

ASCENSION ST VINCENTS

ARTERIAL & VENOUS PROCEDURE PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- Image-guided angiography is a procedure used to evaluate blood vessels and blood flow. It may also be combined with treatment during the same session if a blockage, narrowing, or clot is identified. Common reasons for this procedure include evaluation or treatment of narrowed arteries, blood clots, bleeding, or reduced blood flow to an organ or limb.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into an artery or vein (usually through a tiny opening in the groin, wrist, or neck). The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. Contrast material is injected through the catheter to visualize the blood vessels. X-ray images are obtained to identify areas of narrowing, blockage, or abnormal blood flow.
- If a problem is found, treatment may be performed at the same time, including:
 - Angioplasty: A small balloon is inflated to open a narrowed blood vessel.
 - Stent placement: A small metal mesh tube is placed to help keep the vessel open.
 - Thrombolysis: Medication is delivered directly to dissolve a blood clot.
 - Thrombectomy: Special devices are used to remove a blood clot.
 - Embolization: Small particles, coils, or other materials are placed through the catheter to intentionally block selected blood vessels to control bleeding or reduce blood flow to abnormal tissue.
- After treatment, the catheter is removed and a closure device or pressure is applied to the access site to reduce bleeding.
- The procedure usually takes 1-2 hours (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- You will be required to keep the extremity where the blood vessel was accessed completely still for 2-6 hours following your procedure.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Allows detailed evaluation of blood vessels and blood flow.
- Imaging allows the radiologist to precisely identify areas of narrowing, blockage, clot, or bleeding.
- Enables diagnosis and treatment to be performed during the same procedure in many cases.
- Minimally invasive approach performed through small skin openings.
- Can restore blood flow or stop bleeding without the need for open surgery in select patients.
- May improve symptoms related to poor circulation or bleeding.
- Often associated with shorter recovery time compared with surgery.
- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but often mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Blood clots or blockage of unintended vessels can occur but are uncommon.
- Blood clots can form or move during the procedure.
- Incomplete treatment or recurrence of symptoms can occur and may require repeat embolization or additional therapy.
- Re-narrowing or re-blockage of treated vessels can occur over time.
- Depending on the treatment performed, specific complications may occur (such as vessel rupture with angioplasty, stent movement, bleeding after thrombolysis, or unintended blockage of nearby vessels with embolization). Occasionally, these complications may require additional procedures, surgery and/or hospital admission for treatment.
- Kidney injury from contrast material can occur, particularly in patients with underlying kidney disease.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Medical management alone (such as blood thinners, blood pressure medications, pain control, or observation), depending on the condition being treated.
- Surgical treatment of narrowed or blocked blood vessels in appropriate patients.
- Endoscopic or other minimally invasive procedures for certain bleeding conditions.
- External compression or wound care for select vascular problems.
- Some patients choose no further treatment; however, this may allow symptoms to persist or worsen and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.

- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; or numbness, tingling, weakness, or pain in the extremity where the blood vessel was accessed. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.