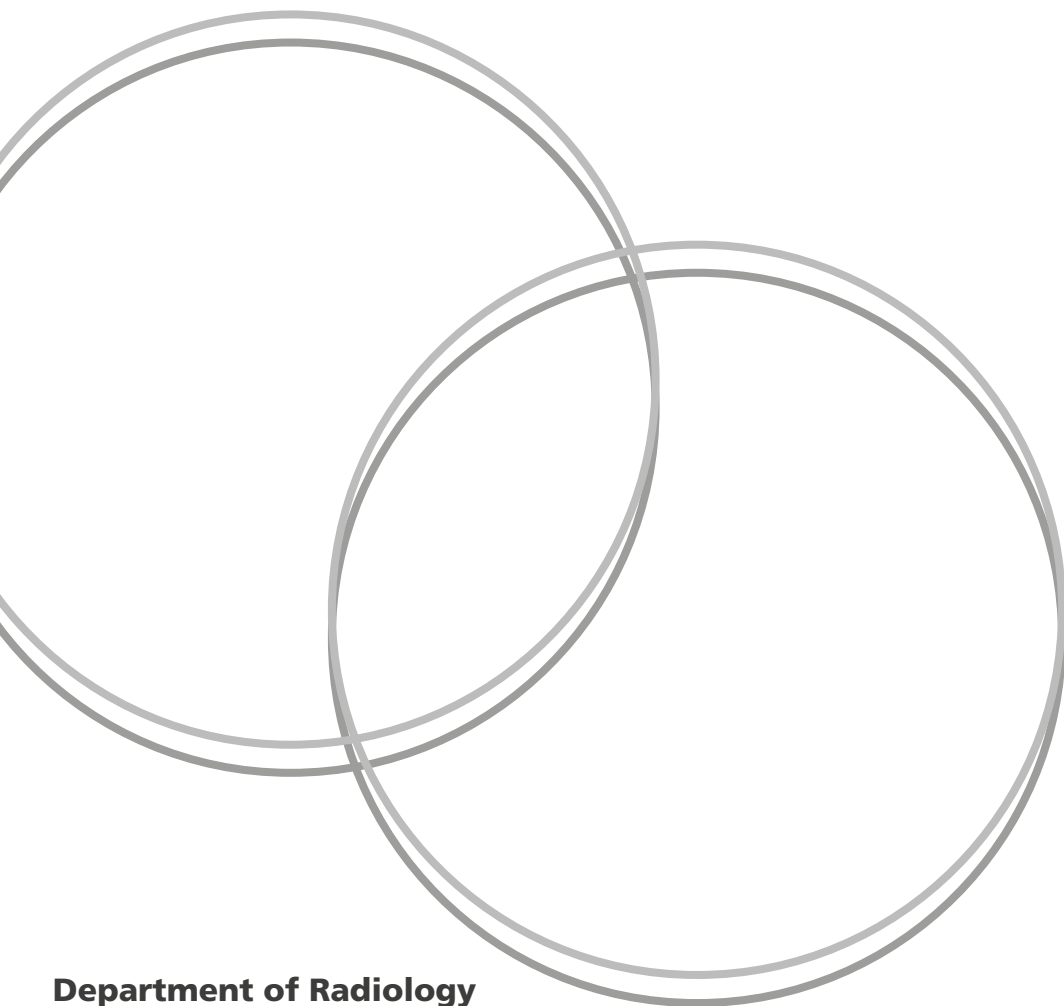




Oxford University Hospitals
NHS Foundation Trust

Femoral Angiogram

Information for patients



Department of Radiology

This leaflet will give you more information about the procedure called Femoral Angiogram (leg angiogram). It will help when you come to discuss the procedure with your doctor. It is important that you have enough information to decide whether to sign the consent form.

What is a Femoral Angiogram?

This is a special X-ray of the blood vessels (arteries) in your legs to look for any abnormalities. You have probably had an ultrasound (Doppler) scan on your leg vessels which has shown there may be a problem. This procedure will give more detail for the doctors to help plan your care. You may come into hospital to have this procedure performed either as a day case patient or an inpatient, depending on your circumstances.

What does the procedure involve?

This procedure is performed in the X-ray department by a specialist doctor called a radiologist. There will also be a nurse present during the procedure.

First of all, local anaesthetic is injected into the area at the top of your leg. This will sting but then the area goes numb. A thin plastic tube (catheter) is placed into the artery at the top of your leg. A clear liquid called contrast media is injected through the catheter into your blood vessels, while X-rays are being taken. While the angiogram uses X-ray radiation this is kept as low as possible and has been considered by your referring doctor and the radiologist as appropriate to complete the procedure. The contrast media may cause a brief hot sensation within your body which may feel strange but is not dangerous, and will be only momentary. The contrast media injection may also make you feel as though you have passed urine, but this shouldn't actually happen.

Once the X-ray pictures are complete the tube in your artery is removed and the doctor or nurse will either place a sealing closure device (such as a plug or stitch) in the hole in the artery to close it, or will press on the puncture site to stop any bleeding. Sedation is considered for patients to help you relax if you need it.

The results of the angiogram will be available for your doctor within 14 days. In the majority of cases you will have an indication of the findings on the day. Do note however that any decision on treatment will be carefully considered and this can involve a discussion at the vascular / radiology multi-disciplinary team (MDT) meeting.

What happens before the procedure?

You will be asked to change into a hospital gown before the test. A nurse will place a cannula (narrow tube) into a vein in your arm or hand in case you need medications during the test. You may eat and drink as normal before the procedure, and if you are diabetic, take your insulin. If you take metformin you should have your last dose the day before the test and not take it again until 48 hours after the test.

If you take warfarin please contact the Radiology Department (01865 220 800 and ask for the nurse) as this may need to be stopped briefly.

Please tell the nurse about **any** allergies you may have, including hayfever. Please also tell the nurse if you have diabetes, heart disease or kidney disease. Certain blood tests will need to be done at your GPs' surgery 2 to 3 days beforehand.

What happens after the procedure?

You will be moved back onto your bed, asked to stay flat for 2 hours and stay resting in bed for 4 hours in total. (It is a good idea to bring something to listen to with headphones) You will then be transferred back to the ward or Day Case Unit. The nurse will check your blood pressure, heart rate, puncture site and foot pulses frequently until you are discharged.

For the first 24 hours you should drink plenty of fluids and rest quietly. You may eat normally. You should report any concerns either to your GP, the Radiology Department or your nearest Accident and Emergency Department. You should not operate machinery for 24 hours, do strenuous lifting, or drive a car for 7 days.

What you should do if your wound starts to bleed

- **Stop what you are doing.**
- **Lie down.**
- **Put your fingers on the site and press very firmly.**
- **Call 999 and ask for an ambulance.**
- **Say that you have had an angiogram and the site is bleeding.**

Pressure needs to be **continually applied** (by you or someone else) until help arrives.

What are the risks of having an angiogram?

Bruising at the puncture site is common but should disappear in a few days. Bleeding from the puncture site occurs infrequently. Rarely the blood vessel may be damaged which may worsen your symptoms or cause bleeding. Other rare complications will be explained by the doctor or nurse explaining the procedure and the risks before asking you to sign the consent form.

How to contact us

If you have any questions or concerns, or need further information please contact us on the number at the top of your appointment letter.

Your feedback

If you wish to enquire, comment or give feedback regarding your treatment please call or email us:

Telephone: **01865 220 804**

Email: **interventionalradiologyfeedback@ouh.nhs.uk**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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