

Patient's Name: _____

DOB: _____

**THORACIC AORTAGRAM
WITH RUNOFF****Diagnostic Imaging Department
222 Medical Circle
Morehead, KY 40351
Office: 606-783-6761
Fax: 606-783-6935****Patients:**
These are the instructions for your
scheduled procedure in our
Diagnostic Imaging Department.**Scheduling**

Your examination has been scheduled for:

Date: _____ **Time:** _____ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time. When you arrive on the day of your procedure, please come directly to the Diagnostic Imaging/Lab Registration Area. Give the paperwork, sent with you from your physician to the receptionist.

Admitting/Registration - 6:30 a.m. to 11:00 p.m.
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.**NOTE: Please bring a family member with you. In the event sedatives are given, or you do not tolerate the procedure well, it is important you have a driver to take you home once the procedure is completed. It is also important a family member be present for an explanation of the procedure and to receive instructions about your care following the procedure.****Purpose**

This procedure is performed in order to obtain an imaging study of the blood flowing through the arteries of the abdomen, legs and into the feet.

Preparation

- If you are taking Coumadin stop 72 hours before exam.
- The night before the exam, do not eat or drink after midnight.
- The morning of the exam, take your usual medications with water.
- An I.V. will be started in your arm and a mild sedative will be given to relax you. Your skin on the top of your leg will be shaved and cleansed. The radiologist will talk with you before the procedure and answer any questions you may have.

* This procedure requires the injection of a contrast agent. You may have heard it referred to as "x-ray dye". If you are diabetic, currently breastfeeding, allergic to shellfish or iodine or have had a previous reaction to contrast agent or "x-ray dye", please inform your physician or the Diagnostic Imaging staff before your procedure by calling the Diagnostic Imaging Department at 606-783-6761.

Procedure

This procedure may take approximately 1 to 2 hours. The skin will be numbed on the top of your leg in the hip area. A small tube (catheter) will be inserted into the blood vessel and guided to the area of interest. Contrast (dye) will be injected through the tube and a series of images will be acquired. You may experience a hot sensation when the contrast is injected.

After the images are completed the tube will be removed. The radiologist will apply pressure over this area for 15 minutes to make sure there is no bleeding.

You will be transferred to a hospital room where you will remain in bed for at least 6 hours. After walking, you will be discharged home.

Results

The radiologist will review your exam and send a written report to your physician. You will have to contact your physician for the results. Your physician will discuss the results and a plan of treatment with you. If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.