Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted. You will have an opportunity to ask any questions of the radiologist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the nurses on the Radiology Day Unit on telephone number 01223 274287 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time - even after you have given consent and the procedure has started - as long as it is safe and practical to do so.
We will only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form.

We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About cerebral angiogram of the brain**

An angiogram is an x-ray test used to produce pictures of blood vessels. A cerebral angiogram shows the blood vessels in your head and neck.

**Intended benefits**

Cerebral angiograms provide more detailed images than other non-invasive techniques such as CT angiography and MR angiography. The extra detail helps to make a more accurate diagnosis.

**Who will perform my procedure?**

This procedure will be performed by a Consultant or Specialist registrar in radiology.

**What happens before the test?**

A doctor will ask you about your medical history and any medication you are taking, and will explain the test to you. Please bring all your medications and any packaging (if available) with you. They will ask you for your consent for the test. If you are too unwell to give your consent, the procedure will be discussed with your family. If you are coming to us as a day case, you will be allowed to eat or drink before the test.

You will need to arrange a lift to and from hospital as you will not be allowed to drive after the procedure for 24 hours.

**Medications**

If you are taking blood thinning drugs (also known as anticoagulant or antiplatelet drugs) then please inform the Radiology Day Unit on 01223 274287 as soon as you get the appointment. Examples include: warfarin, rivaroxaban, apixaban, edoxaban, aspirin, clopidogrel, prasugrel, ticagrelor, dabigatran, dipyridamole and acenocoumarol.

**If you are taking metformin** please ask your GP to check your creatinine levels and inform us of the result a week before your angiogram; you may be asked to stop taking your metformin for 24 hours following the procedure.

This procedure involves the use of local anaesthesia.

Most people who have this type of procedure will need to stay in hospital for four hours after the procedure.
What happens during the test?

- The test is carried out in the radiology department in a room with large, high-technology computerised equipment.
- There will usually be at least three people in the room during the procedure: a radiologist, a radiographer, and a nurse.
- You will be asked to lie on an X-ray table in the room. The doctor or nurse will shave a small area in your groin and clean the area with an antiseptic solution; they will then put a large sterile drape over the area.
- The radiologist will use local anaesthetic; this may be a little uncomfortable to begin with.

The radiologist will then put a very small tube (catheter) into the blood vessel in your groin (the femoral artery). This is passed through other blood vessels in your body until it reaches your neck. You will not feel it moving inside you. The radiologist will then position the tube into different blood vessels in the neck. While this happens, you will receive injections of a special dye (called contrast agent) to produce the radiological images required.

The injections may give you a localised hot feeling in the neck, head, face or arm, but this goes away quickly. You may see flashing lights - this is normal.

Before taking the first picture, the radiographer will move the equipment around you into the correct position. More pictures are taken with further injections.

It is very important that you remain still throughout the procedure to ensure the pictures taken are as clear as possible.

The whole procedure is likely to take up to one hour.

We want you to be informed about your choices to help you to be fully involved in making any decisions so please ask about anything you do not fully understand or wish to have explained in more detail before the procedure.

If you would like this information in another format or language or would like help completing the form, please call the Radiology Day Unit on 01223 274287.

What happens after the procedure?

Once your angiogram is completed you will usually be transferred to the Radiology Day Unit where you will be looked after by specially trained nurses, under the direction of your radiologist. The nurses will monitor you closely and regularly check on the arterial puncture site in your groin. Bruising at the top of the leg is common following an angiogram. This should go after a few days. If the bruising is excessive or a lump develops after you have been discharged please contact your GP. If you feel unwell, dizzy or light headed or there is active bleeding, press firmly on the puncture site and go to the nearest Accident and Emergency department. You will be advised on when to restart any medication that was stopped prior to the procedure.
Eating and drinking. After this procedure, you can eat and drink normally.

Getting about immediately after the procedure. After this procedure, you need to lie on your bed, usually for four hours (the length of time depends on the size of catheter used). The nurses will ask you to keep your leg still for the first couple of hours to allow the artery to heal. We will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you will be able to get up after four hours. If we think you will have problems getting about, we will arrange for extra assistance, for example nursing help.

Leaving hospital. Most people who have had this type of procedure under local anaesthetic will be able to leave hospital after four hours. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor’s opinion.

You should not drive home after the procedure and for a further 24 hours. Please arrange for someone to drive you home. Someone will also need to be at home with you for the night following the procedure.

Resuming normal activities including work. Most people who have had this procedure can resume normal activities after 24 hours. You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems such as swelling or pain in the groin.

Significant, unavoidable or frequently occurring risks of this procedure

- 1 in 100 patients
  - Transient neurological symptoms (headache, limb weakness, difficulty with speech or loss of vision). This will usually last for a few hours although in some cases there is a permanent disability (1 in 200 patients or less).

- 1 in 200 patients
  - Circulatory problems in the leg because of the damage to the femoral artery (e.g. painful swelling of the artery). These problems usually settle with simple treatment like compression of the artery but may require a day in hospital.
  - Damage to the femoral nerve which lies next to the artery in the groin.

- 1 in 500 patients
  - Loss of circulation to the leg from blockage of the artery requiring further treatment.
  - Serious blood loss.
  - Allergic reaction to contrast agent, latex or local anaesthetic. Please let us know if you have any allergies.

Alternative procedures that are available

Other tests to demonstrate blood vessels, for example CT or MR angiography, do not give as much detail. You may have had these other tests already.

You may decide not to have this test or to delay it whilst you make up your mind. For some conditions, delaying may carry additional risk.
Discuss this with the doctor who referred you for your angiogram.

An alternative to this procedure is a decision not to have the angiogram. We will discuss with you the implications of deciding not to have the angiogram.

**Local anaesthesia**

In local anaesthesia the anaesthetic drug is injected into the skin and tissues at the site of the blood vessel in the groin. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor procedures such as stitching a cut. Local anaesthetic will be given by the doctor doing the procedure.

**Information about important questions on the consent form**

1. **Creutzfeldt Jakob Disease (‘CJD’)**
   We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2. **Photography, audio or visual recordings**
   As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3. **Students in training**
   Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4. **Use of tissue**
   As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.
If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.

**Privacy & dignity**
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**
If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

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**Document history**

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Cerebral angiogram

• To produce pictures of blood vessels

Transient neurological symptoms, may develop circulatory problems in the leg, infection, femoral nerve damage, serious blood loss, allergic reactions

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Cerebral angiogram of the brain, CF431, Version 3, October 2018

Cerebral angiogram of the brain

Version, reference and date: CF431 version 3 October 2018

or I have offered the patient information about the procedure but this has been declined.

This procedure will involve:

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation
- None

Signed (Health professional): Date: D. D. M. M. Y. Y. Y.

Name (PRINT): Time (24hr): H. H. : M. M.

Designation: Contact/bleep no:

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding. Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1. Creutzfeldt Jakob disease (CJD)
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   - Yes
   - No

2. Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   - Yes
   - No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   - Yes
   - No

3. Students in training
   I agree to the involvement of medical and other students as part of their formal training.
   - Yes
   - No
Consent Form

Cerebral angiogram

4 Use of Tissue
a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research. □ Yes □ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records. □ Yes □ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): ...................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .............................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ................................................
Address: 

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Consent Form

Cerebral angiogram

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has
no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .............................................. Date: …D.D./M.M./Y.Y.Y…
Name (PRINT): ................................................................. Job title: .........................................................

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient
can understand:

Signed (Interpreter): ...................................................... Date: …D.D./M.M./Y.Y.Y…
Name (PRINT): ............................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: …D.D./M.M./Y.Y.Y…
Signed (Health professional): ........................................... Date: …D.D./M.M./Y.Y.Y…
Name (PRINT): ............................................................. Job title: .........................................................

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