

Patient Information

Radiology

Arm venogram or venous angioplasty (venoplasty)

Your doctor has said you need to have an arm venogram, which might include venoplasty treatment and stent insertion.

This leaflet explains what will happen and any risks.

If you or your family have questions after reading this, please call the Radiology team on **024 7696 7115**.

Make sure you read everything carefully, so you know how to get ready for the test. You will start preparing the morning of your appointment.

Contact the X-ray Department if your weight is equal to or more than 205Kg (32 stone).

Things to remember

- Bring your sprays or inhalers if you use them everyday.
- Leave any valuable possessions at home.
- If you cannot come to your appointment, please contact the X-ray Department using the number on your appointment letter
- Keep taking aspirin or any other medication from your doctor, **except warfarin** (see below).
- If you are going to undergo venoplasty and are taking warfarin or other blood thinning medicines, please contact your anti-coagulation nurse specialist as soon as you get this letter. You might need a blood test to see if you should change or stop your treatment a few days before your appointment.
- If you need venoplasty for the larger central veins in your chest, you will need to stay overnight in hospital.



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- If you have Venoplasty of the smaller veins in your arm you will only need to stay for 1 hour after the treatment. Plan to be in the hospital for 2 to 3 hours.

What is an arm venogram?

A venogram is a special X-ray that takes pictures of the veins in your arm.

Why do you need an arm venogram?

Your doctor wants to check if there is a narrowing or blockage in one of the deep veins in your arm or chest. This could cause swelling in your arm, neck or even your head.

A radiologist will do the test, and they will be helped by a radiographer and a radiology nurse. It is hard to say how long the test will take, but you should plan to be in the Radiology department for about 45 minutes.

Are there alternative tests to an arm venogram?

Yes, an ultrasound can also help check veins, but it doesn't show the deeper central veins in the chest as well as the venogram.

What is venous angioplasty (venoplasty)?

A venoplasty is a procedure where a small balloon on the end of a catheter is put into the narrowed section of the vein. The doctor inflates the balloon to open the vein.

This is a bigger procedure than a venogram, so you will need to stay in the Radiology department for a short while after.

Why should you have venoplasty?

Venoplasty can sometimes stop you from needing surgery.

When would you need a venous stent?

If venoplasty doesn't keep a vein open, a stent (a small mesh tube inserted across the narrowing) be needed to keep the vein open.

Referral and consent

If a test or treatment is planned, you will have time to talk to your consultant, clinical nurse specialist and radiologist (a specialised X-ray doctor) about it before it happens.

If it's an emergency, **the doctor will still explain everything to you before you are asked if you agree before signing the consent form.** You can say no, if you do not want the procedure done.

If the radiologist feels the test or treatment isn't needed anymore, they will explain why and send you to your main doctor to talk about what happens next.

Risks of the procedure

Like any procedure or operation, there are some risks. Your doctor will talk about these risks with you before you agree to the procedure. Risks might be bleeding around the puncture site. The radiology nurses will monitor you closely after the procedure. Serious bleeding is very rare, but the doctors will tell you about it before the procedure.

- Surgery might still be needed if the venoplasty is not possible or only partially successful.
- There is a risk that the procedure will rupture the vein in your arm, you might need surgery to fix it,
- Rarely the contrast medium used for a venogram can cause kidney problems. This is usually temporary, but it can sometime last longer, especially if you already have kidney problems.

A blood test to check your kidney function will be done before the procedure.

- Rarely, some people have allergic reactions with the X-ray dye. This doesn't usually need any treatment. The doctor will ask if you have any allergies before starting.

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Despite these possible complications, the procedure is normally very safe.

X-rays use a type of radiation, but the amount is very small. We're all exposed to small amounts of natural radiation every day—from the sun, food, and the ground. Your doctor thinks the test are worth the small risk of using X-rays. The hospital staff will take extra care to use as few X-rays as possible to keep you safe.

Safety

The contrast agent contains iodine, and it leaves your body through your urine. Tell staff if you:

- are allergic to iodine, have any other allergies or have asthma
- have ever had a bad reaction to a dye injection used for kidney X-rays or CT scanning
- know you have kidney problems

Patients aged 12 to 55 years:

If there is a chance you could be pregnant, tell the doctor before the test. **X-rays can be riskier for babies that are not born yet, so they need to check first.**

Getting ready for your venogram or venoplasty

- Before the procedure, you will have blood tests to check your blood clotting ability and kidney function.
- You don't need to stop eating before the procedure, but make sure to drink plenty of water, at least **one pint, or 500ml of water** or squash **more than usual.**

Important Information for patients on a fluid restricted allowance:

- If your doctor limits how much you can drink, count this water as part of your fluid allowance.
- If you have serious kidney problems and are not having dialysis treatment, you will need fluids through a drip for 6 hours, starting the

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hour before the procedure. Let the department know as you might need to be admitted to a ward for this.

Important Information for patients with renal impairment:

- Some painkillers (non-steroidal anti-inflammatory drugs such as ibuprofen or diclofenac) might need to be stopped for a day. Talk to your doctor about switching to paracetamol instead.

When you arrive

- When you arrive at the hospital, please go to the Radiology Department. Follow the directions for Interventional and Fluoroscopy reception desk following Route 2.
- You might be asked to undress and put on a suitable gown. Please feel free to bring your own dressing gown.
- You might need a cannula inserted into a vein in your arm

During your examination

The procedure will again be explained to you by the radiologist, and you will be able to ask any questions you may have.

You will be taken into the X-ray room where you will be asked to lie on your back on the X-ray table.

The venogram procedure

- A small needle or cannula is inserted either into one of the veins in the back of your hand or into a vein in your arm.
- Radiological contrast medium, a colourless liquid that shows up on X-ray images, is injected through the cannula and X-ray images are taken.
- A tight band (tourniquet) will be fastened around your arm to make sure that the contrast flows into the deep veins of your arm as these are the ones we need to take pictures of.

The venoplasty procedure

Venoplasty is a more complex procedure than a venogram.

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- The radiologist will put on a theatre gown and gloves, like i surgery.
- Your arm and chest will be covered in sterile drapes. You will get numbing injection (local anaesthetic) into the skin on your arm, so you don't feel any pain.
- A guide wire and a catheter (a long thin sterile plastic tube) will be put into the narrowed part of the vein.
- A balloon will be inflated in the narrowed vein to open it up and help blood flow better.

A venous stent insertion

If the vein does not stay open, a stent might be inserted.

This might be done during the venoplasty or later.

After your examination

You will be observed and monitored in the radiology department until you are ready to go home or returned to the ward. You should eat and drink normally.

Drink at least 1 pint or 500ml of water within 2 hours of the procedure.

Important information if you have renal (kidney) impairment

If your GFR is less than 60ml/min before the procedure: If you are taking **Metformin** (also called **Glucophage, Glucovance, Duformin, Orabet or Glucamet**) tablets and your **GFR is less than 60ml/min** you will need to **stop** taking these tablets for **48 hours after the radiological test**. This is to avoid the build up of acid in the blood following the injection of contrast agent that is given during the procedure. Stopping the tablets temporarily will not cause any harm to you.

If your GFR is less than 30ml/min before the procedure and are not on dialysis treatment:

You will be kept on intravenous fluids for the rest of the 6 hours.

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You should have another kidney function test before you are discharged home from the ward. You might need to be monitored and referred to a renal specialist if your GFR has decreased by 10%.

For information about the effects of X-rays and information about Radiology departments please visit the NHS website:

<https://www.nhs.uk/conditions/x-ray/>

For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website:

www.hpa.org.uk

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 the number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about Interventional Radiology services. This helps us make improvements.

Have your say. Scan the QR code or visit:

<http://ratenhs.uk/TyVIDN>

www.uhcw.nhs.uk/contact-us



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