

Mediastinal Venogram and Stent Insertion

Radiology Department



Patient information leaflet

This leaflet tells you about the procedure known as a mediastinal venogram. It explains what is involved and the possible risks.

The benefits and risks of this procedure should already have been explained to you by your doctor. If you have any concerns about the procedure, you should discuss these with your consultant prior to being admitted. You will have an opportunity to ask the radiologist any other questions you may have. Please make sure you do this before you sign the consent form.

The Radiology Department

The radiology department may also be called the x-ray department or diagnostic imaging department. It is the facility in the hospital where radiological examinations of patients are carried out, using a range of equipment.

Who does what?

A specially trained doctor called a **radiologist**. Radiologists have special expertise in using x-ray and scanning equipment, and also interpreting the images produced. They need to look at the images whilst carrying out the procedure.

They are supported by **specialist radiographers**, who are highly trained to carry out x-rays and other imaging procedures.

Radiology nurses are specialist nurses who will assist the radiologist and care for you throughout the procedure until you are handed back to the ward nurses, who will collect you from the Interventional Suite where this procedure takes place.

Prior to this procedure being performed, the radiologist will explain what is involved and you will have the opportunity to ask any questions you have regarding the procedure.

A written consent will be required. (You should have sufficient explanation before you sign the consent form).

What is Mediastinal Venogram?

The mediastinum is the central area of your chest, which contains your heart and major veins and arteries. A venogram allows us to produce images of major veins in this area by injecting a contrast medium (x-ray 'dye') whilst taking a series of x-rays. If one of these veins is narrowed, there is limited return of blood to the heart, causing swelling of the face, neck and upper limbs. We may then need to insert a stent into the narrowed vessel to relieve the swelling. A stent is a metal mesh tube, which corresponds to the normal size of the narrowed vessel. It remains in the vessel permanently to hold it open.

Who has made the decision that I need this procedure?

The consultant in charge of your case, and the radiologist carrying out the venogram and stent insertion will have discussed the situation, and feel that this is the best treatment option. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Why do I need a Mediastinal stent?

You may be experiencing swelling of your head and neck area or breathlessness.

Do I need to do anything before my appointment date?

Please ring the radiology department if you take warfarin, aspirin, Clopidogrel or anything that thins your blood.

If you have Diabetes – Please phone and tell us.

What happens on the day of the procedure?

You need to be an inpatient in the hospital. You will have been allocated a bed on either the Surgical Short Stay Unit (SSSU) or onto a ward. The location will be written on the appointment letter accompanying this patient information leaflet.

You will be asked to **attend the ward three hours** prior to your appointment to allow bloods to be taken so the results are available before the procedure. **You will be asked not to eat for four hours** but you can drink water up to two hours prior to the procedure, unless otherwise advised.

You will be asked to put on a hospital gown and a cannula, (a small plastic tube) will be inserted in a vein on the back of your hand.

If you have any allergies, you **must** let the staff looking after you know. If you have previously reacted to intravenous contrast medium (the dye used for kidney x-rays and CT scans) then you must tell the radiographers. **Ladies** – if you are pregnant or think you may be pregnant please phone us before your appointment. We may need to change or cancel your appointment.

Can I bring a relative or friend?

Yes, but for safety reasons, they will not be able to accompany you into the x-ray room, except in very special circumstances.

You will need someone to collect you and drive you home after your required amount of bed rest, and someone to stay with you overnight.

What actually happens before and during a venogram?

You will be transported to the department on a bed.

For the examination you will lie flat on your back on an x-ray couch.

During the procedure we will monitor your blood pressure, ECG (heart tracing) and pulse.

The most common approach for deploying the stent is the femoral vein at the top of your leg. We may need to shave a small area around it. This gives us access to most other vessels.

The doctor and a radiology nurse will prepare and put on a sterile gown and gloves. There will be other staff in the room to look after you and to operate the x-ray equipment. The skin around your groin will be cleaned with antiseptic fluid and your body covered with sterile towels.

The skin and deeper tissue over the vein will be numbed with local anaesthetic. Following this the catheter will be placed into the vein. Once the catheter is in the vessel you should not feel it move in your body. You will have an x-ray camera over your body with which the doctor can follow the position of the catheter.

Contrast medium (x-ray dye) is injected into the catheter to visualise the mediastinal veins. You may feel an occasional warm feeling in your body as the contrast is injected. The stent is deployed by passing a similar catheter up to the level required and releasing the stent. If a stent is inserted, you will not feel it. If a balloon is used to expand the stent after it has been put in, you may feel a brief tightness in your chest.

Will the procedure be painful?

When the local anaesthetic is injected, it will sting to start with, but the area will soon become numb.

What about aftercare?

The catheter will be withdrawn and the radiologist will press firmly on the puncture point for five minutes, to allow the vessel to seal and prevent bleeding. After the vein has stabilised, you will be transferred to your ward bed and made comfortable.

You will be asked to stay in your bed on the ward for two hours to allow the puncture site to settle. The ward nurse will check your blood pressure, pulse, and injection site at regular intervals.

You will usually be kept in hospital overnight. Please bring an "overnight bag" in case you need to stay the night.

What are the risks or complications associated with this procedure?

A venogram or stent insertion is considered a low risk examination, although there are some complications that can arise.

You may develop a small bruise around the site where the needle was inserted. This is quite normal.

There is a small risk that the bruise may become very large and uncomfortable forming a haematoma (collection of blood under the skin). Should this happen you may need a small operation to drain the area and you may have to have antibiotics to control the risk of infection.

Very rarely, some damage can be caused to the vein by the catheter; this may need to be treated by another radiology procedure or surgery.

Radiation is used during the procedure, but your consultant has decided that the benefits of having the procedure done are greater than any potential risk of exposure to radiation. The radiation dose you receive will be as low as possible.

What are the benefits of having this procedure?

Diagnostic information of the mediastinal vessels. Relief of the obstruction allowing drainage of blood from the head and neck.

Is there an alternative procedure?

The alternative procedure would be to undergo surgery.

What other advice do we recommend after this procedure?

Rest when you get home. Do not take up any strenuous tasks for a few days.

If you drive you need to be able to make an emergency stop safely before you return to driving.

How do I get the results?

The radiologist will write a detailed report on the outcome of the procedure which will be sent to your consultant. Please make an appointment to see your consultant between two and four weeks after the procedure to discuss the results.

Privacy and dignity

Sometimes tests or procedures, although necessary, can be embarrassing or undignified for patients but we will endeavour to do everything we can to make you as comfortable as possible during your visit to the department.

Reference source

- The Royal College of Radiologists
 - www.rcr.ac.uk/

Additional information

The vascular society:

- www.vascularsociety.org.uk/patients/procedures/10/deep_venous_lysis_and_stenting

On radiation:

- www.gov.uk/government/publications/ionising-radiation-dose-comparisons/ionising-radiation-dose-comparisons

Questions and contacts

If you have any questions or would like to know more about this procedure, please telephone the Interventional Suite Radiology Department on:

01483 571122 Extension 4596

For further information about Diagnostic Imaging Services at Royal Surrey County Hospital NHS Foundation Trust, please contact:

Royal Surrey County Hospital NHS Foundation Trust

Egerton Road

Park Barn

Guildford

Surrey

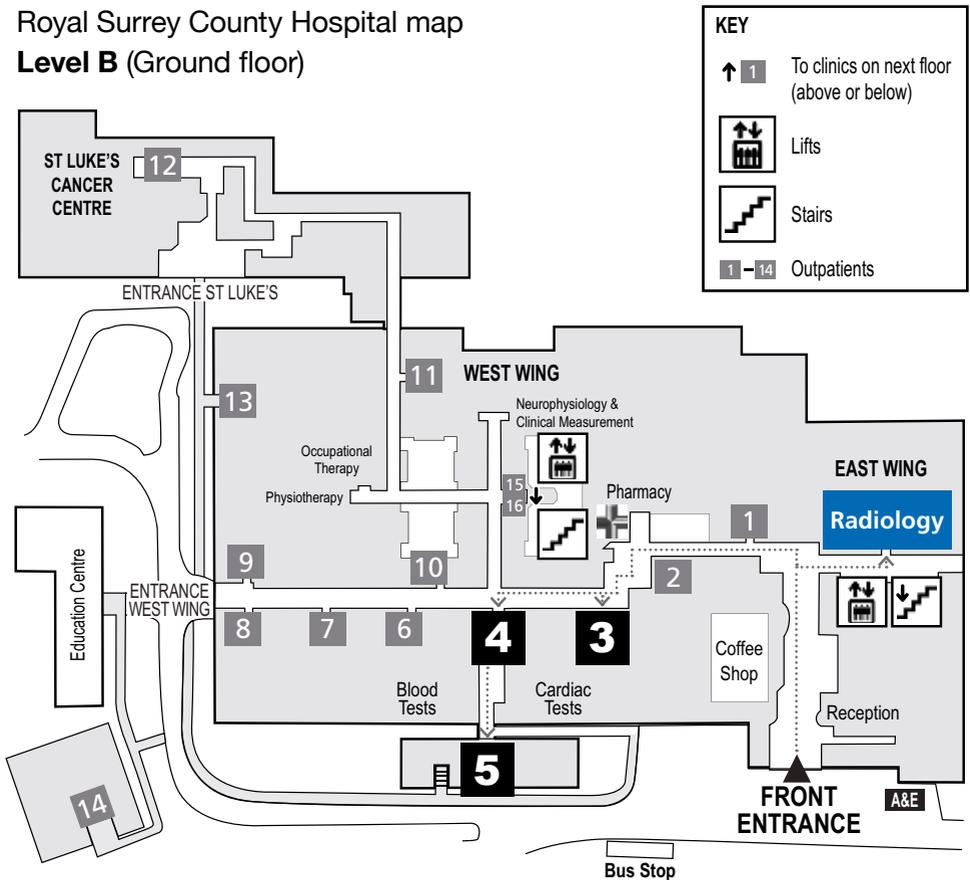
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www.royalsurrey.nhs.uk

How to find the Radiology Department

Royal Surrey County Hospital map

Level B (Ground floor)



Data sharing reference information is available on Royal Surrey County Hospital patient information leaflet entitled:

Your Healthcare records – your information, PIN120703–562

Royal Surrey County Hospital NHS Foundation Trust

Egerton Road

Guildford

Surrey

GU2 7XX

www.royalsurrey.nhs.uk

Radiology Department contact details

If you have any questions or would like to know more about this examination, please contact the Radiology Department on:

Telephone: 01483 571122 **ext** 2050 or 01483 464150

Monday–Friday, 9am–5pm

If you are unable to keep your appointment, please contact us as soon as possible.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: September 2017

Future review date: September 2020

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PIN170816-1295

