

Glossary of terms

Aneurysm: A weak bulging area in an artery wall.

Angiogram: A study showing arteries and veins by injecting contrast dye through a catheter and taking pictures using x-ray.

Catheter: A thin flexible tube for insertion into a blood vessel through which devices can be introduced or contrast dye can be injected.

Cerebral Angiogram: A study showing arteries and veins in the brain by injecting contrast dye through a catheter and taking pictures using x-ray.

Endovascular: Within the vascular system (arteries and veins)

Interventional Neuroradiologist (INR): A doctor specifically trained to treat vascular diseases in the brain using minimally invasive endovascular techniques.

Subarachnoid Haemorrhage (SAH): Bleeding into the compartment surrounding the brain, often caused by the rupture of a cerebral aneurysm.



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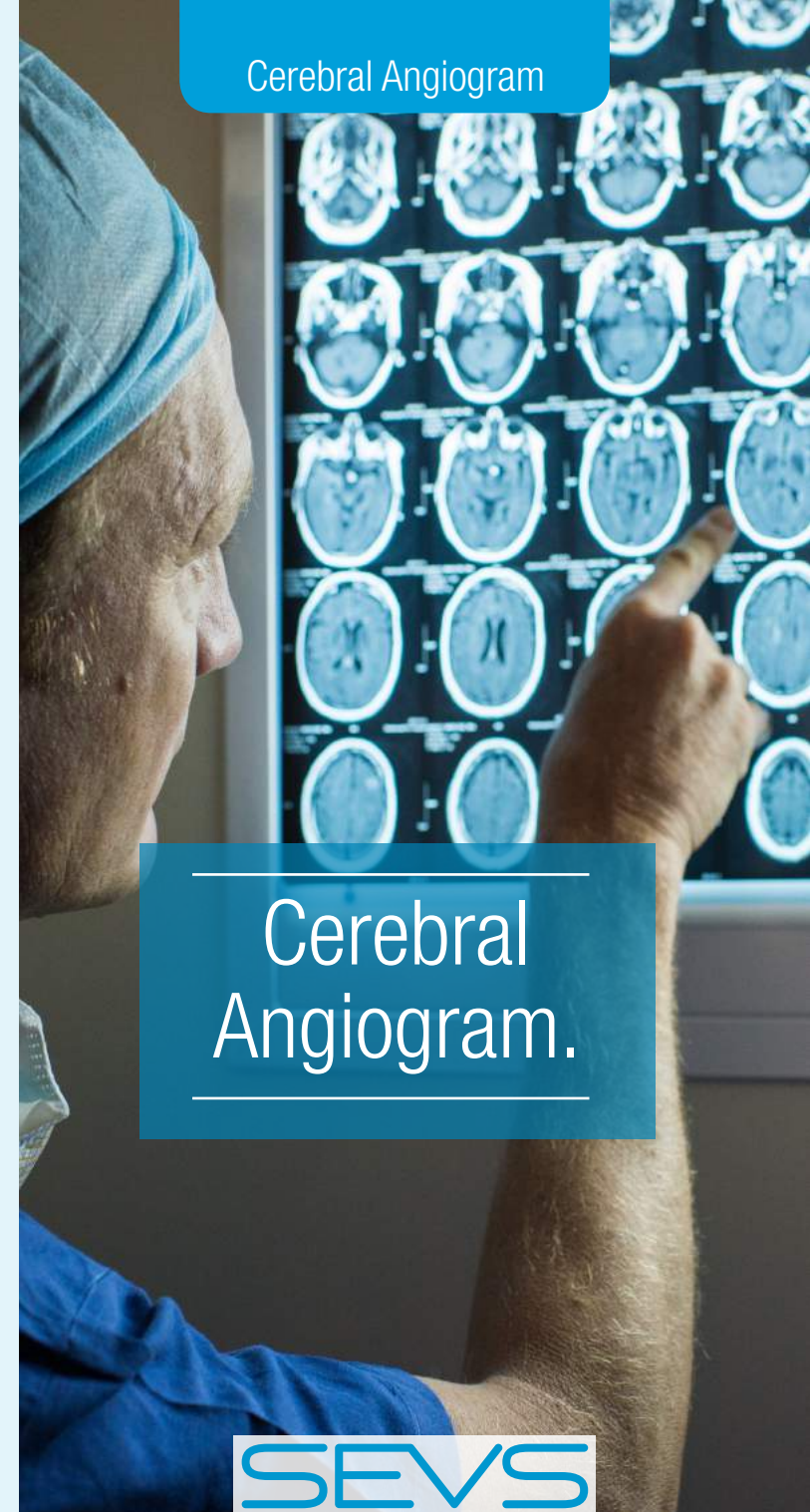
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Cerebral Angiogram



Cerebral
Angiogram.

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What is a Cerebral Angiogram?

A Cerebral Angiogram is a procedure that is used to study the arteries and veins of the brain in very high detail.

This is performed by an Interventional Neuroradiologist (INR), who is a doctor specifically trained in these procedures. A small tube or catheter is navigated from the main artery of the groin to the arteries supplying the brain. Contrast dye is injected through the catheter and pictures are taken using x-ray.

What to expect

Most angiograms are done with the patient awake or with light sedation.

The specialist will examine the pulses in the groin and the overlying skin will be cleansed and covered with sterile towels. A local anaesthetic (lignocaine) is given to numb the skin overlying the artery.

After the local anaesthetic the procedure is painless.

A needle is then inserted into the artery, through which a guide wire is inserted. The needle is then removed and a small tube or catheter is passed over the wire.

The catheter is positioned in the arteries in the neck supplying the brain. Contrast dye is injected and x-rays are taken.

Time

The angiogram takes approximately 60 minutes with observation following the procedure for 3 to 4 hours.

The procedure is normally performed as a day surgery procedure under light sedation or as an overnight admission.

After the procedure

The catheter is removed and pressure is applied to the artery in the groin for 10 minutes. The patient must lie flat in bed for 4 hours after the procedure to reduce the risk of bleeding with nursing staff regularly monitoring blood pressure, pulse and puncture site.



All patients must have an adult accompany them home after the procedure and stay with them overnight. It is advised to not undertake any strenuous activities/exercise for two days post procedure.

If there is any new swelling or bleeding at the puncture site, contact SEVS on 1300 553 339 between 9am and 5pm Monday to Friday, or after hours contact the emergency department of your local hospital.

Special circumstances

Patients with the following conditions are advised to alert the SEVS staff:

- Asthma
- Diabetes
- Previous contrast reaction
- Multiple myeloma
- Kidney disease
- Sickle cell disease
- Myasthenia gravis
- Pheochromocytoma

A prior contrast reaction will require a discussion and usually a short course of steroids 24 hours before the angiogram to reduce the chance of having another allergic reaction.

Fasting of 6 hours is required. Regular medications may be taken with a sip of water.

Complications

As with all surgical procedures, a cerebral angiogram carries some risks, but serious complications are rare.

The most important risk to be aware of is the small risk of stroke.

Your INR doctor will discuss risks with you before the procedure.

What about the results?

The results of your procedure will be discussed with you by your specialist prior to discharge.

If any further intervention is needed, information will be provided on the day.