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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Coronary Angiogram *(page 1 of 3)*

We have arranged for you to have a Coronary Angiogram (also known as cardiac catheterisation). This leaflet gives you some information about this procedure and what you can expect before, during and after your hospital visit.

Why am I having this procedure?

An angiogram is used to find out if you have any narrowing or blockage of the coronary arteries (the blood vessels which supply your heart muscle). It can also give the doctor information about the pumping chamber of the heart (left ventricle). Other tests can show up problems with the blood flow to your heart (such as exercise stress testing and myocardial perfusion scans), but an angiogram is the best way to see how bad the narrowings are and if these narrowings are causing your symptoms.

Is there an alternative investigation?

Most other methods only indicate if blood flow is causing your angina or shortness of breath. Cardiac computer tomography (CT) can show the coronary arteries, but you may still need an angioplasty to remedy the narrowings. This is similar to an angiogram, but more invasive.

What is an angiogram?

The procedure is as follows:

- a fine tube (catheter) is passed into a blood vessel in either your groin or your wrist (depending on which is thought most suitable for you). This should not be painful as the doctor will numb the area using a local anaesthetic injection
- the doctor guides the catheter into the coronary arteries under X-ray monitoring
- special dye is injected through the catheter so that the arteries can be seen on the X-ray pictures
- if the doctor needs to take a picture of the pumping chamber of your heart you will be warned that you may notice a hot flushed feeling through your body; this is common and will not last long
- the X-ray machine will move around you as a number of different X-rays are taken
- when the procedure is over, the doctor or nurse will apply pressure

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to the site where the catheter was inserted to prevent any bleeding. Occasionally a 'plug' may be used.

- The procedure itself is not painful, but you may feel slight angina-type pain. Do not worry, this does not mean that anything is wrong, but do tell the doctor.

What are the potential risks and complications?

An angiogram is a very safe test, but on rare occasions, there can be complications such as:

- bleeding or bruising around the area where the catheter is inserted. This can be made worse if you are taking any blood thinning tablets.
- allergic reaction to the dye (risk is 1 in 100 patients). This is usually very mild and temporary, such as a skin rash.
- damage to the artery which may require you to stay in hospital to have it repaired (risk: is around 1 in 200 patients).
- a heart attack or stroke (risk is around 1 in 1000 patients). The risk may be increased if you are having a heart attack or angina at the time of the angiogram, or if you have diabetes. The risk of death is less than 1 in 1000.

Whenever possible you will have time to discuss this procedure during your appointment to avoid having to return for a pre-assessment appointment. You will be asked to sign a consent form. However, it may be necessary for you to have a separate pre-assessment appointment and you will be sent an appointment in the post. This appointment is usually around 1-2 weeks before the angiogram itself and is important. It gives you an opportunity to meet a nurse from the cardiac ward and you can discuss the procedure and ask any questions you may have after reading this leaflet. It is also a time when we complete any paperwork and take any blood tests that may be needed before your procedure can go ahead. Please bring a list of your medication with you to this clinic appointment. At this appointment you will be given a time and date for your procedure.

Preparation for the procedure

In preparation for your procedure:

- If advised to, please shave your right groin if possible. Do not worry if you are unable to do this as the ward nurses can do it when you are admitted
- make sure that you have something to eat and drink on the morning of your admission. A light breakfast will do (or a light lunch if you are asked to come in the afternoon). Having something to eat and drink helps the dye to pass through your body more quickly
- if you are taking warfarin to thin your blood, your doctor will tell you whether it is necessary to temporarily stop doing so and for how long.
- if you take metformin for diabetes, this **may** be stopped 48 hours before the procedure and not re-started until 48 hours afterwards. This will be discussed with you at your appointment or at your pre-assessment appointment.

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- all other medication can be taken as usual (including aspirin).

On the day of your procedure

Please arrange for someone to bring you to the hospital and take you home afterwards, as you will be unable to drive for 2 days. There is limited space on the cardiac ward for anyone to remain with you throughout the day, so it is important that you bring a contact number for your transport so that the ward nurses can ring and advise them of a pick up time.

Who will perform my angiogram?

Either a consultant cardiologist or one of their registrars with excellent experience of performing angiograms will perform your angiogram. The registrar will have the consultant present and watching at all times.

What happens in hospital?

When you arrive you will be escorted to your bed where you will be asked to change into a hospital gown. A nurse will check your details and, when ready, you will be taken into the room to have your procedure.

If you have renal impairment you will be admitted to your bed area and the nursing staff will then insert a cannula (a fine plastic tube) into one of your veins. You will then be given fluids into your blood until you are ready for your procedure.

This itself usually takes around 15-20 minutes. Once back on the ward, you will need to rest for a few hours. A nurse will check your blood pressure and groin/wrist regularly.

The doctor will see you on the ward and let you know the results of your test. If you would like the doctor to discuss your results away from the ward area please let the nursing staff know on your arrival. If the x-rays showed any narrowing or blockages in the arteries, the doctor will advise you what treatment is recommended. You will usually be able to go home the same day, after approximately 2-5 hours.

Can I choose if they use my wrist or groin artery?

If you have a preference for either wrist or groin access please let the doctor know. After considering your medical history, the doctor will explain if your preference may not be advisable.

Going home

For your safety we advise you to spend a quiet, restful evening after the procedure with a friend or relative. On rare occasions, you may have to spend the night in the hospital. Before going home you will be given written advice. Please read this carefully and follow the instructions. Ask the nurses if there is anything that you are not sure about.