead to shock (a dramatic fall in blood pressure). If you have had no previous reaction with the use of contrast then the risk is extremely low. Please inform your cardiologist if you have had a previous reaction to any contrast mediums.

Acute closure or rupture of coronary artery

Rarely, coronary angioplasty can cause the artery to become completely blocked or rupture. Should this happen an emergency coronary artery bypass operation would be performed.

Heart attack

Occasionally patients can have a heart attack during this procedure. Your cardiologist will be prepared to deal with this risk.

A follow up appointment will be made with your cardiologist usually within a week or two and you will be discharged with the appropriate medications.

If you have any questions or concerns about the risks involved with this type of procedure please discuss them with your cardiologist.

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