



Introduction

1. Spinal angiogram is a special X-ray examination of spinal blood vessels. One of the most common reasons for spinal angiograms is to look for underlying cause of spinal hemorrhage or spinal cord edema related to blood vessel malformation or tumor rich in blood supply. It is sometimes used to define anatomy of blood vessels before surgery.
2. This procedure will be performed by radiologists with special training in interventional radiology. The procedure will generally be performed in the Department of Radiology under X-ray guidance.

The Operation / Procedure

1. The procedure is performed under local anaesthesia using aseptic techniques.
2. Your vital signs (blood pressure, pulse and oxygenation status) will be monitored throughout the entire procedure.
3. The femoral artery at the groin is punctured by the radiologist and an arterial sheath inserted via a small nick in the skin. It provide an access to the arterial system. An alternative access is from the upper arm.
4. The radiologist then inserts a thin plastic tube (called a catheter) into a blood vessel through the arterial sheath. An X-ray dye (called a contrast medium) will be injected into the blood vessel through the catheter to make the blood vessels visible on X-ray.
5. The X-ray equipment will then be used to navigate the catheter into the desired position and then the contrast medium will be injected through the catheter and X-rays taken.
6. As the contrast medium passes around your body, you may get a warm feeling which will soon pass off. The duration of each angiogram procedure is different for every patient, depending on the complexity of the condition. As a general guide, each patient having diagnostic angiogram stays in the X-ray department for about one and a half hour altogether.
7. At the end of the procedure, the catheter is removed and puncture site is compressed manually for about ten to twenty minutes to stop bleeding.
8. Your vital signs will be monitored after the procedure. Attention should be paid on the skin puncture site to make sure there is no bleeding from it.

Before the Operation / Procedure

1. A written consent is required.
2. Inform medical staff before the examination if patient is or may be pregnant as the examination involves high dose of X-ray that is harmful to a foetus. Pregnancy test may be necessary in case of any doubt if the examination is to be proceed.
3. Inform doctor of history of allergy to food and drugs, and in particular any previous reaction to contrast medium, asthma, urticarial, eczema and allergy rhinitis etc. Oral or intravenous steroid premedication may be needed before injection of contrast medium.
4. Keep fasting for 4 hours prior to the examination.
5. For diabetic patients on Metformin medication, patient should inform medical staff before examination.
6. Check clotting profile for any bleeding tendency, to be corrected if abnormality detected.
7. Set up venous access.



Risk and Complication

1. Overall incidence of major complications of spinal angiography (includes permanent neurological deficit: permanent limb weakness, numbness, visual loss) is around 2%.
2. Other complications can be related to the puncture site, to the catheter / guide wire or to the contrast medium injected.
3. Less than 1 in 200 patients will have complications related to the puncture site in general. There may occasionally be a small bruise (called haematoma) around the needle puncture site. Normally it is self-limiting. There is however, a slight chance that the bruise may become large, requiring surgery to drain it in hospital. Rarely, the blood vessel at the puncture site will be thrombosed / obstructed or very rarely, abnormal communication (called arteriovenous fistula) is formed between an artery and a vein. Only 1 in 10,000 requires limb amputation.
4. Complications related to catheter or guide wire also occur in less than 1 in 200 patients. Among these, perforation of the blood vessel during catheter / guide wire manipulation is the most common complications. Dislodgement of plaque in blood vessel wall causing distal vascular obstruction and tissue damage rarely occurs. Breakage and knot forming of catheter or guide wire is very rare, this may require surgical removal.
5. Allergic reaction to intravenous contrast medium.
 - **Mild reactions:** For example, itching, mild skin rash, nausea, vomiting, feeling of warmth, arm pain, sneezing, coughing, etc. These reactions are only temporary and require no treatment.
 - **Moderate reactions:** These are more serious and prolonged. Examples are severe skin rash, fever, chills, palpitation, high or low blood pressure, etc. These reactions usually need medical treatment.
 - **Severe reactions:** These usually require immediate medical treatment and can even cause harm. For example, shortness of breath, irregular heartbeat, chest pain, convulsions, kidney failure, unconsciousness, etc.
 - **Death:** On rare occasion, contrast medium like many other drugs can cause death. The chance of this fatal occurrence resulting from the injection of non-ionic contrast medium is about 1 in 250,000.
 - **Delayed reactions:** Some patients may experience delayed reaction within 24 hours. The symptoms include 'flu' like illness, arm pain, itching, rash, painful or swollen salivary glands, etc.

Should a complication occur, another life-saving procedure or treatment may be required immediately.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. The Hong Kong Society of Interventional Radiology Limited, Patient Information Leaflet: Catheter Angiography / Angiogram (2010)
2. Smart Patient Website by Hospital Authority: Spinal Angiogram (2010)