



BON SECOURS IMAGING CENTER
REYNOLDS CROSSING
Bon Secours Richmond Health System

WHAT TO EXPECT WHEN HAVING A CORONARY CTA

Before the Study:

- You may have to take medications prior to the test to lower your heart rate. Your doctor will prescribe them for you and give you instructions.
- You will not be allowed to eat for 4 hours PRIOR to the study
- You may have water and your routine medications
- No Cialis, Viagra, or Levitra or similar erectile dysfunction medications for 72 hrs (3 days) PRIOR to the study
- No caffeine containing products for 24 hours before the study
- An IV will be started in the bend of your inner elbow area. This will be used for IV contrast.

During the Study:

- You will be given IV contrast (x-ray dye) for this study.
- You will have a heart monitor attached to assess your heart rhythm and rate.
- You may receive a medication through your IV to help lower your heart rate.
- You will receive one dose of nitroglycerine under your tongue, during the study.

After the Study:

- The radiologist will evaluate your study and issue a report to your doctor.
- Be sure to eat and drink plenty of fluids (water) after the study.
- If you take any medication containing metformin, do NOT take these medications for 2 days after the study. It interacts with the IV dye you received. Contact your physician for further questions or direction.

You may contact one of our CT Techs or our nurse for any questions: 804-287-3508

Thank you for trusting us with your care.



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CCTA Patient Information

Important Physician Information on Coronary CTA

Coronary CTA is an important new tool in the diagnosis and treatment of certain patients with cardiac indications for such. However, coronary CTA is different from other CT scans, as it requires significant medical pretreatment and patient preparation prior to the procedure. Given the variety of information that can be obtained utilizing gated cardiac CT or MRI, more clinical information is required to facilitate correct patient preparation prior to the scan. Also, proper protocol should be followed to accurately answer the question of clinical concern. In addition, despite advances in scanner technology, some conditions are still contraindicated or may result in a non-diagnostic study as described below.

Indications for Coronary CTA

Chest Pain (atypical or chronic)
Clarification of inconclusive noninvasive studies or interval evaluation of known CAD
Patient Refusal of conventional cardiac catheterization
Evaluation of known or suspected anomalous coronary arteries or other congenital abnormalities
Post-CABG evaluation or probable DCM, HCM
Pre-operative evaluation

Contraindications

Atrial fibrillation, bigeminy, trigeminy, high grade heart block

Contraindications to beta blockers (can use calcium channel blockers instead)

Inability to control heart rate to less than 65BPM-- Note that with the current 64 detector scanners, a heart rate of over 65 BPM is considered a threshold heart rate above which the image quality of a coronary CTA is usually severely compromised and typically does not produce images of diagnostic quality. (In special circumstances, exceptions can be made, please discuss such cases directly with the radiologist).

Renal Insufficiency or Anaphylactic or Anaphylactoid CT IV contrast allergy (or failed steroid prep for contrast allergy)

Morbid Obesity (Must discuss with radiologist if patient over 250 pounds)

Relative Contraindication - May result in non-diagnostic Exam.

Too many PVC's may cause data loss during PVC and result in non-diagnostic segments

Heavily calcified coronary arteries –blooming artifact can obscure a patent lumen

Stent patency ---dependent on stent, stent location

Obesity –decreased sensitivity for plaque detection and wall evaluation

Coronary CTA is unable to assess TIMI flow and retrograde filling

Patient preparation for CT Coronary Angiography

Unless the patient has a consistently low heart rate of 60 bpm or lower, or they are already taking a beta blocker, please use the following prep.

Routine dose: Metoprolol 50mg PO 12 hrs and 1 hr prior to exam. Additional metoprolol 5mg-15mg intravenous day of exam may be needed to achieve target heart rate of approximately 60bpm.

Calcium channel blockers may be used for severe asthma, COPD, or allergy to beta blockers at the doctor's discretion.

If you have additional questions, or would like to schedule a coronary CTA, please contact our office- 804-287-3500 or you may call Central Scheduling at 804-627-5660. We look forward to working with you and your patients.

***Please use the attached patient information sheet for reference and patient education.**



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Radiologist: _____ Date: _____

Coronary CTA Discharge Instructions

You may resume your normal activities and diet after the test. Because you received contrast it is suggested that you drink an extra 1 or 2 glasses of water throughout the day. The contrast agent will not discolor your urine.

Although rare, some people may experience a delayed reaction to the contrast. If any mild rash or swelling should occur, call the Radiology nurse at Reynolds Crossing before 4:30 pm at 287-3500. If it is after 4:30pm, call St. Mary's Hospital at 285-2011 ask for the Radiology Department and then ask to speak to the radiology nurse on-call.

If symptoms are severe, such as, difficulty breathing or shortness of breath, we ask that you go to the nearest Emergency Department **immediately**.

If you were given medications to lower your heart rate, you may experience episodic, but mild dizziness, headache or lightheadness. If these symptoms are accompanied with nausea or vomiting, or if they persist for greater than 24 hours, you should go to the nearest Emergency Department. Be sure to take your instructions with you.

If you take glucophage, (metformin) or avandamet, do not take it for 48 hours after the study. It interacts with the IV dye. Resume taking these medications after 48 hours.

Medications/dosage given:

Patient signature:

