

Angiograms: Cerebral Angiograms Via Femoral Artery

Site Applicability

VGH, UBCH

Background Information

A cerebral angiogram is a radiological procedure which provides information about the blood vessels and the blood supply to the brain. It is a key component of interventional neuroradiology, e.g. embolization of AVMs, cerebral angioplasty. A radiopaque contrast medium is injected into an artery for radiological visualization of the intracranial and extracranial blood vessels. The lumen of the cerebral vessels can be visualized to indicate patency, narrowing, or stenosis, thrombosis, and occlusions. Vessel abnormalities, such as aneurysms and AVMs, may also be seen. Injection of the dye occurs through a catheter placed in the femoral artery. Radiographic films of the head are taken at various intervals after the dye injection. When the procedure is completed, the femoral artery catheter is removed and pressure is applied for 10 minutes or longer to stop any bleeding. The patient is returned to the ward with specific post-procedure orders.

Intervention

Problem	Interventions
NEUROLOGICAL DETERIORATION related to angiographic complications of cerebral vasospasm and/or hemorrhage.	<p>A. Complete a thorough neurological assessment:</p> <ol style="list-style-type: none"> q15 minutes x 4, then q1h x 4, then q4h or as ordered. <p>B. Notify the doctor immediately if any neurological deterioration.</p>
INSUFFICIENT CIRCULATION TO LEG INFERIOR TO PUNCTURE SITE related to thrombus or embolus formation.	<p>C. Palpate the pedal pulses, assess the temperature, colour, and sensation of the leg as per A.</p> <p>D. Report any signs of vascular compromise to the doctor immediately.</p> <p>E. Maintain the patient on bedrest for 6 hours following the procedure.</p> <p>F. Immobilize the hip and leg inferior to the arterial puncture in extension for 6 hours.</p>
HAEMATOMA FORMATION OR BLEEDING FROM THE PUNCTURE SITE related to invasive heparinized procedure.	<p>G. Inspect the puncture site as per A.</p> <p>H. Maintain bedrest for 6 hours.</p> <p>I. Apply direct pressure.</p> <p>J. Notify the doctor of hemorrhage.</p>

NOTE: This is a controlled document. A printed copy may not reflect the current, electronic version on the VCH Intranet. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version. This CPD has been prepared as a guide to assist and support practice for staff working at Vancouver Acute. It is not a substitute for proper training, experience and the exercise of professional judgment. Please do not distribute this document outside of VCHA without the approval of the VCH Office of Professional Practice.

UNIT(s) OF ORIGIN: Neurosciences, November 1997

Alternate Search Terms

NOTE: This is a controlled document. A printed copy may not reflect the current, electronic version on the VCH Intranet. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version. This CPD has been prepared as a guide to assist and support practice for staff working at Vancouver Acute. It is not a substitute for proper training, experience and the exercise of professional judgment. Please do not distribute this document outside of VCHA without the approval of the VCH Office of Professional Practice.