Interventional Radiology - How to Request - Summary Clinical Guideline

Reference No: CG-T/2014/146

A trainee is expected to initiate consent and complete page 2 of the consent form for IRPs (see full guidance for list of IRPs) . The radiologist will confirm consent with the patient and sign page 3 of the consent form. The radiologist performing the procedure will have overall responsibility for the consent process.

There are detailed patient information leaflets for all IRPs which explain the nature of the procedure and the complications. These leaflets are usually available on the ward, in outpatient clinics, the Imaging Department or on the hospital intranet : using Flo click 'Departments + Divisions', then 'Clinical Departments' then 'Imaging' then 'Imaging Patient information' . These leaflets can be given to the patient to provide them with information regarding the procedure to facilitate the consent process. The trainee should be familiar with the contents of these leaflets before obtaining consent.

Steps for requesting an IRP

1. Consent patient
2. Out Of Hours emergency IRPs should involve discussion between SPR/consultant and on call IR. In Hours IRPs should be organised through IR Nurse Coordinator (88590)
3. ICM request
4. Please see full guidance for detailed patient preparation but all patients will need
   - Up to date blood results - FBC, U+Es ,

     INR (this should be less than 1.5 for most cases)
   - IV access
5. Knowledge and appropriate cessation of any anticoagulation medication (see full guidance)
   - Prophylactic enoxaparin stopped 12 hrs before IRP
   - Therapeutic enoxaparin stopped 24 hrs before IRP
   - IV heparin stopped 2 hrs before IRP
   - Clopidogrel stopped 7 days before IRP
   - Rivoraxaban, apixaban and dabigantran stopped 48 hrs before IRP.
6. Ensure patients are nil by mouth for IRPs requiring sedation (6 hours for food and 2 hours for fluids) – Hickman/permacath line insertions only.