

Patient Information

Radiology Department - Intervention

Mesenteric Angiography

Introduction

You have been advised by your hospital consultant that you need to have a Mesenteric angiogram that may include embolisation treatment. You have been referred to the Radiology department to have this procedure.

This leaflet tells you about having a mesenteric angiography, it explains what is involved and what the possible risk are.

If after reading this information, you still have concerns or require further explanation, please contact the Radiology team on the telephone number 024 7696 7115.

Please read this leaflet carefully to ensure you successfully prepare for the examination.

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)

Leave any valuable possessions at home. Remember to bring all medicines with you, including inhalers that you are taking with you to the X-Ray department.



What is a Mesenteric Angiogram?

A Mesenteric angiogram is a procedure to obtain images of blood vessels to the bowel. This involves the insertion of a catheter (a small plastic tube) into an artery, usually in your groin, manipulation of the catheter along the main artery of the body (aorta) to reach the arteries supplying the bowel and then injection of some contrast medium '**X-ray dye**'. The examination is usually performed when your doctor suspects one of the blood vessels supplying your bowel is leaking.

The examination will be performed by a radiologist who will be assisted by a radiographer and a radiology nurse. It is not easy to predict how long the procedure will take. As a guide, expect to be in the Radiology Department for at least one hour.

If it is required, appropriate and possible, the radiologist will proceed on to an embolisation.

What is Mesenteric embolisation?

A Mesenteric embolisation is when one of the blood vessels supplying your bowel is purposely blocked. Once the radiologist has localised your Mesenteric artery from the angiogram, small metal coils are inserted down the catheter and left in the artery.

Why do I need a Mesenteric embolisation?

The procedure is usually done if a blood vessel is demonstrated on the angiogram to be leaking blood directly into your bowel. Embolisation will seal the leak by enabling blood clots to form within the leaking artery and is an alternative treatment to surgery.

Referral and consent

Before to the examination, the radiologist who will be performing the procedure will discuss the procedure with you and if you do not want it carried out, you are within your rights to decide against it.

If you are having the Mesenteric angiogram and or embolisation as a planned procedure, then you should have plenty of time to discuss the

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situation with your consultant and the radiologist (a specialised X-ray doctor) who will be performing the procedure. It is quite likely that the procedure is being performed as an emergency, but **you should still have had sufficient explanation before you sign the consent form.**

If the radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary, then they will explain this to you. They will communicate their reasons with the referring clinician and ask that you return to your referring clinician or ward for review. At all times the radiologist and referring clinician will be acting in your best interests.

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 test and its implications, so if you have any questions, please ask the doctor.

You will be asked to sign a pink consent form confirming that you understand the procedure and are aware of the risks and benefits it entails. This will be done on the ward before you have the procedure done. We will want you to be as relaxed as possible for the procedure.

Take all medication as normal, but if you are taking water tablets or diuretics you may stop this on the day of the procedure.

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.
- You are taking Metformin please inform the ward staff as this **may** have to be stopped for 48 hours after the procedure.

Please continue to eat and drink normally unless your surgery is planned for the same day.

Preparation

You will have had some blood tests to check your blood clotting ability and kidney function.

- There is no need for you to stop eating before the procedure (unless you have surgery planned for the same day) but it is important that you drink plenty, **we advise one pint (500mls) of water or squash above your normal fluid intake.**
 - **Important Information for patients on a fluid restricted allowance:** If you are under the care of a renal specialist and /or have to follow a fluid restricted diet, you should include this preparation as part of your fluid allowance.
- If you have severe kidney problems you will be put on intravenous fluids (a drip) for 6 hours, starting the hour before the procedure.
- If you are taking Metformin please inform the ward staff as this **may** have to be stopped for 48 hours after the procedure.
- Some pain killers (Nonsteroidal anti-inflammatory drugs) **may** have to be stopped on the day of the examination for 24 hours, please discuss this with the nurses on the ward. Paracetamol may be used instead.
- You will need a cannula inserted into a vein in your arm after you have arrived on the ward, before coming to the x-ray department.
- You will need to wear a hospital gown. The porters will collect you from the ward and bring you to the x-ray department on your bed for the procedure.

During your 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.
- If you are having a Mesenteric embolisation your blood pressure will be monitored by a radiology nurse who will stay with you throughout the procedure.
- The radiologist (an X-ray doctor) will inject a local anaesthetic into the skin of your groin to freeze the area.

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- You may still feel some pressure sensation, but if you feel any pain during the procedure inform the radiologist. You will be asked to lie as still as you can.
- The catheter is then inserted into the artery at the groin, and using X-rays to help, the radiologist moves the catheter into the correct position. X-ray pictures are taken whilst the dye is injected down the catheter into the arteries. Sometimes the injection may cause a hot feeling for a short while or the feeling that you have passed urine.
- At this point the embolisation treatment will be performed if necessary.
- When the X-rays are completed, the catheter is removed and either a special sealing device is placed in the artery to seal the hole, or pressure will be applied to the groin for about ten minutes to minimise any bruising.
- If you have had an embolisation and you are having surgery the same day, a small catheter called a sheath may be left in your groin as movement is restricted following its removal.

Risks of the procedure

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 sign the consent form.

- It is not always possible to see the leaking vessel on the angiogram.
- Surgery may still be required if the embolisation is not possible or only partially successful.
- There can be bleeding around the groin after the examination. The ward nurses will monitor you closely for 4 – 6 hours after the procedure. Rarely the bleeding can be so severe that serious complications can arise. The doctor will discuss these with you when you sign the consent form.
- Rarely the contrast medium used for angiograms 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. You will have a blood test to assess your kidney function prior to the procedure.

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- Rarely, 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.

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure the staff will be monitoring your responses to this treatment to minimize the effects of any complications.

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.

Radiation exposure during interventional procedures is generally regarded as low, but higher radiation doses might be necessary in difficult or complex cases. Prolonged exposure to high amounts of X-Rays can cause changes to your skin and hair.

Exposure to X-rays always carries a risk, but your doctor feels that this risk is outweighed by the benefits of having the test. We will take all safeguards to minimise the number of X-rays you receive.

Safety

The contrast agent contains iodine and is 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: the risks of radiation are 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 have any problems after the procedure, please speak to the staff on the ward.

- You will stay in bed overnight. You will be taken back to the ward and asked to remain lying flat for 4 hours, so your groin does not start to bleed. It is important that you do not try to sit up or get out of bed. The nurses will check your groin, blood pressure and feet regularly.
- You should eat and drink normally and can sit up gradually after 4 hours. **Please ensure you have drunk at least 1 pint (1/2 litre) of water on the ward within the 2 hours following the procedure.**
 - **Important information for patients with severe kidney problems:** You will be kept on intravenous fluids for the remainder of the 6 hours. You should have a further kidney function test before you are discharged home from the ward. You may require further monitoring and referral to a renal specialist if your kidney function has decreased by 10%.
- **If you require surgery, the same day** you will return to the ward with a small catheter still in your groin. This will be removed by a doctor after the surgery.
- If you have any problems after the procedure, please speak to staff on the ward. A report will be generated by the Radiologist to inform your referring consultant.

Other sources of Information:

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 or the NHS.

Radiology Department

If you have any questions or would like further information, the Radiology Department can be contacted via Telephone: 024 7696 6331.

Patient Information

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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