



# INTERVENTIONAL RADIOLOGY



Canadian Interventional Radiology Association

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Association canadienne de radiologie d'intervention

# COMMON PRINCIPLES

- WE USE DYE – WHERE IS IT GOING?
  - IN THE BLOOD VESSEL – NEED TO KNOW CREATININE CLEARANCE
    - IF  $> 60$  NO PROBLEMS
    - IF 30-60 GENERALLY NO PROBLEMS – GIVE FLUIDS FOR INPATIENTS, CHICKEN SOUP AND LOTS OF WATER FOR OUTPATIENTS
    - IF  $< 30$  REQUIRE NEPHROLOGY CONSULT
  - ANYWHERE ELSE – CREATININE NOT IMPORTANT

# COMMON PRINCIPLES

- WE STICK THINGS INTO PEOPLE
  - CBC/COAGS FOR ALL!
  - CBC
    - PLATELETS > 50 NOT A PROBLEM
    - PLATELETS 30-50 MAY BE A PROBLEM
    - PLATELETS < 30 A PROBLEM
      - PLATELETS IN A PINCH
  - INR
    - PROCEDURE DEPENDENT
    - FOR ELECTIVE PROCEDURES
      - 1.5 IS OK, 1.6 IS NOT
    - IF THE INR CANNOT BE CORRECTED THEN RISK/BENEFIT MUST BE CONSIDERED
      - FFP IN A PINCH



# NEURO/ENT

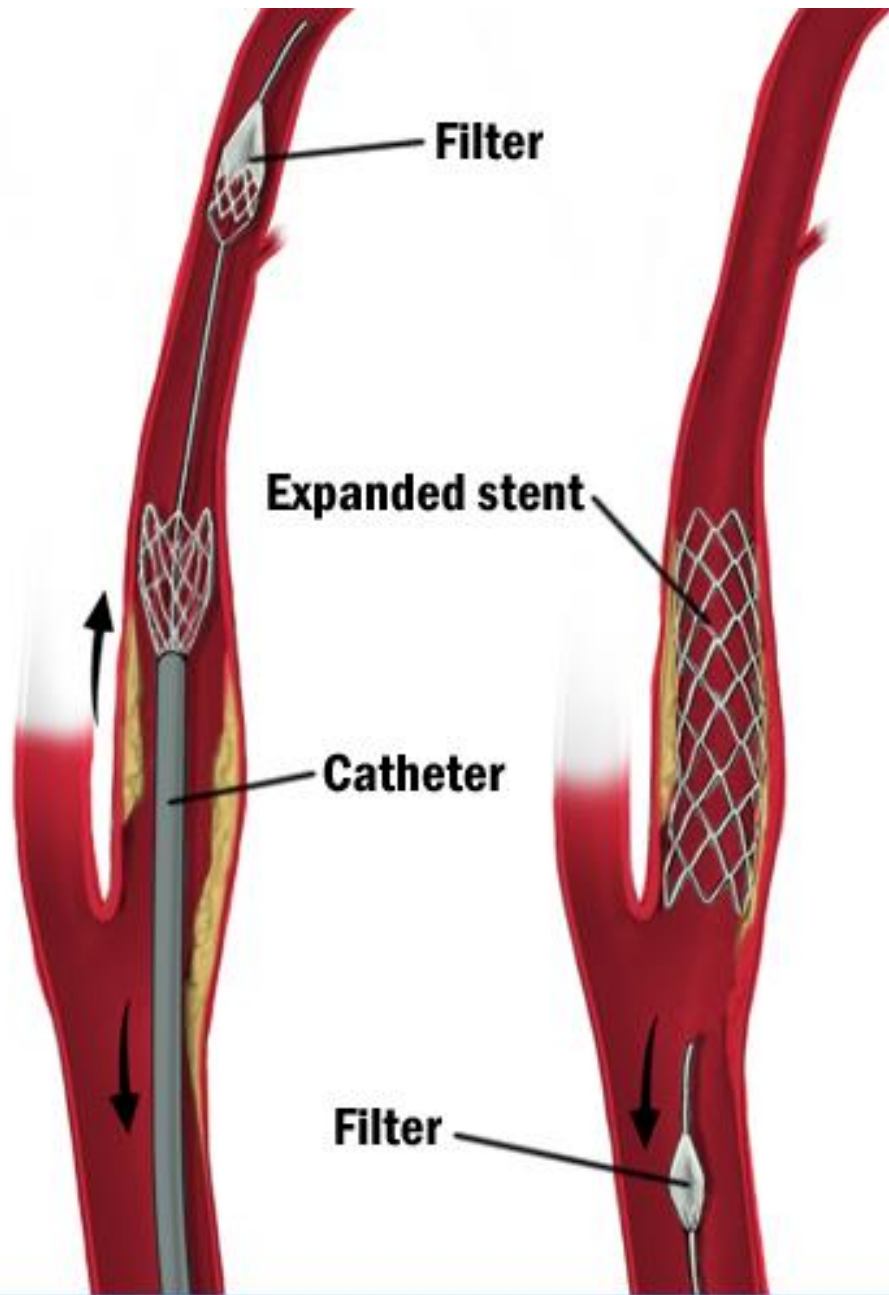


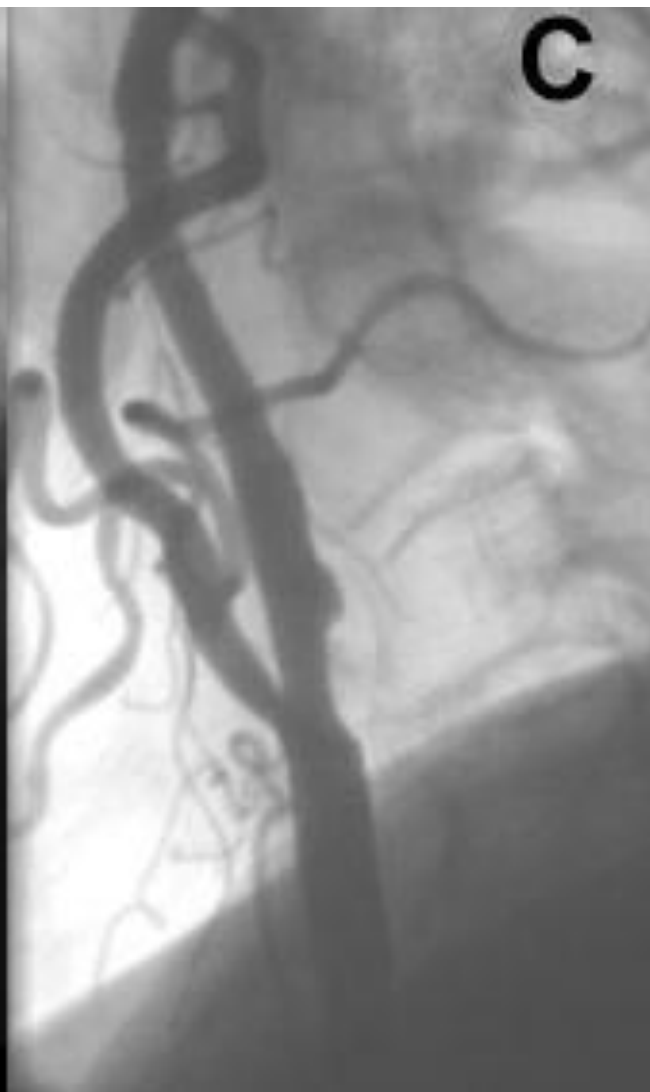
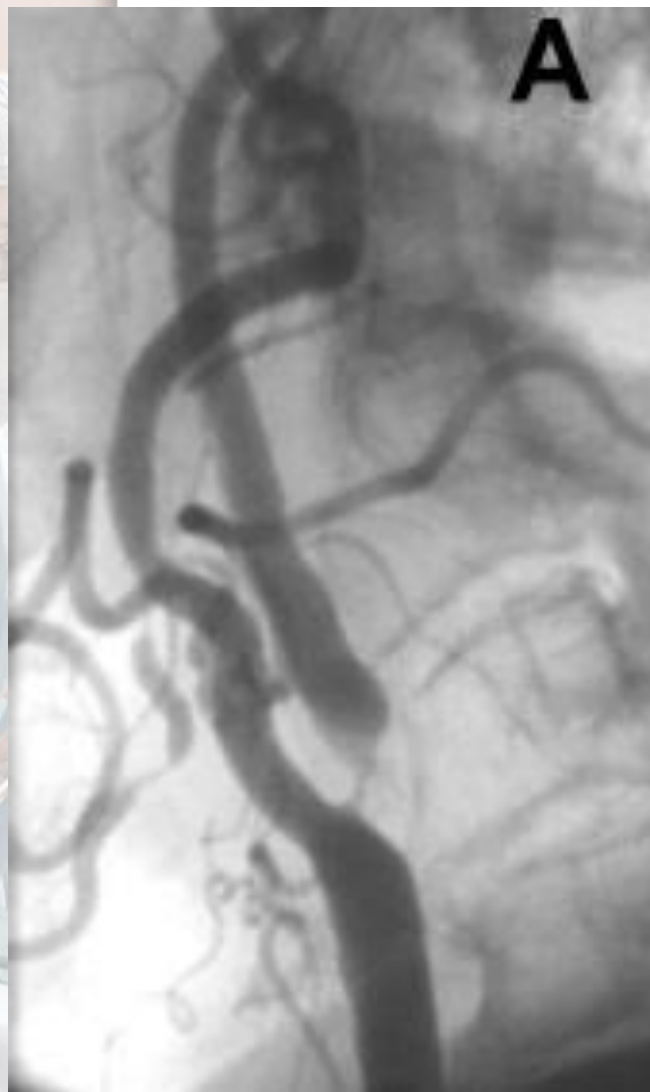
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# CAROTID ARTERY STENTING

- NO CLEAR CONSENSUS ON INDICATION
  - 50-70% STENOSIS FOR SYMPTOMATIC LESION
  - 70% STENOSIS OR TO TREAT AT ALL FOR ASYMPTOMATIC LESION
- USUALLY RESERVED FOR PATIENTS WITH INCREASED SURGICAL RISK
- LARGEST TRIAL SHOWS EQUIVALENCE BETWEEN CAS AND CEA (CREST TRIAL)

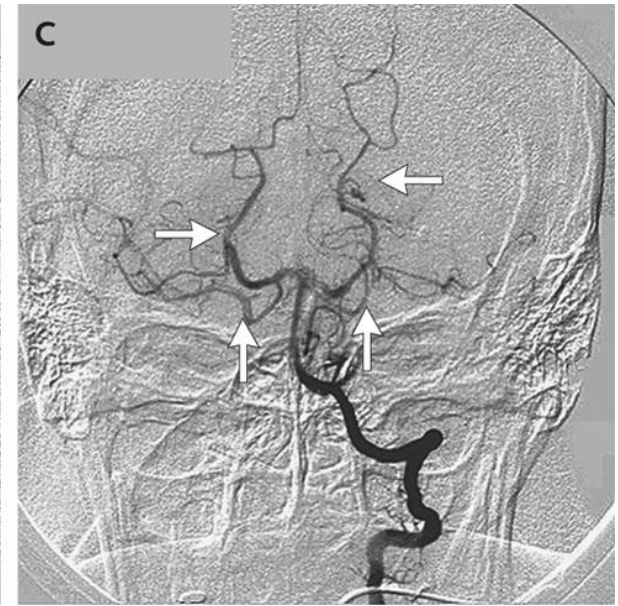
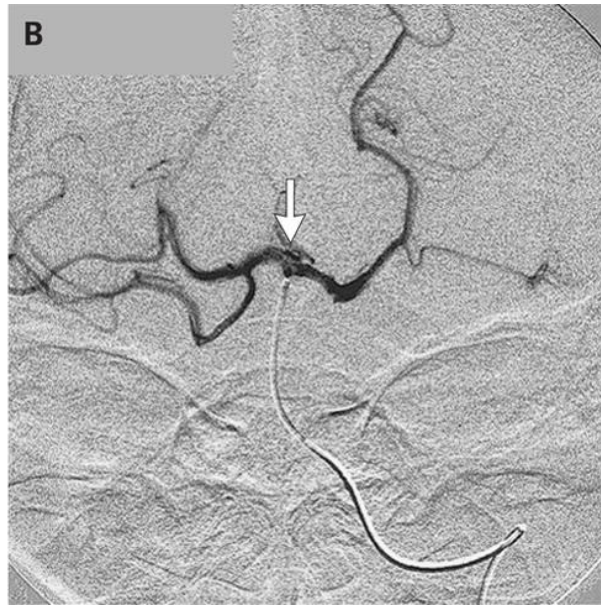
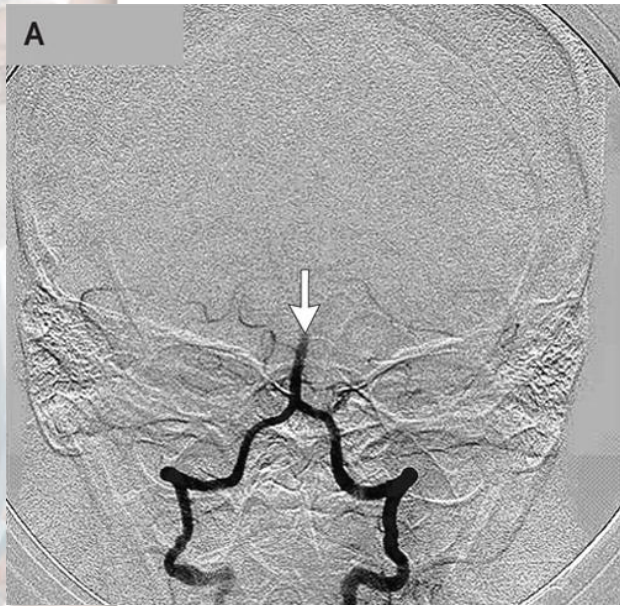




# INTRACRANIAL THROMBOLYSIS

- MECHANICAL THROMBOLYSIS IS RESERVED FOR NEUROINTERVENTIONALISTS
- CATHETER-DIRECTED PHARMACOLOGIC THROMBOLYSIS IS OFTEN PERFORMED BY GENERAL INTERVENTIONALISTS
- REQUIRES PRE-PROCEDURAL CT PERFUSION/CTA TO TARGET THERAPY
- LIMITED EVIDENCE SHOWING BENEFIT (PROACT II; MELT)
- USEFUL FOR POST-OPERATIVE PATIENTS WHO CANNOT BE SYSTEMICALLY THROMBOLYSED
  - EXCEPTION – RECENT NEUROSURGERY

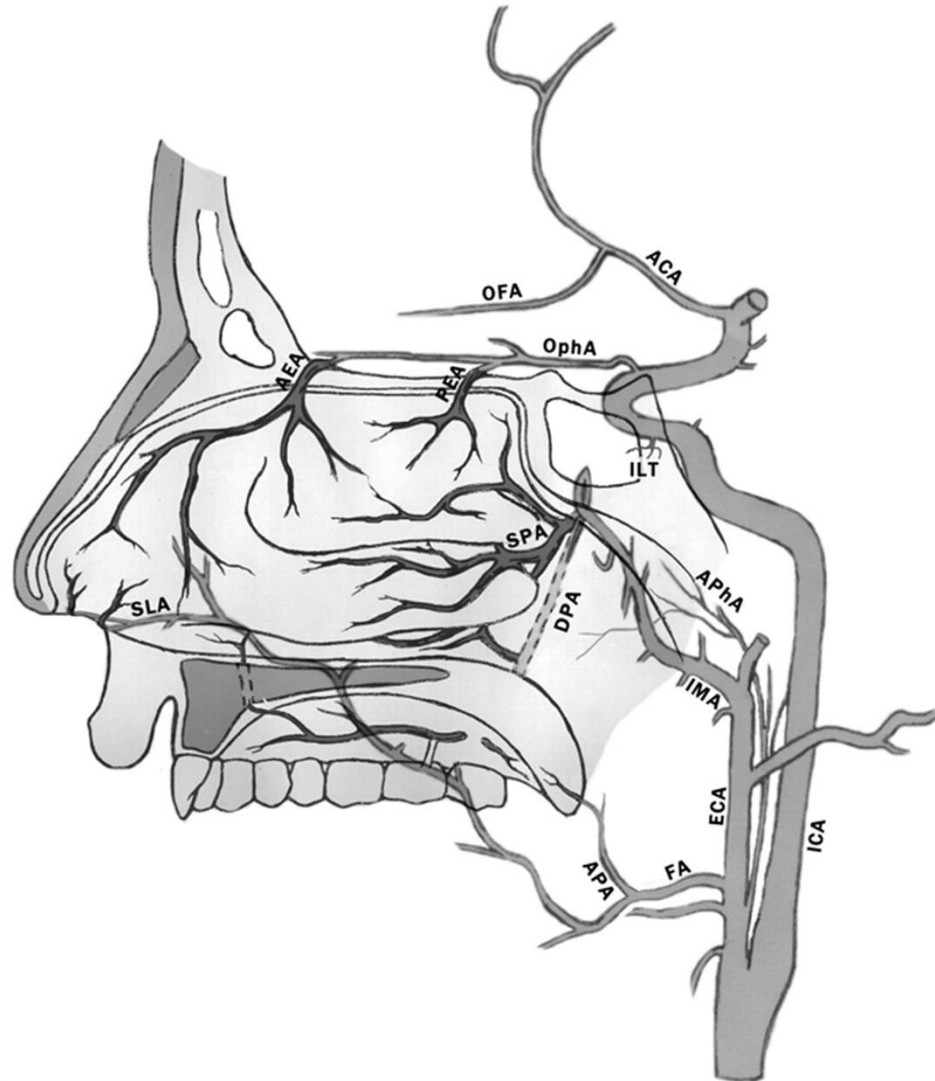




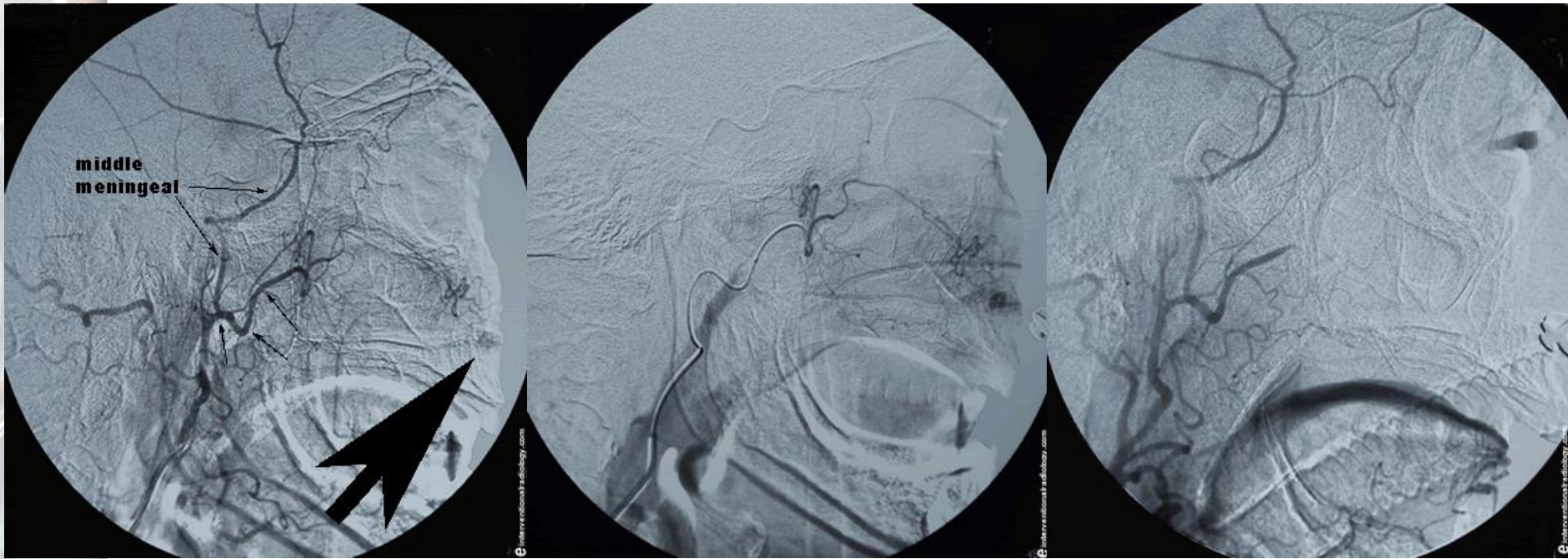
# EPISTAXIS

- THE INTERNAL MAXILLARY ARTERY CAN BE EMBOLIZED TO CONTROL SEVERE OR RECURRENT POSTERIOR EPISTAXIS
- BRANCH OF THE EXTERNAL CAROTID ARTERY
  - OPERATOR MUST BE AWARE OF VARIANT INTRACRANIAL COLLATERALS TO MINIMIZE THE RISK OF STROKE
  - EMBOLIZATION PERFORMED DISTAL TO THE ORIGIN OF THE MIDDLE MENINGEAL ARTERY USING PVA, GELFOAM AND/OR COILS
- ANTERIOR EPISTAXIS USUALLY THE RESULT OF A BRANCH OF THE OPHTHALMIC ARTERY

# EPISTAXIS – RELEVANT ANATOMY



# IMAX EMBOLIZATION



For more information please contact



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[www.ciraweb.org](http://www.ciraweb.org)

[info@ciraweb.org](mailto:info@ciraweb.org)

### ACKNOWLEDGMENTS:

Dr. Robert Cook (Western Memorial Regional Hospital)  
for providing this presentation