

# Coronary Angiogram

Adult (18 years and over)

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for medication or fluid required during the procedure, including sedation.

Routine observations will be measured before and during the procedure, these may include cardiac rhythm, blood pressure, heart rate, respiratory (breathing) rate and oxygen levels.

The skin over your lower arm and/or groin will be cleaned and a sterile drape will cover your body.

The doctor will use local anaesthetic to numb the skin and then make a small cut in your groin or arm, placing a special needle into the artery. An access port, a thin hollow tube called a sheath, will be placed in the artery to allow equipment to be inserted into your vessel. Using contrast and x-ray guidance, the doctor will guide a catheter, via the sheath, up through the blood vessels into each coronary artery.

Images are taken as contrast is injected through the catheter. This will require the imaging equipment to move externally around your body. It is normal for the contrast to give you a warm flushed feeling while it is being injected.

While the catheter is in the artery an IVUS/OCT/FFR (see page 3) may be performed, to help provide more information about the coronary arteries.

The contrast may then be injected into the main pumping chamber of the heart (left ventricle). This is to measure the size of the heart, and see how well it is pumping.

At the end of the procedure, the sheath will be removed and the artery will be closed with pressure or a special plug to stop the bleeding.

After the procedure is complete, you will be transferred from the procedure room to a recovery area. Your observations and puncture site will be monitored regularly for swelling, oozing of blood and bruising. You may be required to rest in bed for 2 to 4 hours. Moving too soon after this procedure may cause bleeding at the puncture site.

If the I.V. cannula is no longer required, it will be removed.



## 2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

### Common risks and complications

- bleeding or bruising could occur at the puncture site. This is usually stopped by applying pressure and/or ice to the puncture site
- loss of pulse in the arm after a radial artery is used for procedural access. This could be temporary or permanent
- vasospasm, which usually resolves with time
- failure of local anaesthetic, which may require a further injection of anaesthetic or a different anaesthesia

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- nerve damage, is usually temporary, and should get better over time.

## Uncommon risks and complications

- infection, requiring antibiotics and further treatment
- serious bleeding, where the catheter was inserted. Serious bleeding in the brain, stomach or abdominal cavity may need surgical or endoscopic procedures to correct. Blood transfusion may be needed
- bleeding or bruising is more common if you have been taking blood-thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover), prasugrel, dipyridamole (Persantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- the procedure may not be possible due to medical and/or technical reasons.

## Rare risks and complications

- abnormal heart rhythm, which may need an electric shock to correct
- damage to the artery in the leg or arm where the tubes are inserted. This may need surgical repair
- permanent damage to the nerve in the leg or arm where the tubes were inserted
- (*iodinated contrast only*) allergic reactions rarely occur, but when they do, they occur within the first hour, with most happening in the first five minutes. Late reactions have been known to occur up to 1 week after the injection, but these delayed reactions are mild.
- a stroke. This can cause long term disability
- heart attack
- emergency heart surgery due to complications with the procedure
- a reaction to the medications given to prevent blood clotting

- rupture or a tear of a blood vessel requiring surgical repair and blood transfusion
- skin burns or damage from exposure to x-rays
- death is possible due to the procedure or other heart problems.

## If a general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as a heart attack or pneumonia
- stroke resulting in brain damage.

## Iodinated contrast and risk to kidney function

Contrast is removed from the blood by the kidneys through the urine.

You may be asked to have a blood test to find out how well your kidneys are functioning.

In patients with severe renal function impairment or actively deteriorating renal function (acute kidney injury) careful weighing of the risk versus the benefit of giving iodinated contrast, needs to be undertaken. However, severe renal function impairment does not mean that iodinated contrast should not be given, if medically indicated<sup>1</sup>. Your treating doctor will discuss your specific circumstances with you.

## Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in