



Your Guide To: Peripheral Angiogram



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What is an angiogram?

An angiogram is an imaging test that uses x-rays to view your body's blood vessels. Physicians often use this test to study narrow, blocked, enlarged, or malformed arteries or veins in many parts of your body, including your brain, heart, abdomen, and legs. When the arteries are studied, the test is also called an arteriogram. If the veins are studied, it is called a venogram.

To create the x-ray images, your physician will inject a liquid, sometimes called "dye", through a thin, flexible tube, called a catheter. He or she threads the catheter into the desired artery or vein from an access point. The access point is usually in your groin but it can also be in your arm or, less commonly, a blood vessel in another location. This "dye", properly called contrast, makes the blood flowing inside the blood vessels visible on an x-ray. The contrast is later eliminated from your body through your kidneys and your urine. Your physician may recommend an angiogram to diagnose a variety of vascular conditions, including:

- Blockages of the arteries outside of your heart, called peripheral artery disease (PAD);
- Enlargements of the arteries, called aneurysms;
- Kidney artery conditions, called renovascular conditions;
- Problems in the arteries that branch off the aorta, called aortic arch conditions;
- Malformed arteries, called vascular malformations; and
- Problems with your veins, such as deep venous thrombosis (DVT) or blood clots in the lungs called pulmonary embolism.

What is peripheral artery disease (PAD)?

Peripheral artery disease refers to atherosclerosis in any area of the body other than the heart. Atherosclerosis is a build-up or blockage caused by hardening of the artery wall or fatty particles sticking to the artery wall.

Blockages are most commonly seen in the legs, however they sometimes occur in other areas including the kidney (renal), neck (carotid) and arms. These blockages are just as bad for your health as coronary artery disease (CAD). They rob your extremities/organs of oxygen rich blood.

How is PAD diagnosed?

Some patients with PAD experience cramping in arms or legs while moving. This cramping is called

claudication. Other patients have non-healing ulcers or gangrene. However, there are also some less-common symptoms that signal PAD. It is important to visit your physician early for proper diagnosis.

PAD is usually diagnosed by using physical exam, ultrasound, CT scans or angiogram. All are simple procedures which are performed with minimal discomfort.

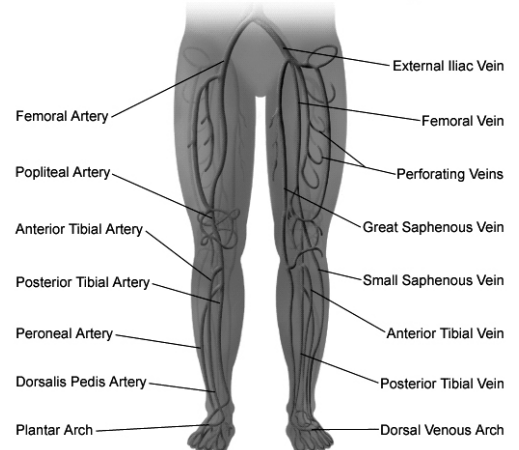
What is a peripheral angiogram?

A peripheral angiogram is a test that uses x-rays to help your doctor find narrowed or blocked areas in one or more of the arteries that supply blood to your legs. A catheter is guided into your arteries and a dye, visible by x-rays, is injected into the blood stream. Areas of narrowing or blockage of the arteries can be seen on a video screen and recorded.

How do I prepare for an angiogram?

Your physician will perform blood tests to determine your blood's ability to clot and to assess your kidney function. Based on the test results, the nature of the particular angiogram, and your particular situation, your physician may instruct you to stop taking aspirin or other drugs that prevent clotting. Your physician will also tell you which medications you should continue to take. Usually your physician will ask you not to eat or drink anything within 6 hours of your angiogram.

Arterial and Venous Circulation of the Legs



What happens during an angiogram?

Your test will take place in a room equipped with a specialized x-ray machine. Your physician will insert an IV to provide you with fluids and medications. Your physician will choose where to insert the angiographic catheter, usually into an artery in your groin or near your elbow. Before the insertion, he or she will clean your skin and shave any hair in the

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area to reduce your risk of infection. Your physician then numbs your skin with a local anesthetic and then makes a tiny puncture to reach the artery below. He or she punctures your artery with a hollow needle, advances a thin wire through the needle, threads a catheter over the wire, and guides it to the desired location. Your physician uses x-rays that are projected on a video screen, a process called fluoroscopy, to see the catheter as it moves through your arteries.

Once your physician has positioned the catheter properly, he or she injects the contrast dye. The contrast causes a brief, mild warm feeling as it enters your bloodstream. Your physician takes more x-ray images to see how the contrast is flowing through your arteries. During the test, your physician may ask you to hold your breath for about 5 to 15 seconds. In addition, your physician may ask you to lie perfectly still to prevent sudden movements from blurring the x-ray pictures. When the test is over, your physician will remove the catheter and press the insertion site for 10 to 20 minutes to help stop bleeding.

Angiograms generally take about 1 hour to complete if only x-rays are required. However, it may take longer if your physician also performs angioplasty and stenting.

What can I expect after an angiogram?

After the test, the medical team will monitor you for about 6 hours. During this time, you should keep the arm or leg that was punctured straight to minimize bleeding from the puncture site. You will also be asked to drink fluids to prevent dehydration and flush the dye from your kidneys. Once any bleeding from the insertion site has stopped and your vital signs are normal, your physician will tell you that you can leave.

At home, you can eat normally, but you should continue drinking extra fluids for 1 to 2 days. For at least 12 hours after the angiogram, avoid strenuous physical activities such as climbing stairs, driving, and walking. You should be able to resume normal activities within a day or two of the procedure.

