
INFORMATIVE LEAFLET

DIAGNOSTICAL HEART CATHETERIZATION

A diagnostical cardiac catheterization is performed in order to obtain information about cardiac functioning and dynamics, as well as particular data on cardiac anatomy that cannot be characterized by other imaging methods. All these data, when gathered, are fundamental to be able to ponder and plan the best treatment available, usually after a multidisciplinary meeting between the department's Pediatric Cardiologists and Cardiac Surgeons.

In certain cases, more than one cardiac catheterization may be necessary and in particular cases certain additional tests may be required in order to fully document the clinical situation.

When there is the possibility of proceeding to intervention based on the findings obtained during the catheterization, this possibility must be discussed and consented by the patient prior to catheterization. Even so, rarely, there may be unexpected findings and the possibility of intervention may be posed, but always after previous discussion with the patient.

Most diagnostic catheterizations are performed under local anesthesia and sedation, however, in selected cases, general anesthesia may be necessary.

Catheters are usually inserted through the groin after a puncture with a needle and / or a minimal cut to be able to access the blood vessels (occasionally a route through the arm, neck or below the collarbone can be used). The pressures at the different sites are recorded and the different structures become visible after the injection of small amounts of contrast under radiography. Depending on the type of pathology, some techniques can be added for guidance and to obtain more detailed information such as transesophageal or intracardiac echocardiography.

The complication rate is very low and can include:

- Arrhythmias: often occur with the passage of catheters in the heart, but usually cease spontaneously after removal of the catheters. Rarely they can persist and require specific medication, electrical conversion or a temporary pacemaker to stabilize the heart rhythm;
- Bleeding;
- Injury to blood vessels or cardiac structures requiring blood transfusion if severe. It can occur with accumulation of blood around the vessels (hematoma) or the heart (pericardial effusion). The latter occurs very rarely and generally no intervention is required other than needle aspiration. In both cases, when very severe, surgical repair may be necessary;
- Blockage of blood vessels, requiring special medication to dissolve thrombi or to make the blood less thick and therefore make clotting difficult. The prevention of the formation of clots is aggressive, since they can circulate and lodge in the organs, namely in the brain and cause cerebral vascular accidents ;
- Infection: after diagnostic catheterization it is extremely reduced compared to intervention catheters when devices are implanted;
- Other complications related to anesthesia and drug administration and / or contrast may include: dizziness, nausea, vomiting, temperature rise, skin rash-like changes. It is essential that you inform your doctor of any known sensitivity or allergy, especially to drugs or latex (component of the gloves), as well as any contagious disease that you may have.

The risk of death is remote in our experience and is described in the international literature as being less than 1 case per 1000 catheterizations.

This document should be read in addition to but in place of the medical explanation. Read this leaflet carefully and clarify any doubts with your attending physician.