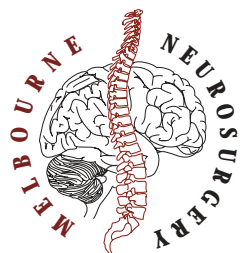


PROCEDURE INFORMATION

ANGIOGRAPHIC EMBOLISATION OF CEREBRAL LESION



WHAT IS A CEREBRAL ANGIOGRAM?

A Cerebral angiogram is where contrast (dye) is injected into the blood vessels (arteries and veins) of the brain. This outlines them for the x-ray machine to take pictures. This is to look at the blood supply to the tumour or vascular lesion and this is done before the embolisation starts

WHO PERFORMS THE ANGIOGRAM ?

A Radiologist

-specialist doctor trained in xray techniques

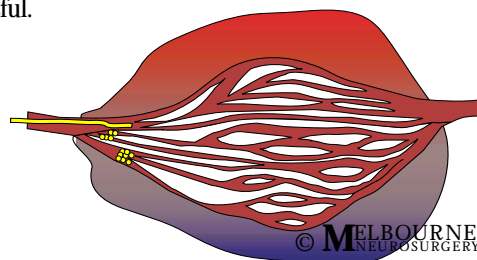
WHAT IS AN EMBOLISATION ?

This is where the blood supply to a tumour or vascular lesion is blocked off by sending small particles or glue into the lesions blood vessels.

(see illustration) This is done via the angiogram catheter which is in the blood vessel needing to be blocked.

WHAT ARE THE REASONS FOR HAVING AN ANGIOGRAM AND EMBOLISATION?

The aim of the embolisation is to make the lesion easier to remove. With the blood supply either stopped or slowed it bleeds less during the surgery. And reduces the risks of the surgery. Some lesions cannot be resected unless the embolisation is successful.



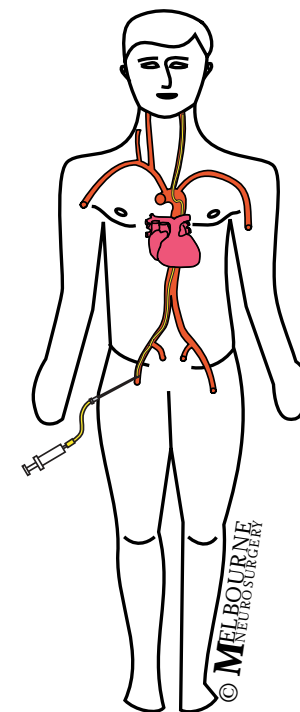
WHAT YOU NEED TO TELL THE DOCTOR

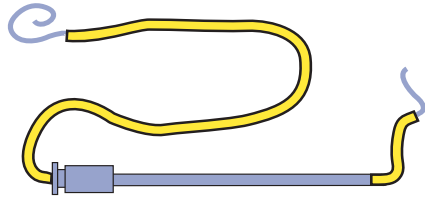
- If you have had a reaction to Contrast (dye)
- If you have kidney disease
- If you are pregnant
- If you have clotting problems
- If you are taking blood thinning agents
e.g. Warfarin/aspirin/anti-inflammatory

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 brain blood vessels is obtained by feeding a fine catheter up from an artery in the groin, behind the heart to the main vessels feeding the brain.

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 main artery to the brain. 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 xray machine. You will hear the xray machine taking lots of pictures quickly and this is because of the rapid flow of blood (and contrast) into the brain. While the pictures are being taken it is very important to keep still. The glue or particles are then injected. This is usually done in stages and to check the progress and an angiogram is done between glue injections.

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 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 media 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).

If the catheter needs to be fed up into the brain for a test then there is a risk of the catheter causing the artery to go into spasm or to block off. This may cause a stroke.

The glue or particles may go into the wrong place and cause a stroke.

The embolisation may cause swelling and urgent surgery be required.

You may die from a complication of the embolisation.

The embolisation may not be possible.

The embolisation may only be partial.

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 of tumour blood flow



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