



INTERVENTIONAL RADIOLOGY



Canadian Interventional Radiology Association

.....
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



ODDS AND ENDS

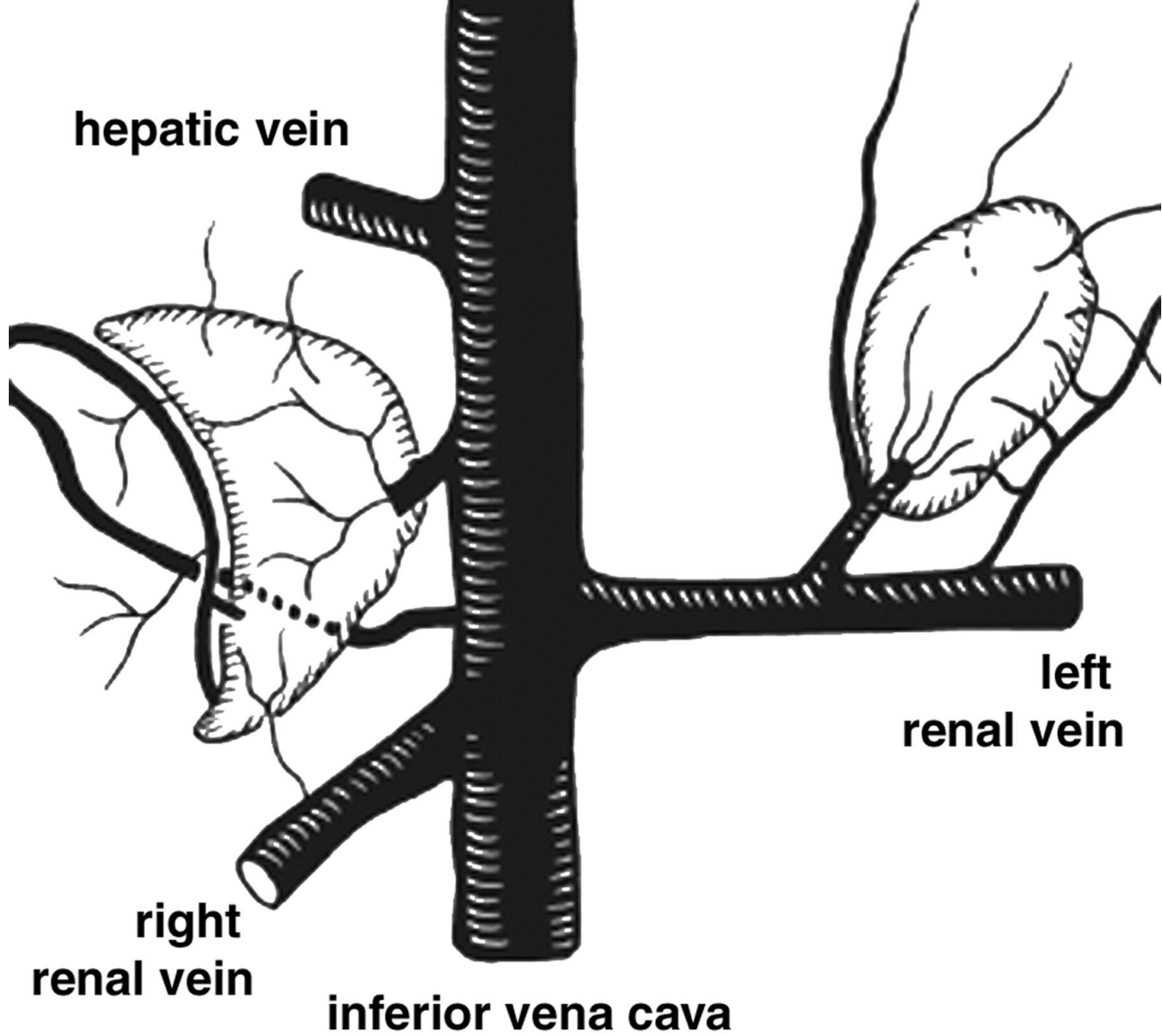


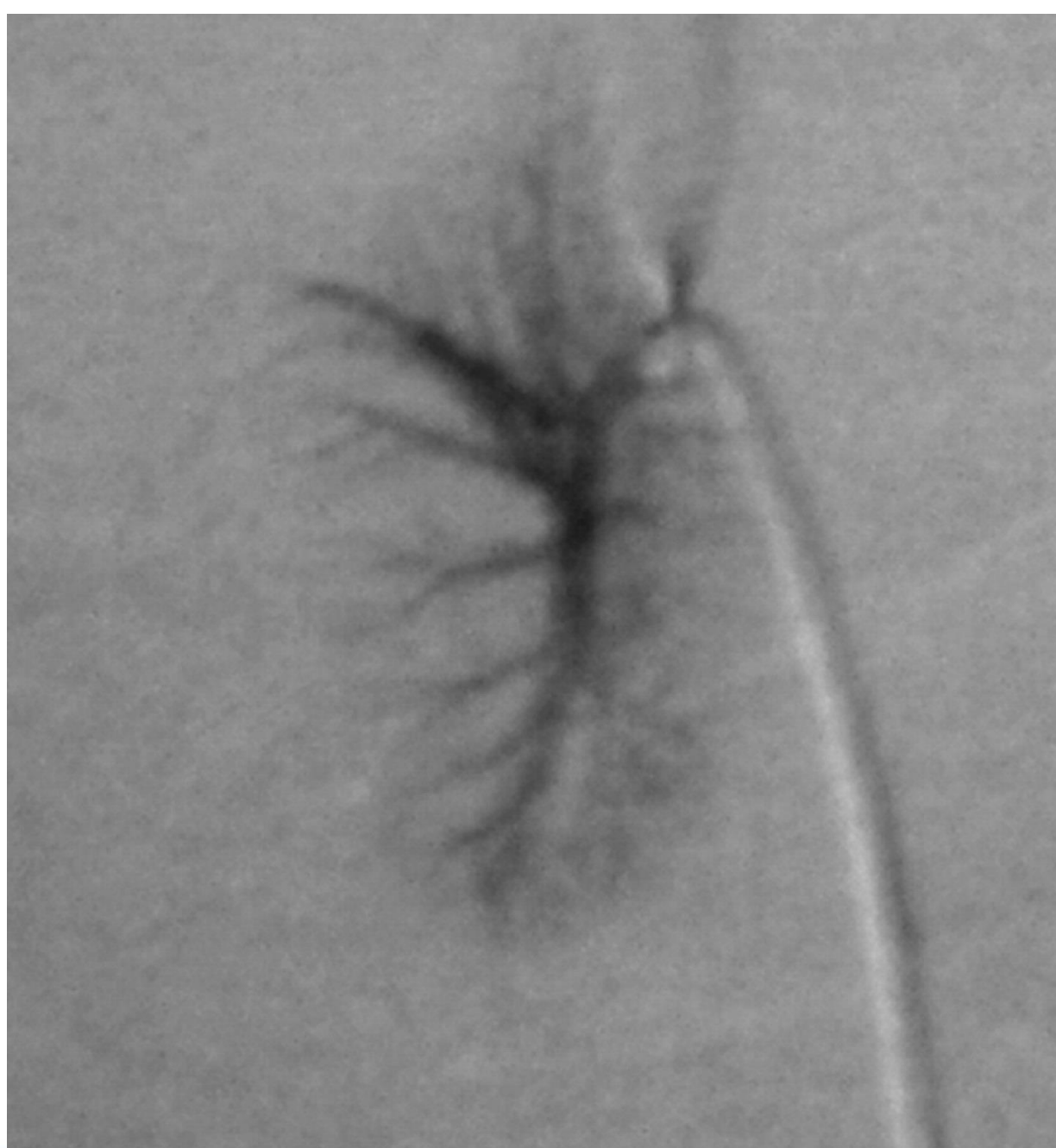
Canadian Interventional Radiology Association

.....
Association canadienne de radiologie d'intervention

SELECTIVE ADRENAL VEIN SAMPLING

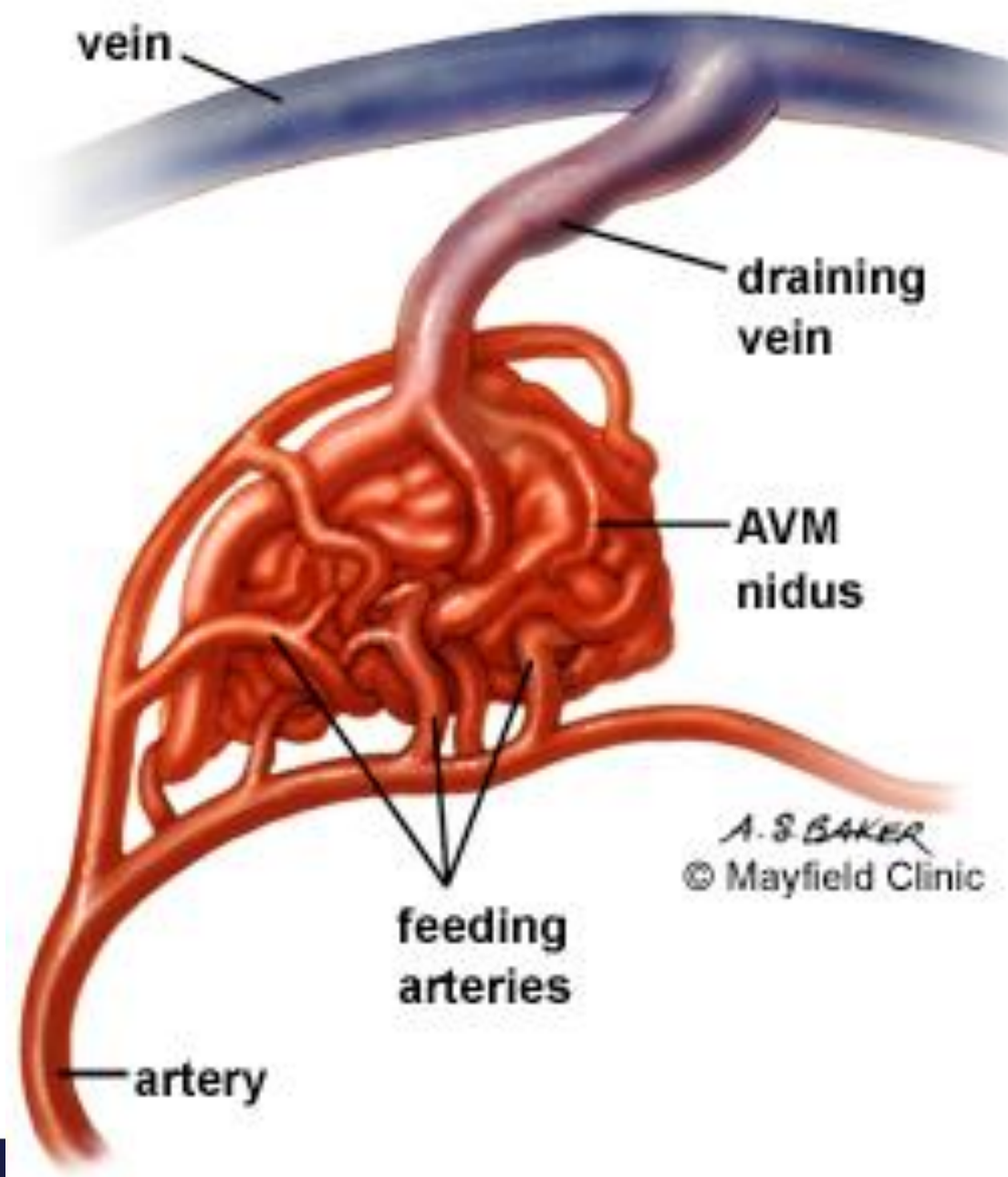
- TO INVESTIGATE UNEXPLAINED HYPERALDOSTERONISM
 - RARELY UNEXPLAINED BIOCHEMICAL PHEOCHROMOCYTOMA, CUSHING DISEASE OR ANDROGEN EXCESS
- CAN BE BILATERAL OR UNILATERAL
 - UNILATERAL CAN BE TREATED BY SURGICAL RESECTION
- BECOMING A LESS COMMON TEST GIVEN ADVANCES IN CROSS-SECTIONAL IMAGING
- CATHETER ADVANCED INTO ADRENAL VEIN
- BLOOD SAMPLES TAKEN AND COMPARED TO PERIPHERAL BLOOD SAMPLE
- INCREASED CORTISOL LEVEL CONFIRMS CATHETER WAS IN ADRENAL VEIN
- INCREASED ALDOSTERONE-CORTISOL RATIO CONFIRMS ABNORMAL ALDOSTERONE PRODUCTION



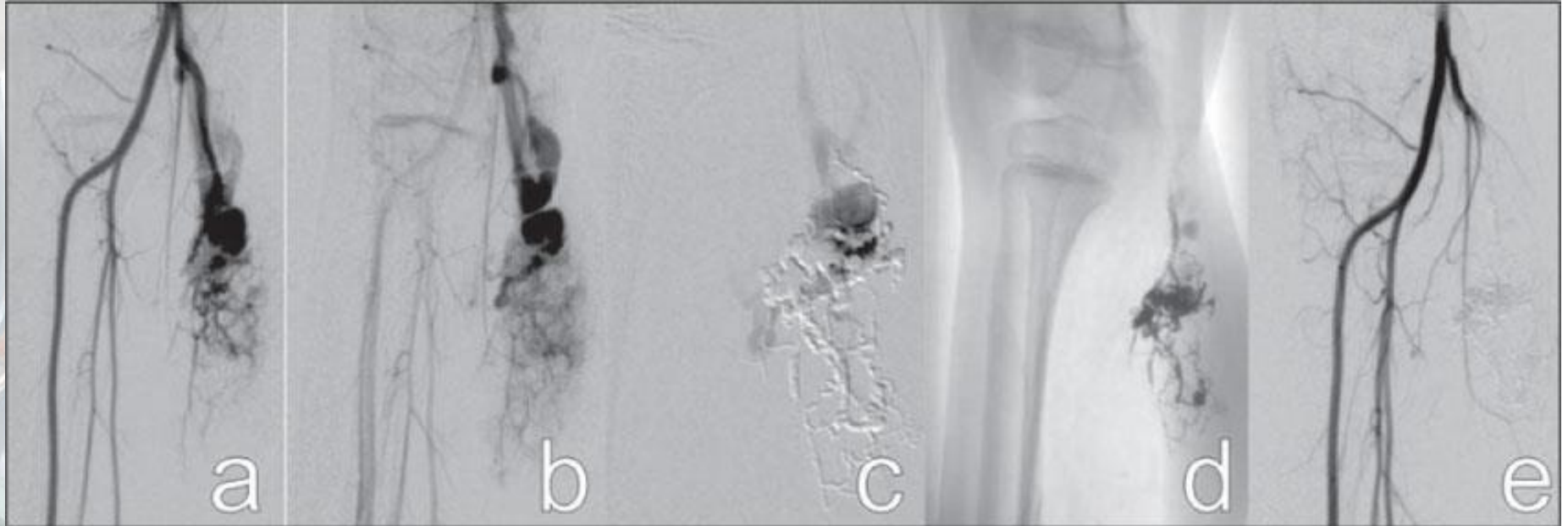


EMBOLIZATION OF ARTERIOVENOUS/LYMPHATIC MALFORMATIONS

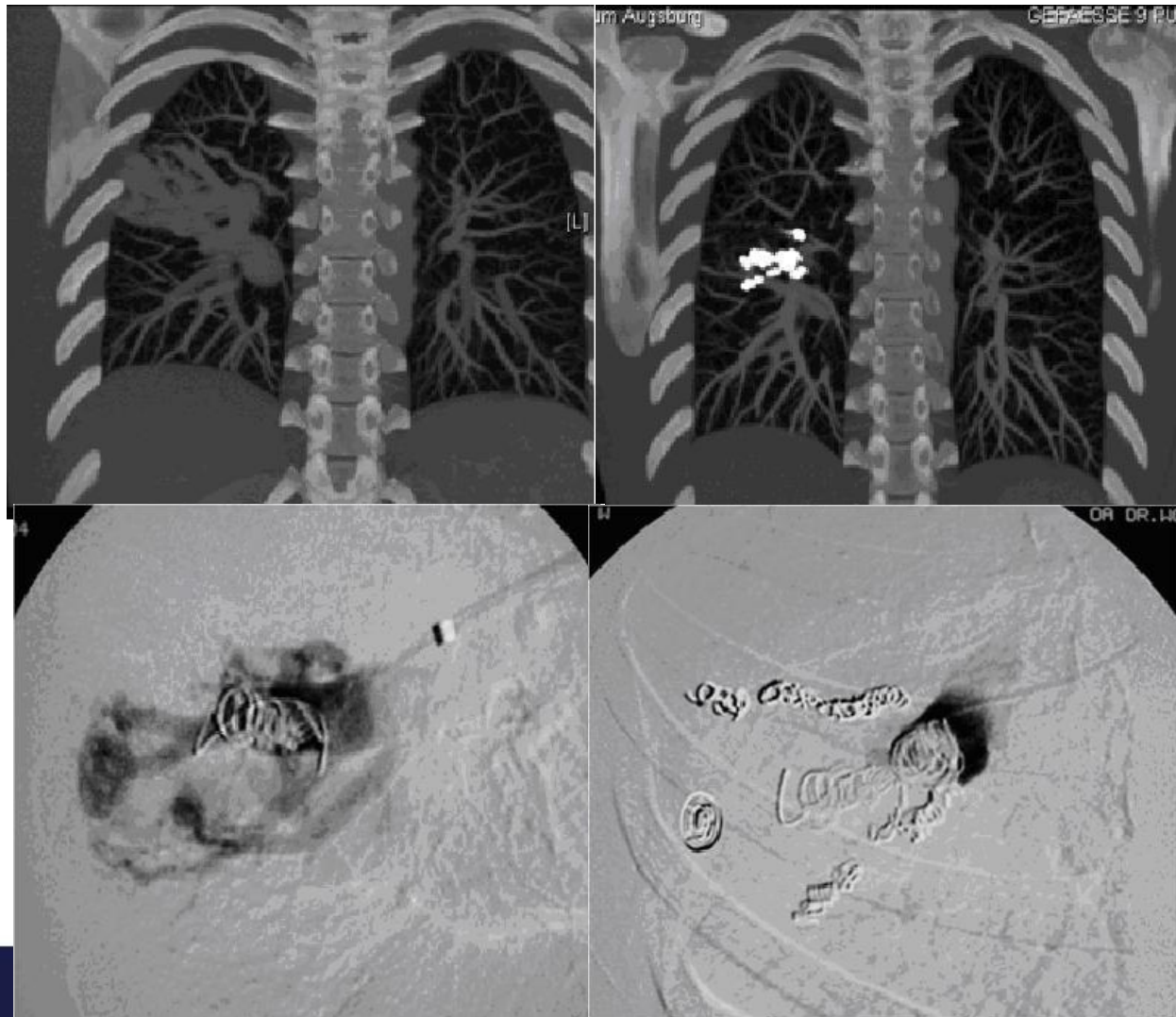
- POORLY TREATED WITH SURGERY
- GOAL IS TO ELIMINATE THE VASCULAR NIDUS
 - RICH COLLATERAL SUPPLY WITH POTENTIAL FOR FUTURE ANGIOGENESIS
- EMBOLIC AGENTS INCLUDE GLUE, PVA PARTICLES, COILS, GELFOAM
- THOROUGH MAPPING OF THE AVM WITH IDENTIFICATION OF ALL SIGNIFICANT FEEDING ARTERIES AND DRAINING VEINS IS OF PARAMOUNT IMPORTANCE
- IF COMPLEX MAY REQUIRE REFERRAL TO CENTRES SPECIALIZING IN AVM TREATMENT



EMBOLIZATION OF CALF AVM WITH ONYX

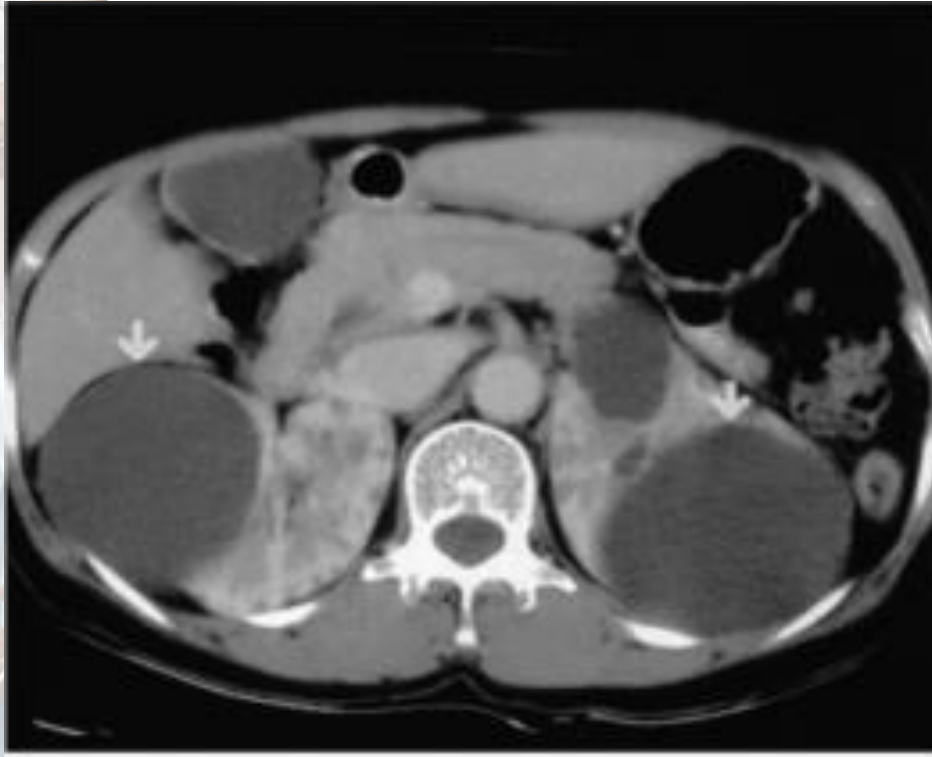


COIL EMBOLIZATION OF A PULMONARY AVM

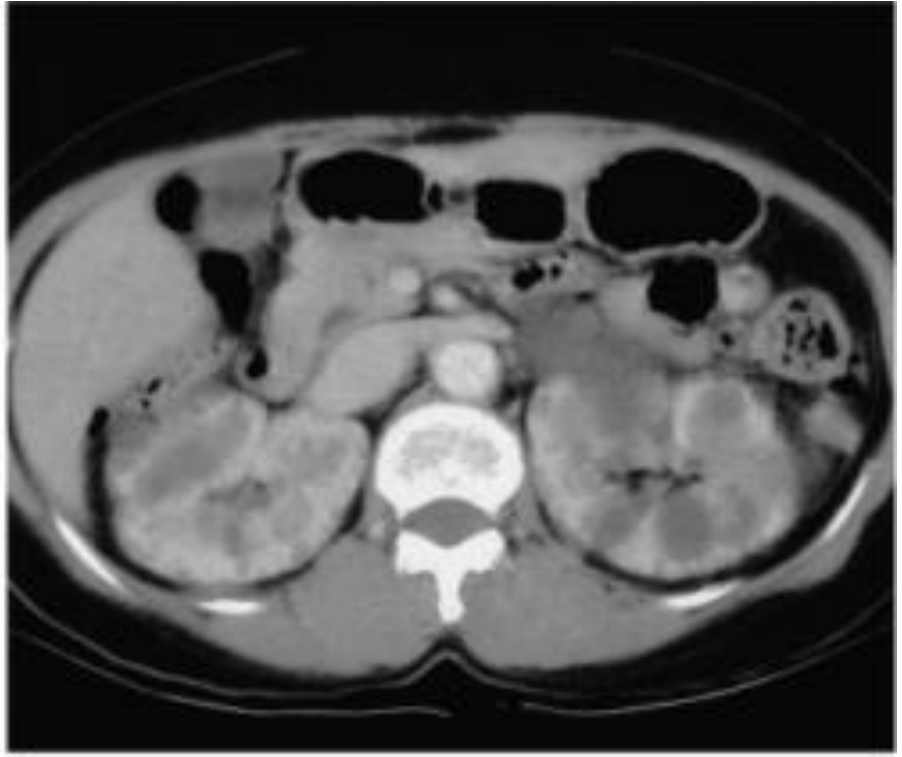


ETHANOL CYST ABLATION

- FOR SYMPTOMATIC RENAL/HEPATIC CYSTS
- CYST IS DRAINED VIA CATHETER
 - 50% OF ASPIRATED VOLUME REINJECTED (MAX 250 CC)
- ASPIRATE LEFT IN PLACE FOR 4 HOURS AND PATIENT ROTATED 90 DEGREES EVERY 15 MINUTES
- CAN TAKE UP TO 2 YEARS FOR CYST TO FULLY RETRACT
 - CAN FOLLOW WITH ULTRASOUND



A



B

For more information please contact



Canadian Interventional Radiology Association



Association canadienne de radiologie d'intervention

www.ciraweb.org

info@ciraweb.org

ACKNOWLEDGMENTS:

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