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# Patient agreement to investigation or treatment

## Cerebral Angiogram of the brain

**Authors:** Neurosciences

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.

### 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. 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 tablets such as aspirin, clopidogrel, dipyridamole or Warfarin then please inform the admissions office on 01223 217100 ext 6030 as soon as you receive the appointment.**

**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 will be asked to stop taking your metformin for 24 hours following the procedure. Please contact the same ext 6030. (Drs only – very important- please see references)

### 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 the crease of your groin and clean the area with a red 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.

## Local anaesthesia

In local anaesthesia the anaesthetic drug is injected into the skin and tissues at the site of the operation. 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 operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the procedure.

It is not usual to have a premed for day case angiogram.

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.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

## What happens after the procedure?

- **Getting around and about:** After this procedure, you need to lie on your bed, usually for three 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 three hours. If we think you will have problems getting about, we will arrange for extra assistance, for example nursing help.
- **When you can leave hospital:** Most people who have had this type of procedure under local of 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.

- **When you can resume 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.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us for example, outpatient clinics or for the results of your angiogram via letter.

## Intended benefits of the procedure

- 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.

## Serious or frequently occurring risks

- About 1 in 100 patients may suffer transient neurological symptoms (headache, limb weakness, difficulty with speech or loss of vision). This usually will last for a few hours although in some cases there is a permanent disability (1 in 200 patients or less).
- About 1 in 200 patients may develop circulatory problems in the leg because of damage to the femoral artery (eg painful swelling of the artery). These problems usually settle with simple treatment like compression of the artery but may require a day in hospital. Loss of circulation to the leg from blockage of the artery is very rare (less than 1 in 500 cases).
- Other complications such as infection and femoral nerve damage are rare (less than 1 in 200 cases).
- Serious blood loss is very rare (less than 1 in 500 cases)
- Allergic reactions to contrast media, local anaesthetic agents, latex are very rare (less than 1 in 500 cases).

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:  
<http://www.cuh.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site  
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

**Reference**

Addenbrookes Connect; pharmacy link - Iodinated intravascular contrast media use  
Version 2 April 2010.doc point 5.5 refers to Metformin

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

**Help with this leaflet:**



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)



**Document history**

Authors	Sister Michaela Asbey, Dr Justin Cross, Dr Nagui Antoun
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
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Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

Responsible health professional/job title

.....

Special requirements .....  
(For example, other language/other communication method)

## Name of proposed procedure or course of treatment

'Cerebral angiogram'

Side (left/right).....

## Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure is to produce pictures of blood vessels .....

Any serious or frequently occurring risks from the procedures including those specific to the patient are: transient neurological symptoms, may develop circulatory problems in the leg, infection, emoral nerve damage, serious blood loss, allergic reactions

- Any extra procedures that might become necessary during the procedure

Blood transfusion     Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Cerebral angiogram of the brain .....
- ..... Version/Date/Ref: 1/September 2011/CF431 .....

This procedure will involve:

General and/or regional anaesthesia     Local anaesthesia     Sedation

Health professional's signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

## Statement of the interpreter (if appropriate)

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

Interpreter's signature..... Date: .....

Name (PRINT): .....

### Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<p><b>For staff use only:</b>  <b>Surname:</b>  <b>First names:</b>  <b>Date of birth:</b>  <b>Hospital no:</b>  <b>Male/Female:</b>  <b>(Use hospital identification label)</b></p>
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**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

**You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.**      **Yes**      **No**

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

    

**I agree** to the use of photography for the purpose of diagnosis and treatment.

    

**I agree** to anonymised photographs being used for medical teaching.

    

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:** ..... **Date:** .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... **Date:** .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature      Date: .....

Name (PRINT): ..... Job Title: .....