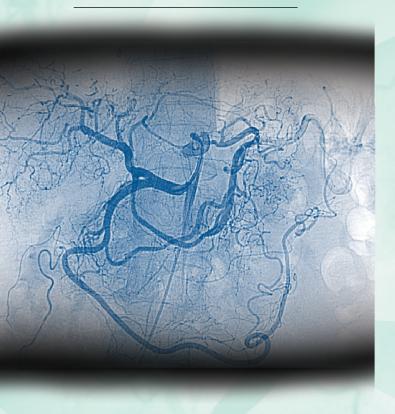


養和醫院

動脈插管造影術



診斷及介入放射部

血管也會生病?

血管是循環系統裡的一個重要成員,基本上血管是 分佈於整個人體。血管可能是身體任何一個部份病 變的罪魁禍首。常見病例有:血管瘤、血管畸形、 動脈硬化、狹窄或閉塞,消化道出血,腦出血,動 脈瘤,冠心病等等。

X光可以幫忙嗎?

動脈插管造影術是一種特別的X光檢查,其目的 有:

- 協助診斷
- 介入性治療:
 - 。 擴張狹窄的動脈,例如腎動脈
 - 。 栓塞腦動脈瘤
 - 。 內部電療或化療,常用於治療肝癌
- 手術前輔助治療動脈插管造影術可協助醫生 策劃整套療程,藉以:
 - 。 減低病人痛楚
 - 。 減少手術中出血
 - 。 加速康復

檢查前準備

病人需要入院,準備包括:

- 主診醫生會解釋手術詳情,病人或其親屬 須簽署同意書。
- 確定有沒有過敏病歷。如病人有哮喘或對藥物、食物、海鮮、花粉等曾有過敏感

反應,都應在預約檢查時告知醫生,以作 安排。例如預先服食或注射抗敏藥。

- 3. 驗血,以確定血液凝固時間。
- 4. 檢查前 4 至 6 小時開始禁食。
- 5. 預先在穿刺位置進行清潔護理。

檢查之步驟

- 醫生會在病人右腿大動脈做穿刺,但如有 阻塞,也會改用胘動脈做穿刺。
- 穿刺部位只需局部麻醉,病人是完全清醒。
- 病人應盡量合作,保持身體靜止於X光床 上。
- 醫生將導管由穿刺位引入血管內,導引至目標器官,然後注射造影劑。
- 整個過程也要在X光儀器監察下進行和記錄 影像,需時很難劃一,大約兩個小時以 上。
- 如情況需要,主診醫生會預先安排全身 麻醉。

一般而言,這檢查的危險性很低,但仍需視乎個別情況。在病房觀察期間若有問題發生,應盡快通知 醫生或護士即時處理。

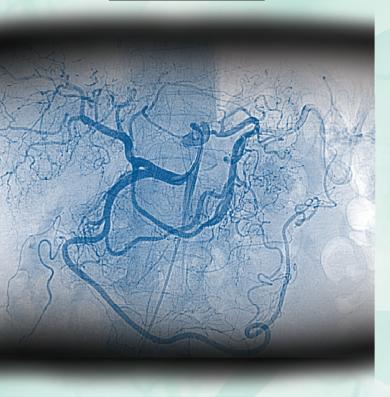
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Arteriography



Department of Diagnostic &

Interventional Radiology

Arteriography

The arterial system is an integral part of the circulatory system. Arterial problem is the underlying cause of many disease processes. Diseases of arteries include vascular malformation, atherosclerosis, stenosis or occlusion of vessels, bleeding from the GI tract, brain haemorrhage, coronary artery disease etc.

Indication

Arteriography is a special examination. It can be done for

- Diagnosis of vascular disorders
- Interventional radiology procedures like
 - To open up narrowed arteries e.g. in kidneys
 - o To occlude vascular malformation of brain
 - To provide trans-arterial chemo/radiotherapy

In some cases, arteriography is done pre-operatively so that surgeons could plan their operation. That will reduce pain and chance of bleeding during the operation.

Patient Preparation

(Patient needs to be admitted for preparation which includes)

- 1. Your referring doctor will ask you to sign a consent form for this investigation.
- 2. You should volunteer information to your doctor on history of allergy to food and drugs, history of asthma, urtricaria, eczema and allergy to contrast medium.

- 3. You will be checked for any bleeding tendency.
- 4. You need to fast for 4 to 6 hours before the examination.
- 5. There is skin preparation of the puncture site.

Procedure

The examination involves percutaneous introduction of an angiocatheter to a relevant vessel. Local anaesthetic is given prior to the puncture. The angiocatheter is usually introduced via the right femoral artery at the groin. Other sites however may be used. e.g. a brachial approach if both femoral pulses are absent. A thin catheter is then introduced through the use of a needle and guide wire. When the angiocatheter reaches the target vessel, a suitable contrast is then injected and a number of X-Ray images are recorded. You are advised to listen carefully to the instruction given by our staff. Sedation or general anaesthesia is usually used for paediatric patient. The examination might take two or more hours to finish.

After the removal of catheter, the radiologist may need to press the puncture site for about 15 minutes to stop bleeding.

Overall complications are rare. After the procedure, you will still be under observation in the ward. You should inform the attending doctor or nurse as soon as possible in case of any problem.

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