

Radiology

Tubogram (Linogram)

Introduction

You have been advised by your hospital consultant that you need to have a Tubogram (Linogram). This information tells you about having this procedure; it explains what is involved and what the possible risks are.

This information leaflet provides you with general information and is intended to answer most of your questions when your doctor has referred you to the Radiology department for a Tubogram. It should not replace the discussion between you and the healthcare team, but may act as a starting point for discussion. If you have concerns or need more information, please discuss this with a member of the healthcare team.

Please contact us before your procedure if:

- You have allergies to contrast (X-ray dye)
- You are, or might be, pregnant
- You weigh more than 200kg (31 stone)

We strongly advise that you leave any valuable possessions at home and remember to bring any sprays or inhalers that you are taking with you to the X-Ray department.

Why do I need this procedure?

A Tubogram is a procedure to check how well the line or tube is working inside you. Most commonly this procedure is undertaken when you are



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experiencing problems using a line or tube that is already in place. Your doctor or specialist nurse will refer you for a tubogram and this will help find the problem and help in the planning for any more treatment.

The greatest benefit of having a tubogram is diagnosing whether your tube/line is suitable for use. It will also help to plan your medical management more easily

Referral and Consent

If you are having Tubogram/Linogram as a planned procedure, the doctor who referred you should have discussed the reasons for this procedure and any other options with you.

You have been referred to a Radiologist (a specialised X-ray doctor) for this procedure. The Radiologist will confirm that you understand why the procedure is being done and it's possible risks and the benefits to you.

You should be given enough information to answer any of your questions before you agree to the procedure.

If after discussion with your hospital doctor or Radiologist you do not want the procedure carried out, then you can decide against it.

If the Radiologist feels that your condition has changed or that you no longer need to have the procedure, they will explain this to you. They will communicate their reasons with the referring clinician and ask that you return to your referring clinician for review.

Before the test

Please bring all your usual medication into hospital with you. Please remember to take any sprays or inhalers with you when you have the procedure. It is important that you understand the procedure, so if you have any questions, please ask the doctor. You will be asked to confirm your consent to show that you understand the procedure and are aware of the risks and benefits it involves. We want you to be as relaxed as possible for the procedure.

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Please tell the doctor if:

- You have had any allergies or bad reactions to drugs or other tests
- You have asthma, hay fever, diabetes, or any heart or kidney problems.

Please continue to eat and drink normally. You may be asked to change into one of our hospital gowns (depending on the position of the tube or line we are looking at). You are more than welcome to bring your own dressing gown from home if you prefer to keep yourself comfortable and warm whilst you are with us.

During the Examination

The procedure will again be explained to you by the Radiologist and you will be able to ask any further questions that you may have.

You will be taken into the X-ray room where you will be asked to lie down on the X-ray table. You will be asked to give your consent before starting the examination.

The area around your tube or line will be cleaned before the procedure. The radiologist will inject contrast (dye) through your line under x-ray guidance to see if there are any problems with your line. Sometimes the contrast (dye) injection may cause a hot feeling for a short while or the feeling that you have passed urine.

Risks

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The probability of these complications occurring will vary for each patient and the possibility of these complications happening to you will be discussed with you before you consent to the procedure.

- Rarely the contrast medium used can cause **deterioration in kidney function**, which is usually only temporary but occasionally can be more long term. This is of particular concern for people who already have impaired kidney function. If you are under the care of a renal physician

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you should have a blood test to check your kidney function before the procedure.

- **Allergic reactions** can occur with the X-ray dye, only very rarely requiring any treatment. You will be asked about allergies by the Radiologist at the time.

X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to X-rays carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the procedure. We will take all safeguards to minimise the amount of X-rays you receive.

Safety

The contrast dye contains iodine and is removed from your body (excreted) by the kidneys in your urine. Please inform the radiologist or radiographer:

- If you are allergic to iodine, have any other allergies or suffer from asthma.
- If you have reacted previously to the injection used for kidney X-rays or CT scanning.
- If you have known kidney problems.

Patients aged 12-55 years – could you be pregnant? The risks of radiation are slightly higher for the unborn child so you will be asked to confirm that you are not pregnant before the examination can proceed.

After your examination

If you are an outpatient, you will be able to go home once the procedure is finished.

If you are an inpatient you will return to the ward.

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If the Tubogram clearly shows the line or tube is in the correct position and it can be used safely, then nothing further needs to be done. The radiology staff will inform your doctor/specialist nurse of this.

If the procedure suggests that the line or tube needs repositioning or replacing, then your doctor/specialist nurse will be informed and they will discuss how this happens with you. This procedure is not usually carried out on the same day as your Tubogram.

Other Sources of Information:

For information about the effects of X-rays and information about radiology departments visit the NHS website: <https://www.nhs.uk/conditions/x-ray/>

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

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