

## WHAT IS A SPINAL ANGIOGRAM?

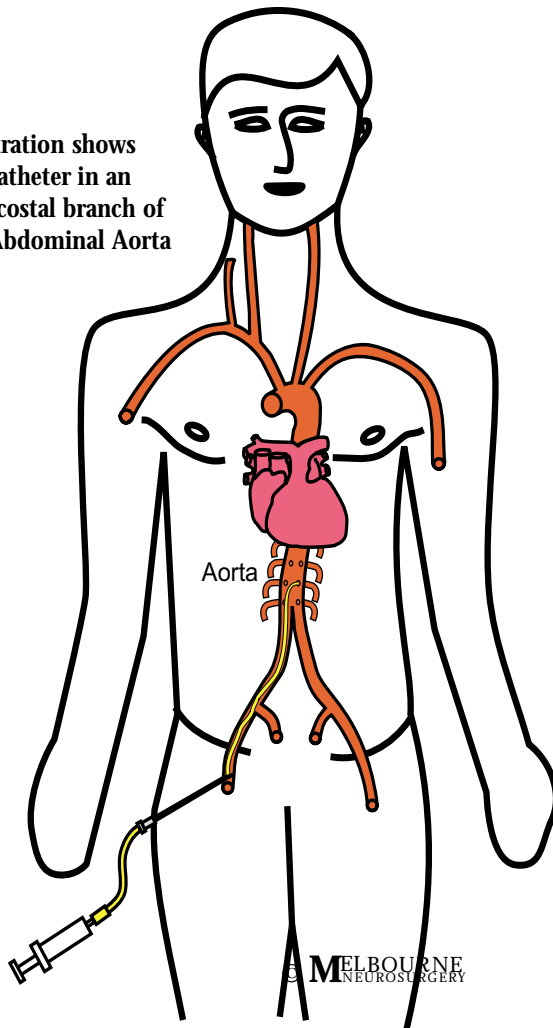
A SPINAL angiogram is where contrast (dye) is injected into the blood vessels (arteries) of the Thoracic / Abdominal Aorta and these (intercostal Branches) go to the spinal cord. This outlines them for the x-ray machine to take pictures.

## WHO PERFORMS THE ANGIOGRAM ?

A Radiologist

-specialist doctor trained in xray techniques

Illustration shows the catheter in an intercostal branch of the Abdominal Aorta



## WHAT ARE THE REASONS FOR HAVING AN ANGIOGRAM ?

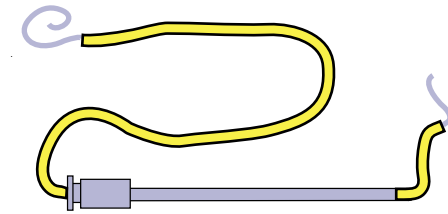
1. To look for abnormalities in the blood vessels  
e.g. vascular malformations
2. To find the main artery to the spinal cord.
3. As part of treatment of some conditions:  
To embolise a tumour  
To embolise Vascular Malformation
4. To check that a treatment for some conditions has been successful

## HOW IS IT PERFORMED ?

The test is performed in an angiography suite with an x-ray machine. You will have fasted for 4 hours before this. A doctor, nurse and a radiographer are usually present. You lie down on the x-ray table. Access to the spinal blood vessels is obtained by feeding a fine catheter up from an artery in the groin to the Thoracic / Abdominal Aorta which is the main artery from the heart that goes to the bowel and legs.

The groin is anaesthetised with local anaesthetic by injection. Then a needle is pushed into the artery to gain access. A long fine catheter is then fed up the artery with the aid of a stiff wire in its middle.

Using x-rays and contrast to show the path the catheter is fed up to the Aorta. Each of the arteries going from the aorta that could be going to the spinal cord or a tumour / AVM that we are looking for are injected. The contrast is either injected by hand or by a machine. The injection may cause the side effects of nausea, warmth, dizziness or burning. Rarely it will cause irregular heartbeat. All of these things usually pass rapidly.



Multiple views of the vessels are needed so there are multiple injections of contrast with differing positions of the catheter and x-ray machine. You will hear the x-ray machine taking lots of pictures quickly and this is because of the rapid flow of blood (and contrast) into the artery. While the pictures are being taken it is very important to keep still.

When the test is finished the needle in artery in the groin is removed. Because this is a large artery, pressure is applied for some time to stop any bleeding.

## WHAT SHOULD YOU DO AFTER ?

You will be kept in bed for at least four hours after the test with your leg straight, this is to prevent bleeding at the catheter site. You may be kept overnight. Your vital signs and catheter site will be regularly checked. It is common to have some bruising around the site but if a lump develops then tell the nurse. If itching or a rash develops this may indicate an allergy to the dye. Oral pain medication will be prescribed.

Once stable you will then be able to go home. Somebody should drive you home. You may eat and drink 4 hours after the test.

Avoid activities in the next few days that involve stressing the injection site such as heavy lifting or repetitive bending of the hip joint.

## WHAT SHOULD YOU NOTIFY YOUR DOCTOR OF AFTER ?

1. INCREASING LUMP IN GROIN
2. SUDDEN DIZZINESS OR CHEST PAINS
3. FEVER
4. SEIZURES
5. WEAKNESS

## WHAT YOU NEED TO TELL THE DOCTOR

If you have had a reaction to Contrast(dye)  
If you have kidney disease  
If you are pregnant  
If you have clotting problems  
If you are taking blood thinning agents  
e.g. Warfarin/aspirin/anti- inflammatory

## WHAT ARE THE RISKS?

THE CHANCE OF ANY COMPLICATION IS VERY SMALL

THERE ARE RISKS AT EACH STEP OF THE PROCEDURE

THE COMMON RISKS ARE

Infection as the bloodstream is being entered.

Internal bleeding.

Haematoma or damage to the artery at the site of the puncture.

Irritation to the heart may cause an abnormal heartbeat.

Allergy to the contrast may cause a rash /swelling/difficulty breathing or heart problems.

In elderly patients or those with atheroma(plaque) in their arteries if a small piece is dislodged by the catheter then a stroke may occur (this is usually transient).

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS . IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.



Angiogram Picture showing filling of an Intercostal Artery

# MELBOURNE NEUROSURGERY

## PROCEDURE INFORMATION

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