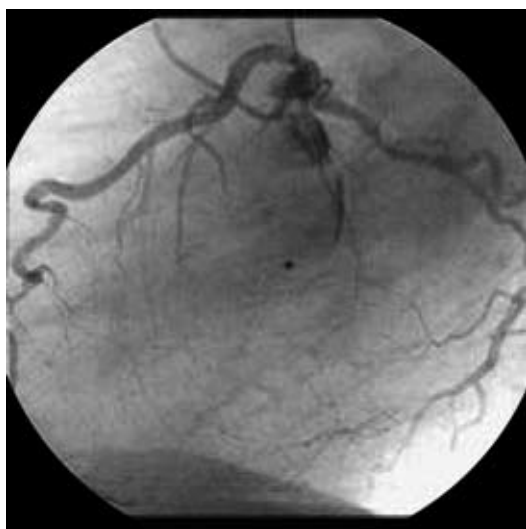


WHAT IS IT?

Coronary angiography is used to find out whether the arteries that supply blood to your heart muscle (the coronary arteries) have blockages or narrowings.

X-ray pictures taken during the examination (see picture below) show the dye injected into these arteries by a small narrow tube called a catheter.

Your Cardiologist may also measure the blood flow and blood pressure in the heart chambers during this test.



To prevent infection, the nurse shaves and cleans an area at the top of your leg where the Cardiologist will insert the catheter. A local anaesthetic numbs this area, although you may feel some mild discomfort for around 20 seconds after this injection. Next, the Cardiologist makes a small incision in the skin, feeds the catheter into an artery in your leg and then up to your heart.

The Cardiologist may pump some dye into your heart which can cause a hot flushing sensation for about 30 seconds. To examine the blood flow through your coronary arteries, the Cardiologist positions the catheter at the opening of each of these arteries and injects dye into them.

This information is recorded and shown on a television monitor. Removal of the catheter from your leg occurs after the test is complete. Firm pressure applied to this site stops any bleeding, although sometimes the Cardiologist places a tiny dissolvable plug into the leg artery to stop the bleeding. The test takes about 20 minutes.

You will move to another room where you will need to rest for a few hours. You may feel a little sleepy until the sedative has worn off. You must try to lie still and not bend your knee too much. Nurses will watch to see that your heart rate and blood pressure are normal. After this time of rest, you should be able to go home.

You need to be gentle with the puncture site for a day or so – no heavy lifting. You should not drive for 24 hours after the test. Usually the doctor will have the results available at the end of the test. They will advise you about any further treatments required or changes to existing treatment.



You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form on the day of the procedure.

WHAT SHOULD I EXPECT?

Do not eat or drink anything for 6 hours before your test. If you have diabetes, you should talk to your Cardiologist about your food and insulin intake, as these can affect your blood sugar levels. Also enquire whether the medicines that you currently take should be stopped before this test as some, particularly Warfarin, can cause significant complications. Also, please bring a list of your medicines with you to the procedure. Do not stop taking Aspirin.

You might be asked to have blood tests, an electrocardiogram and a chest x-ray before the angiogram. Once you are in the catheterisation laboratory, you will see television monitors, heart monitors and blood pressure machines. You will lie on an examination table, which is usually near an x-ray camera. Small metal disks called electrodes are placed on your chest. These electrodes have wires called leads, which attach to an ECG machine and monitor your heart rhythm during the test.

Disclaimer: This brochure has been prepared by Heart Care Partners for informational purposes only and is not medical advice. All care has been taken to ensure the accuracy of information, however, this information may be changed, improved, or updated without notice.

TESTING

WESLEY HOSPITAL
3rd Floor
Wesley Private Hospital
Chasely Street
Auchenflower QLD 4066
† (07) 3870 4144
f (07) 3870 8481

MOUNT OMMANEY
Mount Ommaney
Medical Centre
171 Dandenong Road
Mt Ommaney QLD 4074
† (07) 3279 4111
f (07) 3279 4155

CLAYFIELD
Figtrees
Suite 3 1st Floor
531 Sandgate Road
Clayfield QLD 4011
† (07) 3262 7477
f (07) 3262 9631

GREENSLOPES
Suite 6
Greenslopes Specialist Suites
Newdegate Street
Greenslopes QLD 4120
† (07) 3394 3100
f (07) 3394 3118

CONSULTING

BRISBANE METROPOLITAN
Wesley
Clayfield
Mount Ommaney
Green Slopes

QUEENSLAND
Hervey Bay
Kingaroy
Maryborough
Rockhampton
Roma
Beaudesert
Emerald
Gladstone
Gympie
Ipswich

Name	Date of Birth	Medical Record Number
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I, Dr _____

Have discussed with the Patient/Parent/Guardian,

Patient's name _____

the patient's present condition, alternative treatments available and have explained the risks of

CORONARY ANGIOGRAPHY

Which may include:

- Risk of significant blood vessel complication (1 in 300)
- Risk of heart attack (1 in 500)
- Risk of death (1 in 3000)
- Risk of Stroke (1 in 500)
- Risk of life-threatening contrast reaction (1 in 10,000)

Medical Doctor's signature _____

I, _____

of _____

request CORONARY ANGIOGRAPHY to be performed on me/upon

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this procedure.

I understand that other unexpected operation/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may be need to be tested, if there is any injury to either my doctor or a hospital staff member during the procedure.

Signature of Patient/Parent/Guardian/Other (specify below)

Specify Other (Print)

Special Provisions (if applicable)

Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure.

I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

Signature of Witness to Patient's Signature

Full Name of Witness (Print)

Address of Witness

Date