VBMC\_Hassan\_Diagnostic (cerebral angiogram AngioSeal Closure)

PROCEDURES:

1. Diagnostic cerebral angiography.

2. Percutaneous femoral closure with AngioSeal closure device.

OPERATOR: Ameer Hassan DO.

ASSISTANT: ??

HISTORY OF PRESENT ILLNESS: ??

CONSENT: The risks, benefits of a conventional diagnostic cerebral angiography were discussed with the patient who agreed to proceed.

ANESTHESIA: Local anesthesia and conscious sedation were provided with Versed and Fentanyl under my supervision. The nursing staff monitored the patient's vital signs during the procedure.

FLUORO TIME: ?? minutes.

CONTRAST USED: ?? ml of Isovue.

OTHER MEDICATIONS: ??.

TIME IN: ??

TIME OUT: ??

NOTE: (remove highlighted text before submission): Sequence of the artery normal below are to be inserted as per dictation, and not in the series given below. Remove all that is not dictated. If you DO NOT know how to remove this yellow highlight before submission, please ask for help.

TECHNIQUE/FINDINGS: The patient was brought to the angiography suite and placed in supine position. The patient's right groin was prepped and draped in standard fashion. The right common femoral artery was palpated. The artery was accessed with a 19-gauge needle and was exchanged with a 5 French sheath over a wire. The sheath was connected to a continuous heparinized saline flush.

RIGHT COMMON FEMORAL ARTERY (PELVIC VIEW): Through the 5 French sheath angiography was performed over the right groin. Pelvic view of the right common femoral artery demonstrates, in the AP projection, a normal right common femoral artery and its branches, the superficial and deep femoral arteries. The sheath is located above the bifurcation There is no significant stenosis, no dissection or pseudoaneurysm.

NOTE: (remove highlighted text before submission): If Dr. Hassan dictates the aortic arch template be inserted here, delete this sentence and remove the following sentence; insert the aortic arch template: Through the 5 French sheath, a 5 French angle-glide diagnostic catheter was advanced into the abdominal and thoracic aorta over a 0.035 inches Terumo guidewire.

RIGHT COMMON CAROTID ARTERY(CERVICAL VIEW): Under fluoroscopic guidance the catheter was advanced through the brachiocephalic artery into the right common carotid artery that was selectively catheterized. Biplane angiography was performed over the neck. Cervical view of the right common carotid artery in the AP and lateral projections demonstrates a normal right common carotid, normal right internal carotid artery and a normal right external carotid artery and its branches. There is no significant stenosis.

AORTIC ARCH: (THORACIC VIEW): Insert the aortic arch template, if dictated, which includes the following and remove yellow highlighting prior to submission: Through the 5 French sheath, a 5 French pigtail diagnostic catheter was advanced into the abdominal and thoracic aorta over a 0.035 inches Terumo guidewire.

With the tip of the pigtail catheter in the proximal aortic root, monoplane angiography was performed over the chest. Thoracic view of the aortic arch, in the LAO projection, demonstrates a type \_\_\_ aortic arch. There are normal brachiocephalic, left common carotid, and left subclavian arteries seen with no stenosis at the origins. The left and right vertebral artery origin appears normal.

Through the 5 French sheath, a 5 French angle-glide diagnostic catheter was advanced into the abdominal and thoracic aorta over a 0.035 inches Terumo guidewire.

RIGHT INTERNAL CAROTID ARTERY (INTRACRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the right internal carotid artery that was selectively catheterized. Biplane angiography was performed over the cranium. Intracranial view of the right internal carotid artery in the AP and lateral projections demonstrates normal petrous, cavernous, supraclinoid segments of the R ICA. R ICA bifurcates into the R MCA and the R ACA. Distal branches of the R ACA and R MCA are normal. The ACOM is visualized. The PCOM is visualized. There is no significant stenosis, aneurysm or AVM.

RIGHT VERTEBRAL ARTERY (INTRACRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the origin of the right vertebral artery that was selectively catheterized. Biplane angiography was performed over the cranium. Intracranial view of the right vertebral artery in the AP, lateral and oblique projections demonstrate a normal right vertebral artery. R PICA originated from the distal R vertebral artery. Basilar artery patent and bifurcates into bilateral posterior cerebral arteries. Bilateral AICA's and superior cerebellar arteries are visualized and normal. There is no aneurysm or AVM.

RIGHT EXTERNAL CAROTID ARTERY (CRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the right external carotid artery that was selectively catheterized. Biplane angiography was performed over the cranium. Cranial view of the right external carotid artery in the AP and lateral projections demonstrates a normal right occipital artery, right superficial temporal artery, right internal maxillary artery and distal branches. There is no aneurysm AVM or AV fistula visualized.

RIGHT INTERNAL CAROTID ARTERY (3-D ROTATIONAL ANGIOGRAPHY): With the catheter positioned at the level of the right internal carotid artery, 3-D rotational angiography was performed. Images were sent to the Vitrea work station for reconstruction and further analysis.

LEFT COMMON FEMORAL ARTERY (PELVIC VIEW): Through the 5 French sheath angiography was performed over the right groin. Pelvic view of the right common femoral artery demonstrates in the AP projection a normal right common femoral artery and its branches the superficial and deep femoral arteries. The sheath is located above the bifurcation. There **is** no significant stenosis, no dissection or pseudoaneurysm.

LEFT COMMON CAROTID ARTERY (CERVICAL VIEW): Under fluoroscopic guidance the catheter was advanced into the left common carotid artery that was selectively catheterized. Biplane angiography was performed over the neck. Cervical view of the left common carotid artery, in the AP and lateral projections, demonstrates a normal left common carotid artery, normal left internal carotid artery, normal left external carotid artery and its branches. There is no significant stenosis.

LEFT INTERNAL CAROTID ARTERY (INTRACRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the left internal carotid artery that was selectively catheterized. Biplane angiography was performed over the cranium. Intracranial view of the left internal carotid artery, in the lateral projections, demonstrates normal petrous, cavernous, supraclinoid segments of the L ICA. L ICA bifurcates into the left MCA and the left ACA. Distal branches of the L ACA and the L MCA are normal. The ACOM is visualized. The PCOM is visualized. There is no significant stenosis, aneurysm or AVM.

LEFT VERTEBRAL ARTERY (INTRACRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the origin of the left vertebral artery that was selectively catheterized. Biplane angiography was performed over the cranium. Intracranial view of the left vertebral artery in the AP, lateral, and oblique projections demonstrates a normal left vertebral artery. L PICA originated from the distal L vertebral artery. Basilar artery patent and bifurcates into bilateral posterior cerebral arteries. Bilateral AICA's and superior cerebellar arteries are visualized and normal. There is no aneurysm or AVM.

LEFT SUBCLAVIAN ARTERY: (CERVICAL VIEW):  Under fluoroscopic guidance the catheter was advanced into the left subclavian artery. AP angiography was performed over the neck. Cervical view of the left subclavian artery was obtained, which demonstrates a normal proximal segment of the left subclavian artery, origin of the left vertebral artery, thyrocervical trunk and internal mammillary artery. There is no significant stenosis.

LEFT EXTERNAL CAROTID ARTERY (CRANIAL VIEW): Under fluoroscopic guidance the catheter was advanced into the left external carotid artery that was selectively catheterized. Biplane angiography was performed over the cranium. Cranial view of the left external carotid artery, in the AP and lateral projections, demonstrated normal left external carotid artery at its distal branches of the left superficial temporal artery, left occipital artery, left internal maxillary artery. There is no aneurysm, AVM, or AV fistula visualized.

RIGHT SUBCLAVIAN ARTERY:  (CERVICAL VIEW): Under fluoroscopic guidance, and with the help of the roadmap, the catheter was advanced into the right subclavian artery. AP angiography was performed over the neck. Cervical view of the right subclavian artery was obtained, which demonstrates a normal proximal segment of the right subclavian artery, origin of the right vertebral artery and right thyrocervical trunk, internal mammillary artery and costocervical trunk. There is no significant stenosis.

LEFT INTERNAL CAROTID ARTERY (3-D ROTATIONAL ANGIOGRAPHY): With the catheter positioned at the level of the left internal carotid artery, 3-D rotational angiography was performed. Images were sent to the Vitrea work station for reconstruction and further analysis.

RIGHT VERTEBRAL ARTERY (3-D ROTATIONAL ANGIOGRAPHY): With the catheter positioned at the level of the right vertebral artery, 3-D rotational angiography was performed. Images were sent to the Vitrea work station for reconstruction and further analysis.

[If there is an intervention, insert it here, otherwise remove this sentence only]??

\*\*\*\* (DO NOT REMOVE THE BELOW TEXT PLEASE, BUT REMOVE THIS SENTENCE!)

We pulled down the catheter and ruled out any vasospasm or dissection in the vessel.

Upon completion of the procedure, hemostasis was obtained with a 5-French AngioSeal closure device.

Procedure was completed without any complications. The patient was then transferred in stable condition.

I was present for the entire procedure.

IMPRESSION:

1. ??

PLAN: ??