



Dear _____

Your Coronary CT Scan appointment has been made for _____

Please arrive at Pacific Radiology St Georges, 151 Leinster Road at _____

Preparation Instructions

Please read the enclosed information carefully and call Heart Vision if you are unsure about anything.

- You may be asked to have a blood test prior to the scan to check your kidney function. If you do then please make sure that this is carried out as soon as possible.
- You must have no alcohol or caffeine (coffee, tea, coca cola, chocolate and other drinks with added caffeine) for 4 hours before your appointment and you should not smoke for at least 2 hours before your appointment.
- Please take all other medications and eat all meals as usual
- If you are asthmatic, please bring your inhalers with you
- Please do not use any erectile dysfunction medications (e.g. Cialis, Viagra, Levitra) in the 72 Hours prior to your appointment.
- Please fill in and bring with you the enclosed Health Questionnaire and Consent Form for this examination
- Please allow up to 2 Hours for your appointment

Procedure Cost

You will have been advised of the cost of this procedure at the time of booking. To achieve a good quality diagnostic scan the scanner needs to be able to synchronise to your heart beat and we need to clearly show your coronary arteries.

In coronary artery disease calcium may be found in the coronary arteries and this can interfere with the ability to visualise those arteries. A calcium scan is carried out first to check how much calcium, if any, is present in your arteries. Occasionally it may not be possible to proceed to the full coronary angiogram.

Additionally, should you have a very irregular heart beat it can, on occasion, be impossible to achieve a diagnostic scan and therefore again we may not be able to proceed.

Please be aware that in these circumstances there may still be a part cost to you for that part of the procedure completed and not all insurance companies will pay for the calcium scan.

Please feel free to contact us if you have any questions with regard to your booking or any of the information provided to you.

Yours sincerely

Heart Vision Appointments

Phone: 03 355 6073 or 0800 TO XRAY

Patient Information and Consent for CT Coronary Angiography

A CT Coronary Angiogram is a well-established technique for looking at your Coronary Arteries. Heart Vision and Pacific Radiology - Canterbury have extensive experience in performing CT Coronary Angiography with a highly advanced CT scanner.

Why a CT Scan of the Coronaries?



The main advantage of a CT scan is that you can go home shortly after the procedure. It is very quick and has very few potential complications. Unlike a traditional Coronary Angiogram, which requires admission to hospital for a needle to be inserted into an artery (high blood pressure vessel) in your groin, a CT scan simply involves a needle in a vein in your elbow (similar to a blood test) which is withdrawn immediately leaving a flexible plastic cannula in place through which contrast (x ray dye) is injected to show the coronary arteries. This is removed before you head home.

What to Expect

The procedure is very quick; the actual time in the scanner room is about 10-20 minutes. The key to a good scan is a steady heart rate so the procedure will be explained to you every step of the way. We aim to create a calm environment so that you are able to relax and thus maintain a steady heart rate. We may however give you medication to slow and steady your heart rate which can take an hour or more to work so please allow plenty of time for your appointment (up to 2 hours).

The scan itself is over in approximately 10-20seconds. You will need to hold your breath for this, so please let us know if you have difficulties breathing or lying flat for any length of time.

A puff of GTN (Nitrolingual spray) is given under the tongue just before the scan to relax your coronary arteries, helping us to obtain the best images possible. If you are taking Cialis, Viagra or Levitra it is important that you stop taking these for the 72hours prior to the scan.

You will have ECG (electrocardiogram) leads attached to your chest, which give important information to the scanner to help form the images of your heart.

During the scan you will feel a warm sensation throughout your body. This is the contrast (dye) flowing through your veins. This may be accompanied by a slightly metallic smell or taste. This is quite normal. The contrast washes out through your kidneys.



The scanner is shaped like a bagel/donut. The scanner is much more open than an MRI scanner, and a lot less noisy! If you tend to get claustrophobic (fear of enclosed spaces), let us know before you attend. It often helps people to come in and see the scanner beforehand

What are the Risks?

As with any medical procedure, there are some small risks associated with the scan:

Contrast: Very rarely people experience an allergic reaction to contrast (dye). This usually manifests as an itchy rash, which settles down by itself. Asthmatic patients may experience worsening of their asthma shortly after the injection. If you are taking any inhalers for your asthma, you should bring these with you.

Radiation: x-rays are used during the scan. The amount of radiation used during the scan varies but is around 2-3 times the amount that you naturally receive in a year from background natural sources such as cosmic rays and from rocks in the Earth's crust. To put this in perspective, the lifetime risk of developing cancer due to the x-rays involved in the scan is around 1:4000 compared with a background risk of developing cancer of 1:300 per year.

Your doctor will have considered the risk of this versus the risk of dying from a heart attack before advising you to have this scan. Heart Vision continually monitors and audits radiation doses. All dose reduction techniques and technologies available are used.

Incidental findings: Because the CT scanner takes such detailed images there is a chance that we will find another abnormality in the part of your chest which we have scanned. We expect this in a small proportion of patients and have guidelines in place for managing such findings.

After The Scan

The IV line will be removed from your vein.

Drink plenty of fluids to help flush the contrast (dye) through your kidneys.

Cialis, Viagra and Levitra can be restarted an hour after the scan.

The results will take around one to two weeks. This reflects the massive amount of information obtained on the scan, which the radiologist and cardiologist have to interpret.

If you have any questions about the test there are radiographers and radiologists on hand, during the scan. They will be able to address any of your concerns.

Your doctor and/or cardiologist will be able to advise you on the results and any further treatment

Please now complete the Health Questionnaire and Consent Form overleaf and bring this with you to your appointment



Health Questionnaire and Consent

Name: _____

Date of Birth: _____

Weight: _____ Kg

Height: _____ cm

Do you have a history of? :	YES	NO		YES	NO
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	Other Lung Problems	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Stent	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Bypass	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Valve Problems	<input type="checkbox"/>	<input type="checkbox"/>	Previous IV Contrast	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Heart Rhythm			If Yes, any reaction?	<input type="checkbox"/>	<input type="checkbox"/>
(e.g Atrial Fibrillation)	<input type="checkbox"/>	<input type="checkbox"/>			
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Disease in the Arteries other than the heart		
Pacemaker or Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Family History of Heart Attacks	<input type="checkbox"/>	<input type="checkbox"/>	History of Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Please list your medications and any operations or other conditions here:

Please sign below if you are happy to proceed with the scan and bring this form with you to your appointment:

I, _____ understand the information provided to me and give my consent to undergo CT scanning of the coronary arteries

Signature: _____

Date: _____

PRC are involved in Research and Development to improve Cardiac CT imaging software and require data sets from our patients for visualisation, training and analysis purposes with collaborating partners. If you consent to your anonymised images being used please sign below:

I expressly consent to my anonymised CT imaging being used securely for R & D purposes.

Signature: _____