

CT CORONARY ANGIOGRAM

Introduction

Your doctor has requested that you undergo a CT Coronary Angiogram which examines the arteries that supply the heart muscle. You may also have been referred for a CT Calcium Score.

Pre-procedure

You may have breakfast in the morning and take any medications. Please ensure that you drink plenty of fluids on the day of your procedure to ensure you are well hydrated. In some instances we may need to give you a drug, usually a β -blocker (*beta-blocker*), which slows your heart rate a little to further reduce any blur from cardiac motion. If you are asthmatic or have used Viagra, Cialis, or a similar drug within the last 48 hours, please inform the staff prior to the test. You will have a cannula (*a thin plastic tube, similar to a flexible needle*) will be inserted into a vein in your arm which will later be used to inject X-ray dye during the scan. The X-ray dye (*or contrast*) is a clear, iodine-based dye and is not radioactive.

Procedure

Once comfortable in the CT room, ECG leads will be placed on your chest so we can monitor your heart rate during the scan. The examination table slides you into the centre of the CT machine and some preliminary pictures are taken to confirm the scan position. Just before the scan you will receive a spray of GTN (*Glyceryl Trinitrate*) under your tongue. The GTN works to dilate normal coronary arteries. The X-ray contrast will then be injected through the cannula in your arm and the scan acquired whilst the dye is passing through your coronary arteries. You may feel flushed during this injection.

Your scan will take approximately 15 minutes.

Post-procedure

At the end of the procedure the cannula will be withdrawn carefully from the vein and a bandaid applied. The dye will be flushed naturally by your body over the following 24 hours without you noticing it. You are free to eat and drink normally; we recommend you continue to drink plenty of fluids to assist your body in flushing the contrast. You will be able to return to your normal daily activities after your scan.

Risks and side effects

Complications are rare during this procedure however you should be informed of the possible risks and side effects.

Risks associated with this procedure include:

- The β -blocker used may decrease your blood pressure and for a short time you may feel dizzy or lightheaded.
- Pain or discomfort at the cannula insertion site, or bruising after the procedure.
- Inflammation which may involve redness or swelling and increased pain after 48 hours.
- Risks associated with the X-ray contrast material include an allergic reaction and reduced kidney function. Minor allergic reactions include slight nausea and rash or itching. More severe reactions are rare but may result in shortness of breath and some facial swelling.
- You may experience a mild headache for short period from the GTN which usually goes away within 30 minutes.
- It is extremely rare for reactions to be life threatening.

Any medical procedure can potentially be associated with unpredictable risks.

Please ask questions about anything on this form that you do not understand.

I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

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To further reduce the risk of an adverse reaction it is important that you answer the following questions.

Please **circle** your response and answer all questions this page.

Have you previously had an injection of X-ray contrast?	YES	NO
<i>If YES, did you have an adverse reaction to the X-ray contrast?</i>	YES	NO
Do you have any known Allergies? <i>Please list:</i>	YES	NO
Do you take diabetic tablets?	YES	NO
<i>If YES, are you on Diabex, Diaformin, Glucohexal, Glucomet, Glucophage, Glucovance, Novomet, or Avandamet</i>		
Do you have poor kidney function? <i>Date: _____ eGFR _____ Creatinine _____</i>	YES	NO
Do you have Asthma?	YES	NO
Have you used Viagra, Cialis, or a similar drug in the last 48 hours?	YES	NO
Do you take any blood pressure or heart medication?	YES	NO
Do you have a family history of heart disease?	YES	NO
Are you currently taking cholesterol medication?	YES	NO
Have you had any heart surgery? <i>(i.e. Stents, Bypass) Give details:</i>	YES	NO
Are you willing to be contacted for the purposes of ongoing medical research?	YES	NO
Weight (kg): _____ Height (cm): _____		
FEMALE PATIENT ONLY: Is there any chance you may be pregnant?	YES	NO

I understand there may not be a Medicare rebate for a CT Coronary Angiogram and I will be subject to a private fee, which has been explained to me.

Patient Name		
Patient Signature <i>(or signature of legal guardian)</i>		Date
Signature of MIT / Radiologist		

PATIENT ID CHECKLIST

NAME confirmed DOB confirmed GENDER confirmed ADDRESS confirmed

PROCEDURE CHECKLIST

TYPE confirmed SIDE confirmed CONSENT confirmed TIME OUT