

➔ Patient Information

Name:

DOB:

Address:

Medicare No:

Telephone:

- CT Coronary Angiography
- CT Calcium Score
- Consultation
- CT, Other (Please Specify):

➔ Referral Eligibility

Specialist Referral (Medicare eligible)
One of the following criteria must be present
(please tick where appropriate)

- Patient has stable symptoms consistent with Coronary Ischaemia, is at low to intermediate risk of Coronary Artery Disease and would have been considered for invasive Coronary Angiography
- Patient requires exclusion of Coronary Artery Anomaly or Fistula
- Patient will be undergoing Non-Coronary Cardiac Surgery.

➔ Clinical Notes

➔ GP Referral

- Cardiac Consultation / Assessment for CTCA
- CTCA (Non Medicare rebateable):

CTCA is technically difficult if:

- ➔ Unsuitable for Beta-blocker (eg severe asthma)
- ➔ Atrial fibrillation or severely irregular rhythm
- ➔ Severe renal impairment
(Please attach recent Creatinine or eGF)
- ➔ Allergy to Iodine / Contrast

Please contact Vision Radiology for advice if you, have any questions regarding your patient.

Referred By: _____

Prov No: _____

PH: _____

Signature: _____

Date: _____

- Contrast Allergy Yes No
 Renal Compromise Yes No
 Metformin (withhold for 24 hours) Yes No

Creatinine: _____

eGFR: _____ Date: _____

➔ Melbourne Metropolitan

	Address	Phone	Fax	Xray	Ultrasound	CT	MRI	Cardiac Imaging	Interventional Procedures	3D Mammography	DEXA	OPG	Elastography
Carnegie	90 Koornang Rd	03 9087 4388	03 9960 6144	●	●	●	●	●	●		●	●	●
Mornington	947 Nepean Hwy	03 5947 5835	03 9957 2282	●	●	●	●	●	●		●	●	●
Mulgrave	Suite G03, 372 Wellington Rd	03 9087 4322	03 9960 6152	●	●	●		●	●		●	●	●
Reservoir	24 Willoughby St	03 9118 8246	03 9957 8169	●	●	●	●	●	●	●		●	●
Thornbury	621 High St	03 9957 8881	03 9957 8880	●	●	●		●	●		●	●	●

➔ Regional Victoria

	Address	Phone	Fax	Xray	Ultrasound	CT	MRI	Cardiac Imaging	Interventional Procedures	3D Mammography	DEXA	OPG	Elastography
Kangaroo Flat	99 - 101 High St	03 9087 4377	03 9960 6154	●	●	●		●	●		●	●	●
Sebastopol	38 Albert St	03 4313 2117	03 5947 5033	●	●	●		●	●			●	●
Shepparton	79A Wyndham St	03 9087 4355	03 9978 9406	●	●	●		●	●		●	●	●

→ CTCA Patient Information

→ What is a CT scan of the Coronary Arteries (CTCA)?

- The Blood vessels that supply blood to the heart are the coronary arteries (CA).
- Previously, the only accurate way of assessing these was by conventional coronary angiogram. This is an invasive test, which requires hospital admission and contrast injection through a large needle in an artery in your groin.
- Today, the coronary arteries for most people can now be assessed using ultra-fast computed tomography (CT) scanners. The result - a CTCA - is a less invasive test that involves injecting contrast through an arm vein. It is quicker, has less potential complications and has been shown to be as accurate as a conventional coronary angiogram.

→ What to expect

- You will change into a gown and have your blood pressure and heart rate monitored. You will be assessed by a radiologist or cardiologist. You may require additional medication.
- You will have a cannula inserted in the vein near your elbow and ECG leads placed on your chest.
- You will be given GTN (Nitrolingual spray) under the tongue just before the scan to dilate your coronary arteries, helping us to obtain the best images possible. This may give you a mild headache.
- You may notice a warm sensation and a metallic taste during the contrast injection. This is normal.
- For some scans, you need to hold your breath for upto 15 seconds and to lie flat for about 5-10 minutes.
- Although the scan time is fast - a couple of seconds, the process is more time consuming. Allow at least 2 hours.
- Allow for post procedure care and monitoring for a short period of time after completion of the examination. The effects of beta-blockers should wear off after half a day, but please consider organising someone else to provide transport home, especially if you live far away.
- As we are a teaching site your deidentified images may be used for educational purposes.

→ CT Coronary Angiography Preparation

→ Pre-Medication by Referring Doctor

- Referring doctor to prescribe Atenolol 50mg on the night before the CTCA and 50mg on the morning of CTCA, providing there are no contraindications and the patient's heart rate is >65bpm.
- If unsuitable for beta-blocker then consider Coralan 7.5mg BD or please contact us for advice.
Unless:
 - Long term heart rate lowering medication with resting <HR 65 bpm or
 - Resting Bradycardia with heart rate <60bpm without medication

→ What are the risks?

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

→ Radiation

- X-rays used during the scan. Typical dose around 1mSv - 4mSv depending on patient size and technique. At the lower dose, this amount of radiation is about the same amount of background radiation that you receive in a year from natural sources, such as cosmic rays.

→ Contrast Reaction

- Very rarely people experience an allergic reaction to the 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. Patients with kidney failure require cautious contrast injection as contrast can (usually temporarily) worsen kidney function. There is a 1 in 250,000 chance of a life threatening (anaphylactic) reaction.

→ Contrast Leakage

- Very rarely the contrast goes into the tissue under the skin in your arm rather than into the vein. This can cause bruising, swelling and mild discomfort. This usually resolves by itself. We will perform a test injection using saline to help prevent this from happening. In addition, a member of staff will be with you to watch the injection.

→ Results

- Your referrer will be notified directly for any urgent/unexpected findings on the day examination. Routinely, test results will take 2-3 days. If you have any questions about the test, please discuss this with your referring doctor.

→ Consent

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

I _____ understand the above and give my consent to undergo CT scanning including assessment of the Coronary Arteries (CTCA).

Signature: _____ Date: _____