

askdrdevu-----CONTENT

FAQS/ OVERVIEW

BEFORE AND AFTER PICTURES

TESTIMONIALS

SUPPORTING LITERATURE

FNAC-FAQS

1.What does it mean?

FNAC stands for Fine Needle Aspiration Cytology

2.When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician/surgeon finds a swelling/lump either by clinical examination or imaging with ultrasound/ CT / MRI scan , and requires a definite diagnosis for further treatment.

3.Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

4.What are the alternates?

Core biopsy done by a radiologist / Excision biopsy done by a surgeon and requires admission and general anaesthesia , in which bigger samples are acquired.

5.What are the consequences of postponing?

Disease may progress, and you may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

6.What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the sample collected is from the suspected swelling/lump/disease and does not require a repeat procedure

7.How should I prepare for the procedure?

Make sure that all your files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have all your medications, unless said by your physician/ interventional radiologist.

8.How long does the procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, if the radiologist feels that the sample is inadequate/ uncooperative patients/ kids.

9.Is it painful?

The procedure is done under local anaesthesia, the needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

10.How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the lesion, once the final position in the area of concern is confirmed, material is aspirated and spread on slides which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis)

11.What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours)

12.How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

13.When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease.

14.How accurate are the results?

When the sample is adequate and representative of the disease, the results are cent percent accurate, but sometimes your clinician may advice you for a repeat procedure/ next level of investigation(Most likely a biopsy)

15.Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you to.

16.What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

17.When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

BIOPSY-FAQS

What does it mean?

It is a procedure wherein a small sample(few cores) is taken from the area of concern to diagnose the disease.

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician/surgeon finds a swelling/lump either by clinical examination or imaging with ultrasound/ CT / MRI scan , and requires a definite diagnosis for further treatment.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Excision biopsy , in which a surgeon does a small surgery and obtains the sample.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the sample collected is from the suspected swelling/lump/disease and does not require a repeat procedure

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, if the radiologist feels that the sample is inadequate/ uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track

would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the lesion, once the final position in the area of concern is confirmed, material is aspirated and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis)

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours)

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within four days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

When the sample is adequate and representative of the disease, the results are cent percent accurate, but sometimes your clinician may advice you for a repeat procedure/ next level of investigation(Most likely a excision biopsy, if feasible)

Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you not to.It is always advised to have

someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ANGIOGRAM-FAQS

When does someone is prescribed the procedure ?

When your physician suspects a disease specific to your vessels based on the scans and requires further support to diagnosis.

What does it mean?

A dye is injected into your vessels of a specific part, through special catheters and x- rays are taken to understand the anatomy and disease patterns.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

CT/ MR Angiogram, which are done by injecting the contrast through peripheral veins and taking the scan.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures are avoided and any complication is immediately identified and rectified

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist. You need to be on overnight fasting prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters.

How should I take care of the procedure site?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

How accurate are the results?

What are the likely complications? Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at

the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

LIVER BIOPSY(PERCUTANEOUS)-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds altered liver function procedures or suspicious disease either by clinical examination or imaging with ultrasound/ CT / MRI scan , and requires a definite diagnosis for further treatment.

What does it mean?

It is a procedure wherein a small sample(few cores) is taken from the area of concern to diagnose the disease in liver.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Lab procedures, Elastography yield information, but cannot substitute a biopsy which is the gold standard confirmatory investigation.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the sample collected is from the suspected swelling/lump/disease and does not require a repeat procedure

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, if the radiologist feels that the sample is inadequate/ uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the lesion, once the final position in the area of concern is confirmed, material is aspirated and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis)

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours).

When can I expect the report?

Most of the pathologists issue their report, within four days when the sample is adequate and representative of the disease. Sometimes depending on the

complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

When the sample is adequate and representative of the disease, the results are cent percent accurate, but sometimes your clinician may advice you for a repeat procedure.

Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you not to.It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

TRANSJUGULAR LIVER BIOPSY-FAQS

When does someone is prescribed the procedure ?

Whenever you have chronic liver disease, with fluid in abdomen and have a deranged coagulation profile.

What does it mean?

It is a procedure wherein a small sample(few cores) is taken from the area of concern to diagnose the disease, with the aid of special catheter through a vessel(internal jugular vein) in your neck .

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Lab procedures and Elastography yield information, but cannot substitute a biopsy which is the gold standard confirmatory investigation.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, if the radiologist feels that the sample is inadequate/ uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under sedation. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the neck and further exchanges with small sized catheters, reaches a vessel in your liver and takes a sample.

How should I take care of the procedure site?

You are supposed to sit for 6 hours without moving. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

When can I expect the report?

Most of the pathologists issue their report, within four days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

When the sample is adequate and representative of the disease, the results are cent percent accurate, but sometimes your clinician may advice you for a repeat procedure.

Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you not to.It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

KIDNEY BIOPSY-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a nephrologist finds altered kidney function procedures or suspicious disease, unexplained protein loss and requires a definite diagnosis for further treatment.

What does it mean?

It is a procedure wherein a small sample(few cores) is taken from your left kidney lower pole, with the aid of special needle.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Lab procedures yield valuable information, but cannot substitute a biopsy which is the gold standard confirmatory investigation.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the sample collected is from the suspected swelling/lump/disease and does not require a repeat procedure

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, if the radiologist feels that the sample is inadequate/ uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the lesion, once the final position in the area of concern is confirmed, material is aspirated and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis)

How should I take care of the procedure site?

You are supposed to lie on your stomach for 6 hours without moving. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours). Rarely, you may notice blood in urine, increasing pain in back where you have to report them immediately to the nephrologist/radiologist and you may require a procedure to stop the bleeding.

When can I expect the report?

Most of the pathologists issue their report, within four days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

When the sample is adequate and representative of the disease, the results are cent percent accurate, but sometimes your clinician may advise you for a repeat procedure.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PLEUROCENTESIS(PLEURAL FLUID ASPIRATION)-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds fluid between your lungs and chest wall, causing difficulty in breathing or cough/fever/chest pain.

What does it mean? It is a procedure wherein the fluid is drained with the aid of a needle. It can be only for diagnostic purpose, where small amount of fluid is tapped and sent for investigations. It is done therapeutically when there is large amounts of fluid and is causing difficulty in breathing/ chest pain.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medicines, targeting the underlying disease, which takes a longer time for the fluid to be resorbed. Pleural stripping, which is done by the surgeon and is done with admission and under general anaesthesia.

What are the consequences of postponing?

Respiratory discomfort increases and may be hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The diagnostic procedure usually takes 15 minutes, and therapeutic may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the fluid is confirmed, fluid is aspirated and collected in special jars which are sent to Pathologist (A specialised doctor in examining the sample material under microscope and finalising the diagnosis). Therapeutic procedure is further extended by placing a small tube and may be kept for two days, which drains the fluid completely.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours)

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure. In a therapeutic scenario, if the fluid is accumulating repeatedly, you may require a procedure called pleurodesis(which reduces the fluid accumulation)

Can I drive after the procedure?.

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PERICARDIOCENTESIS-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds fluid between your heart and chest wall, causing difficulty in breathing or cough/fever/chest pain.

What does it mean?

It is a procedure wherein the fluid is drained with the aid of a needle. It can be only for diagnostic purpose, where small amount of fluid is tapped and sent for investigations. It is done therapeutically when there is large amounts of fluid and is causing difficulty in breathing/ chest pain.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medicines, targeting the underlying disease, which takes a longer time for the fluid to be resorbed. Pericardiac stripping, which is done by the surgeon and is done with admission and under general anaesthesia.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease. Respiratory discomfort increases and may be hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the

radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The diagnostic procedure usually takes 15 minutes, and therapeutic may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and , once the final position in the fluid is confirmed,fluid is aspirated and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis).Therapeutic procedure is further extended by placing a small tube and may be kept for two days, which drains the fluid completely.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours), Arrhythmias (Disordered heart beat).

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure. In a therapeutic scenario, if the fluid is accumulating repeatedly , you may require a procedure called pericardiodesis(which reduces the fluid accumulation)

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PERITONEOCENTESIS(ASCITES FLUID TAPPING/DRAINING)-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds fluid in your abdominal cavity, causing difficulty in breathing abdominal distension/fever/chest pain.

What does it mean?

It is a procedure wherein the fluid is drained with the aid of a needle. It can be only for diagnostic purpose, where small amount of fluid is tapped and sent for investigations. It is done therapeutically when there is large amounts of fluid and is causing difficulty in breathing/ chest pain.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medicines, targeting the underlying disease, which takes a longer time for the fluid to be resorbed.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease. Respiratory discomfort increases and may be hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The diagnostic procedure usually takes 15 minutes, and therapeutic may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the fluid is confirmed, fluid is aspirated and collected in special jars which are sent to Pathologist (A specialised doctor in examining the sample material under microscope and finalising the diagnosis). Therapeutic procedure is further extended by placing a small tube and will be kept for a day, which drains the fluid completely.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure. In a therapeutic scenario, if the fluid is accumulating repeatedly , you may require a special catheter which drains the fluid continuously for a longer period(subcutaneous tunneled catheter)

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

JOINT FLUID ASPIRATION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds fluid in your joint space, causing swelling /fever/joint pain.

What does it mean?

It is a procedure wherein the fluid is drained with the aid of a needle.It can be only for diagnostic purpose, where small amount of fluid is tapped and sent for investigations. It is done therapeutically when there is large amounts of fluid and is causing difficulty in breathing/ chest pain.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medicines, targeting the underlying disease, which takes a longer time for the fluid to be resorbed.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease. Respiratory discomfort increases and may be hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The diagnostic procedure usually takes 15 minutes, and therapeutic may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the fluid is confirmed, fluid is aspirated and collected in special jars which are sent to Pathologist (A specialised doctor in examining the sample material under microscope and finalising the diagnosis). Therapeutic procedure is further

extended by placing a small tube and will be kept for a day, which drains the fluid completely.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/skin colour change/pain and consult your radiologist/physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure. In a therapeutic scenario, if the fluid is accumulating repeatedly, you may require a special catheter which drains the fluid continuously for a longer period (subcutaneous tunneled catheter)

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure? No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ARTHROGRAM-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your joint, and requires a detailed study of the finer structures in the joint.

What does it mean?

A dye is injected into the joint of interest, followed by CT/MRI scan to understand the anatomy and disease patterns.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Non contrast imaging, which may not give the complete information.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the joint is distended adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually

very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the joint is confirmed, the dye is injected and is confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

LYMPHANGIOGRAM-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a lymphatic fluid being leaked into abdomen/ thoracic cavity.

What does it mean?

A dye is injected into lymph nodes in groin, followed by CT scan to understand the anatomy and site of leakage.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Non contrast imaging, which may not give the complete information.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the joint is distended adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 45 minutes, and may go upto 90 minutes in uncooperative patients and in altered anatomy.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually

very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle into the node, once the final position in the node is confirmed,the dye is injected and is followed with a CT scan.Once a larger channel is identified, a small catheter is positioned and further exchange process is done.If a leak is found, the leakage is closed by using glue like material.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of pinhead size, is dressed properly following the procedure and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

When can I expect the report?

Most of the pathologists issue their report, within two days when the sample is adequate and representative of the disease. Sometimes depending on the complexity of the disease and if further procedures are required on the sample, the reporting time may be prolonged.

How accurate are the results?

The results are cent percent accurate in diagnostic procedure.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

MAHURKAR CATHETER PLACEMENT-FAQS

When does someone is prescribed the procedure ?

Your physician prescribes whenever there is an immediate requirement for dialysis(Purification of blood) .

What does it mean?

A small tube is placed in a vessel in your neck into chest through which fluids/drugs/blood can be given and blood can we withdrawn.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

PICC, which is decided by the physician and the radiologist depending on your clinical requirement.

What are the consequences of postponing?

Depending on your kidney functioning status, gradually toxins get build in your body, and you become more tired, nauseous and itchy.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is place in the vessel exactly.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients and in altered anatomy.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound , inserts a thin bore needle into the vessel, following which a wire is placed over which a catheter is exchanged.The final position in the chest is confirmed with a X-ray and the catheter is fixed to skin with small sutures so that does not gets displaced.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry.The puncture site would be dressed properly following the procedure. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low.Some rare complications include malposition of the tube, pneumothorax(air in chest), Air embolism(air leaking into blood vessels) and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities? Intense and heavy activities are usually to be avoided for the first 24 hours.

HICKMAN CATHETER -FAQS

When does someone is prescribed the procedure ?

Your physician prescribes whenever there is an requirement for administration of chemotherapy/ Total parenteral nutrition/blood .

What does it mean?

A small tube is placed in a vessel in your neck is placed through a subcutaneous tunnel into chest through which fluids/drugs/blood can be given and blood can be withdrawn.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternatives?

PICC/Mahurkar catheter, which is decided by the physician and the radiologist depending on your clinical requirement.

What are the consequences of postponing?

Depending on your kidney functioning status, gradually toxins get build in your body, and you become more tired, nauseous and itchy.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is placed in the vessel exactly.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go up to 30 minutes in uncooperative patients and in altered anatomy.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending on the patient condition. Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound, inserts a thin bore needle into the vessel, following which a wire is placed over which a catheter is exchanged. The final position in the chest is confirmed with a X-ray and the catheter is fixed to skin with small sutures so that it does not get displaced.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. The puncture site would be dressed properly following the procedure. Do not

apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include malposition of the tube, pneumothorax(air in chest), Air embolism(air leaking into blood vessels) and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

CHEMOPORT INSERTION -FAQS

When does someone is prescribed the procedure ?

Your physician prescribes whenever there is an requirement for administration of chemotherapy for a longer period of time.

What does it mean?

A small tube is placed in a vessel in your neck is placed, which is connected to a port placed in a subcutaneous tunnel into chest through which drugs can be given and blood can we withdrawn.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

It is ideal when the intent is to give chemotherapy over a considerable period of time. PICC/Mahurkar catheters, are decided by the physician depending on your clinical requirement.

What are the consequences of postponing?

Disease may progress due to delay in initiation of chemotherapy , and you may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease .

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is placed in the vessel exactly.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients and in altered anatomy.

Is it painful?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending the patient condition. The procedure is done under general anaesthesia most of the times. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending the patient condition. Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound , inserts a thin bore needle into the vessel, following which a wire is placed over which a catheter is exchanged. a subcutaneous tunnel is made in your upper chest where the port is positioned and connected to the catheter..The final position in the chest is confirmed with a X-ray and the catheter is fixed to skin with small sutures so that does not gets displaced.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The port site is usually about an inch in size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include malposition of the tube, pneumothorax(air in chest), Air embolism(air

leaking into blood vessels) and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PICC LINE INSERTION-FAQS

When does someone is prescribed the procedure ?

Your physician prescribes whenever there is an requirement for administration of chemotherapy/drugs for a shorter period of time.

What does it mean?

A small tube is placed in a vessel in your upper limb, and goes into the chest through which drugs can be given and blood can be withdrawn.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

It is ideal when the intent is to give chemotherapy/drugs over a shorter period of time.

What are the consequences of postponing?

Disease may progress, and you may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease .

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is placed in the vessel exactly.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go up to 30 minutes in uncooperative patients and in altered anatomy.

Is it painful?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending on the patient condition. The procedure is done under general anaesthesia most of the times. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending on the patient condition. Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound, inserts a thin bore needle into the vessel, following which a wire is placed over which a catheter is exchanged. The final position in the chest is confirmed with a X-ray and the catheter is fixed to skin with small sutures so that it does not get displaced.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The port site is usually of pinhead size, and does not bleed, however it needs to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance, the complication rate is quite low. Some rare complications include malposition of the tube, pneumothorax (air in chest), Air embolism (air leaking into blood vessels) and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

SCLEROTHERAPY-FAQS

When does someone is prescribed the procedure ?

It is indicated in patients suffering from spider veins(small veins in subcutaneous aspect)/ slow flow vascular malformations (abnormal vessels) , Cystic lymphangiomas (abnormal fluid collections)Mainly for cosmetic reasons, and sometimes when these abnormal vessels are causing mass effect on adjacent important structures.

What does it mean?

A drug is injected into the abnormal vessels, causing mild inflammation and leading to closure, and gradual obliteration.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Laser therapy, which is done by dermatologists and is mainly indicated in face.(Expensive, More painful as compared to sclerotherapy for extremities).

What are the consequences of postponing?

Pressure effects may progress, and may bleed/ulcerate and progress to clots which may extend into deeper veins.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is place in the vessel exactly.

How should I prepare for the procedure?

Shave and do not use any lotion or oil at the site for 24 hours prior to the procedure.Avoid sun a month before and after the procedure to reduce pigmentation formation.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes. Depending on the extent of disease , the radiologist decides how many sessions you may require.

Is it painful?

The decision of local/ general anaesthesia is decided by the radiologist depending on the patient condition. The procedure is done under general anaesthesia most of the times. The needle track would be made numb and pain is not felt.

How should I take care of the procedure site?

Avoid hot tub bath, sauna for 3 days. Avoid sun a month before and after the procedure to reduce pigmentation formation.

What are the likely complications?

Serious complications are extremely rare with sclerotherapy. Minor complications include mild swelling (which comes down in a day or two), bruising (which comes down in a day or two) and cramping sensation.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ENDOVENOUS LASER THERAPY FOR VARICOSE VEINS(EVLT)-FAQS

When does one requires this procedure ?

You require this procedure when dilated veins in your legs are causing symptoms such as

- Pain in legs by evening.
- Swelling of legs and ankle by evening.
- Skin discolouration around ankle
- Itching around veins.
- Cramping of legs in nights

Who are prone to develop varicose veins?

- Family history
- Post pregnancy
- Professions requiring prolonged sitting/ standing
- Obese
- Following trauma to limbs

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

- Compression bandages -Provide partial symptomatic relief but not permanent cure, has to be worn religiously
- Sclerotherapy- Best suggested for small veins)
- Surgery - Requires admission, general anaesthesia and results in scar

What are the advantages of laser therapy?

- Success rate of 98%
- Day care procedure, discharged within 24 hours
- Done under local anaesthesia.
- Procedure takes 30 to 60 minutes.
- Can resume work next day

What are the consequences of postponing?

Pressure effects may progress, and may bleed/ulcerate and progress to clots which may extend into deeper veins.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the catheter is placed in the vessel exactly.

How should I prepare for the procedure?

Shave and do not use any lotion or oil on legs for 24 hours prior to the procedure. You would be kept on overnight fasting, as sometimes a mild anaesthetic may be sometimes given

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes for a limb, and 60 minutes for both limbs. Depending on the extent of disease, the radiologist decides if you may require additional sclerotherapy to obliterate smaller vessels.

Is it painful?

The procedure is done under local anaesthesia most of the times. The needle track till the vein would be made numb and pain is not felt.

How is it done?

A small catheter would be placed in a vein near your ankle, through which laser fiber would be introduced upto upper thigh. Gradually laser fiber would be retracted delivering pulses of energy, causing the vein to collapse. Post procedure the limb would be wrapped in a bandage and you would be asked to walk for 20 minutes.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The port site is usually of pinhead size, and does not bleed, however it needs to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the post procedure instructions?

Wear stockings continuously for the first 24 hours, following which you can avoid stockings during sleep and shower.

What are the likely complications?

Serious complications are extremely rare with laser therapy. Minor complications include mild swelling (which comes down in a day or two), bruising (which comes down in a day or two) and cramping sensation.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PLEURODESIS-FAQS

When does someone is prescribed the procedure ?

You would be advised the procedure , if you are having a disease which causes repeated accumulation of fluid between lung and chest wall, and thereby compressing your lungs and causing difficulty in breathing/discomfort.

What does it mean?

It is a procedure wherein, the two layers around the lungs between which the fluid gets accumulated is obliterated, so that there is no space for the fluid to get collected

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical procedures like decortication,pleurectomy,open drainage, pleuro-peritoneal shunts.

What are the consequences of postponing?

Respiratory discomfort increases,hampering day-to-day activities and sometimes the fluid may get secondarily infected

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia and the needle track would be made numb and pain is not felt. Some irritation is felt after instilling the drug into the space.

How is it done?

The whole fluid will be drained by keeping a drain tube, and allowing the lung to expand completely.Then the drug along with local anaesthesia is instilled into the space and kept for 6 hours. The drain tubes are removed when 24 hour drain is less than 100ml and usually after 24 hours.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the drain site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of 2 cm size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician

immediately.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PERICARDIODESIS-FAQS

When does someone is prescribed the procedure ?

You would be advised the procedure , if you are having a disease which causes repeated accumulation of fluid between your heart and chest wall, and causing difficulty in breathing/discomfort..

What does it mean?

It is a procedure wherein, the two layers around the heart between which the fluid gets accumulated is obliterated, so that there is no space for the fluid to get collected

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical procedures like decortication,pericardiectomy,open drainage, pericardio-peritoneal shunts.

What are the consequences of postponing?

Respiratory discomfort increases, hampering day-to-day activities and sometimes the fluid may get secondarily infected

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go up to 30 minutes.

Is it painful?

The procedure is done under local anaesthesia and the needle track would be made numb and pain is not felt. Some irritation is felt after instilling the drug into the space.

How is it done?

The whole fluid will be drained by keeping a drain tube. Then the drug along with local anaesthesia is instilled into the space and kept for 6 hours. The drain tubes are removed when 24 hour drain is less than 100ml and usually after 24 hours.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the drain site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of 2 cm size, and does not bleed, however it needs to be kept dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure? No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

TUNNELED CATHETER FOR MALIGNANT/ RECURRENT ASCITES-FAQS

When does someone is prescribed the procedure ?

You would be advised the procedure , if you are having a disease which causes repeated accumulation of fluid in your abdomen, and causing difficulty in breathing/discomfort..

What does it mean?

It is a procedure wherein, a small tube is placed permanently in your abdominal cavity, so that the fluid is drained continuously and hence pressure effects are minimised

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical procedures like peritoneocentesis, open drainage, peritoneal-venous shunts.

What are the consequences of postponing?

Respiratory discomfort increases, hampering day-to-day activities and sometimes the fluid may get secondarily infected

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the fluid is drained adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have

your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes.

Is it painful?

The procedure is done under local anaesthesia and the needle track would be made numb and pain is not felt. Some irritation is felt after instilling the drug into the space.

How is it done?

The whole fluid will be drained by keeping a drain tube. Then the drug along with local anaesthesia is instilled into the space and kept for 6 hours. The drain tubes are removed when 24 hour drain is less than 100ml and usually after 24 hours.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the drain site (Comes down naturally within 24 hours).

How should I take care of the procedure site?

The puncture site is usually of 2 cm size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

RADIOFREQUENCY ABLATION-FAQS

When does someone is prescribed the procedure ?

A physician/oncologist advises the procedure whenever a patient is having one of the following condition:

- Osteoid osteomas that cannot be managed successfully with medical treatment
- Used as palliative treatment of bone metastases when standard treatment (i.e., surgery, radiation and opioids) has failed or cannot be tolerated
- Primary and metastatic liver tumors with or without surgical resection

- As a bridge to liver transplant.

- Renal malignant tumors

- Non-small cell lung cancer lesion

- Malignant, non-pulmonary tumours metastatic to the lung

What does it mean?

Heat is produced by oscillating ions within the tissue, and thereby causing necrosis(death) of tumour.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Microwave ablation, a similar procedure using heat to cause of death of tissues

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the tumour is completely destroyed.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go up to 60 minutes, if the radiologist feels that the heating is inadequate/ uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending on the patient condition and the lesion location. Sometimes important nearby structures are protected by hydrodissection (Fluid is injected, to prevent them from heating effect). Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound/CT, inserts a thin bore needle (microelectrode) into the tumour, following which it is heated to the desired temperature.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The puncture site is usually about pinhead size, and does not bleed, however it needs to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance, complication rate is quite low. Pain/Discomfort (relieved by pain killers), slight bleeding (Self-limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours). Very rarely, damage to adjacent structures may happen from heating effects.

How should I follow up?

Review imaging with PET/CECT need to be done after 1,3,6,9,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need

to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

MICROWAVE ABLATION-FAQS

When does someone is prescribed the procedure ?

A physician/oncologist advises the procedure whenever a patient is having one of the following condition:

- Osteoid osteomas that cannot be managed successfully with medical treatment
- Used as palliative treatment of bone metastases when standard treatment (i.e., surgery, radiation and opioids) has failed or cannot be tolerated
- Primary and metastatic liver tumors with or without surgical resection

- As a bridge to liver transplant.

- Renal malignant tumors

- Non-small cell lung cancer lesion

- Malignant, non-pulmonary tumours metastatic to the lung

What does it mean?

Heat is produced by electromagnetic waves agitating adjacent water molecules within the tissue, and thereby causing necrosis(death) of tumour.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Radiofrequency ablation, a similar procedure using heat to cause of death of tissues

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the tumour is completely destroyed.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the radiologist feels that the heating is inadequate/ uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending the patient condition and the lesion location. Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound/CT , inserts a thin bore needle(microelectrode) into the tumour, following which it is heated to the desired temperature.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure.The puncture site is usually about pinhead size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours). Very rarely damage to adjacent structures may happen from heating effects.

How should I follow up?

Review imaging with PET/CECT/MRI need to be done after 1,3,6,9,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

TRACHEAL STENTING -FAQS

When does someone is prescribed the procedure ?

Diseases of trachea (windpipe), and adjacent structures can cause sometimes significant narrowing of the lumen, and severe respiratory discomfort.

What does it mean?

A self expanding stent is placed across the stricture, thus opening the airway lumen.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical resection, only when the lesion can be completely excised.

What are the consequences of postponing?

Respiratory discomfort increases, hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the stent is exactly placed across the stricture.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition and the lesion location. Once the patient is properly anaesthetised, a bronchoscope is inserted through nose/ mouth, through which a guide wire is passed across the stricture, over which a stent is positioned. Sometimes a balloon is used to open the stricture.

What are the likely complications?

Immediate complications include injury to vocal cords, bleeding and airway spasm.

Long term complication include restenosis, stent displacement

How should I follow up?

Review imaging with PET/CECT need to be done after 1,3,6,9,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ANGIOEMBOLIZATION-FAQS

When does someone is prescribed the procedure ?

When you have an abnormal bleeding vessel, leading to loss of blood/ abnormal growth

What does it mean?

A minimally invasive procedure to block the abnormal bleeding vessel(s).

Who does it? Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical approach, which requires general anaesthesia.

What are the consequences of postponing?

Bleeding may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures are avoided and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist. You need to be on overnight fasting prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters. Through the catheter, a special drug is given which blocks the abnormal bleeding.

How should I take care of the procedure site?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

Success rates are close to 90 % .

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

CEMENTOPLASTY-FAQS

When does someone is prescribed the procedure ?

When lesions in a bone, either benign or malignant, are causing significant pain, difficulty in ambulation and affecting quality of life.

What does it mean?

Cement is injected into the lesion thus obliterating its space, and thereby providing pain relief.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical curettage and augmentation(Possible only in selected cases), radiofrequency ablation(Only destroys the pain causing disease) and pain medications (Need to be used for a longer time, side effects are common and has to be used religiously)

What are the consequences of postponing?

Pain further increases, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the cement is exactly placed in the lesion.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition and the lesion location. Once the patient is properly anaesthetised, a small hollow needle is placed , through which cement is injected into the lesion, and obliterates the volume of the lesion.

Sometimes the procedure may be preceded by angioembolization and radiofrequency ablation.

What are the likely complications?

Immediate complications include leakage of cement, pain and bleeding. Rare complications include migration of cement into vessels of lung

How should I follow up?

Review imaging with CT need to be done after 1,3,6,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

VERTEBROPLASTY-FAQS

When does someone is prescribed the procedure ?

When there is loss of bone from aging causing compression fractures, lesions in a vertebral body, either benign or malignant, are causing significant pain, difficulty in ambulation and affecting quality of life.

What does it mean?

Cement is injected into the lesion thus obliterating its space, increasing the height of vertebral body and thereby providing pain relief.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical curettage and augmentation(Possible only in selected cases), radiofrequency ablation(Only destroys the pain causing disease) and pain medications (Need to be used for a longer time, side effects are common and has to be used religiously)

What are the consequences of postponing?

Pain further increases, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the cement is exactly placed in the lesion.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition and the lesion location. Once the patient is properly anaesthetised, a small hollow needle is placed , through which cement is injected into the lesion, and obliterates the volume of the lesion.

Sometimes the procedure may be preceded by angioembolization and radiofrequency ablation.

What are the likely complications?

Immediate complications include leakage of cement, pain and bleeding. Rare complications include migration of cement into vessels of lung

How should I follow up?

Review imaging with CT need to be done after 1,3,6,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

NASOGASTRIC TUBE INSERTION-FAQS

When does someone is prescribed the procedure ?

When a patient is unable to take feeds through his mouth, high chances of aspiration into lungs and tight stricture due to various diseases.

What does it mean?

A small tube is placed through your nose into stomach, which aids in delivering feeds/ fluids/ medicine directly into the stomach.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Parenteral Nutrition(Feeding through vessels)-Cumbersome, prolonged stay in hospital, costlier and less effective than enteral nutrition.

What are the consequences of postponing?

Nutritional deficiency further deteriorates.

What are the advantages of imaging guidance?

Success rate of 90% and is highly recommended in critically ill patients, and in patients with tight stricture from various diseases.Blind placement may cause injury to mucosa, inadvertent placement of tube in airways.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 6 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP)/ blood thinning medications.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

What are the success rates ?

Success rates are close to 90 %. Sometimes the stricture is too tight to negotiate, and may require feeding gastrostomy tube insertion.

Is it painful?

Anaesthetic gel is instilled into your nose, avoiding discomfort. Mild sedation would be given if necessary, most of the cases do not require anaesthesia.

How is it done?

A small catheter is placed through your nose and is directed through your food pipe (esophagus) into stomach, and is exchanged over a guidewire with a larger tube.

How should I take care of the feeding tube ?

Flush with warm water after every feed, do not push larger food particles/ drug fragments.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include malposition of the tube, pneumomediastinum (air in chest), and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

Feeding can be started immediately in most of the cases, unless advised by the radiologist.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

NASOJEJUNAL TUBE INSERTION-FAQS

When does someone is prescribed the procedure ?

When a patient is unable to take feeds through his mouth, high chances of aspiration into lungs and tight stricture due to various diseases.

What does it mean?

A small tube is placed through your nose into stomach, which aids in delivering feeds/ fluids/ medicine directly into the small bowel.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Parenteral Nutrition(Feeding through vessels)-Cumbersome, prolonged stay in hospital, costlier and less effective than enteral nutrition.

What are the consequences of postponing?

Nutritional deficiency further deteriorates.

What are the advantages of imaging guidance?

Success rate of 90% and is highly recommended in critically ill patients, and in patients with tight stricture from various diseases.Blind placement may cause injury to mucosa, inadvertent placement of tube in airways.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 6 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP)/ blood thinning medications.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

What are the success rates ?

Success rates are close to 90 %. Sometimes the stricture is too tight to negotiate,and may require feeding gastrostomy tube insertion.

Is it painful?

Anaesthetic gel is instilled into you nose, avoiding discomfort .Mild sedation would be given if necessary, most of the cases do not require anaesthesia.

How is it done?

A small catheter is placed through your nose and is directed through your food pipe(esophagus) into stomach, and is exchanged over a guidewire with a larger tube.

How should I take care of the feeding tube ?

Flush with warm water after every feed, do not push larger food particles/ drug fragments.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include malposition of the tube, pneumomediastinum(air in chest), and bleeding.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

Feeding can be start immediately in most of the cases, unless advised by the radiologist.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PERCUTANEOUS RADIOLOGICAL GASTROSTOMY TUBE INSERTION-FAQS

When does someone is prescribed the procedure ?

When a patient is unable to take feeds through his mouth, and tight stricture due to various diseases causing inability to place a tube through nose.

What does it mean?

A small tube is placed into stomach directly through skin, which aids in delivering feeds/ fluids/ medicine directly into the stomach.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Parenteral Nutrition(Feeding through vessels)-Cumbersome, prolonged stay in hospital, costlier and less effective than enteral nutrition.

What are the consequences of postponing?

Nutritional deficiency further deteriorates.

What are the advantages of imaging guidance?

Success rate of 100% and is highly recommended in critically ill patients, and in patients with tight stricture from various diseases. Blind placement may cause injury to adjacent structures(liver, large bowel and blood vessels).

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 6 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP)/ blood thinning medications.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

What are the success rates ?

Success rates are close to 100 %.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a painkiller if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT/Fluoroscopy, stomach is fixed to abdominal wall and then a thin bore needle into stomach is inserted, once the final position is confirmed further exchange is done over guide wire and a larger bore feeding tube is placed and is clamped to the abdominal wall.

How should I take care of the feeding tube ?

Flush with warm water after every feed to avoid clogging, do not push large food particles/ drug fragments. The puncture site is about inch in size, and does not bleed, and has to be kept dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include leakage of contents into abdomen(peritonitis), pneumoperitoneum(air in abdomen),bleeding and infection of abdominal wall(late complication).

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

For the first 24 hours nothing would be given through the tube and feeding will be started after 24 hours unless advised by the radiologist.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PERCUTANEOUS RADIOLOGICAL JEJUNOSTOMY TUBE INSERTION-FAQS

When does someone is prescribed the procedure ?

When a patient is unable to take feeds through his mouth, and tight stricture due to various diseases causing inability to place a tube through nose.

What does it mean?

A small tube is placed into small bowel directly through skin via stomach, which aids in delivering feeds/ fluids/ medicine directly into the small bowel.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Parenteral Nutrition(Feeding through vessels)-Cumbersome, prolonged stay in hospital, costlier and less effective than enteral nutrition.

What are the consequences of postponing?

Nutritional deficiency further deteriorates.

What are the advantages of imaging guidance?

Success rate of 100% and is highly recommended in critically ill patients, and in patients with tight stricture from various diseases. Blind placement may cause injury to adjacent structures(liver, large bowel and blood vessels).

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 6 hours prior to the procedure if it is planned

under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP)/ blood thinning medications.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

What are the success rates ?

Success rates are close to 100 %.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a painkiller if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT/Fluoroscopy, stomach is fixed to abdominal wall and then a thin bore needle into stomach is inserted, once the final position is confirmed further exchange is done over guide wire and a larger bore feeding tube is placed with its tip in small bowel and is clamped to the abdominal wall.

How should I take care of the feeding tube ?

Flush with warm water after every feed to avoid clogging, do not push large food particles/ drug fragments. The puncture site is about inch in size, and does not bleed, and has to be kept dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Some rare complications include leakage of contents into abdomen(peritonitis), pneumoperitoneum(air in abdomen),bleeding and infection of abdominal wall(late complication).

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

For the first 24 hours nothing would be given through the tube and feeding will be started after 24 hours unless advised by the radiologist.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ESOPHAGEAL STRICTURE DILATATION-FAQS

When does someone is prescribed the procedure ?

Diseases of esophagus (foodpipe), and adjacent structures can cause sometimes significant narrowing of the lumen, and severe discomfort while eating.

What does it mean?

A self expanding stent is placed across the stricture, thus opening the airway lumen.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical resection, only when the lesion can be completely excised.

What are the consequences of postponing?

Respiratory discomfort increases, hampering day-to-day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the stent is exactly placed across the stricture.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the anatomy is grossly altered and with uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition and the lesion location. Once the patient is properly anaesthetised, a bronchoscope is inserted through nose/ mouth , through which a guide wire is passed across the stricture, over which a stent is positioned. Sometimes a balloon is used to open the stricture.

What are the likely complications?

Immediate complications include injury to vocal cords, bleeding and spasm.

Long term complication include restenosis and stent displacement

How should I follow up?

Review imaging with PET/CECT need to be done after 1,3,6,9,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

UTERINE FIBROID EMBOLISATION-FAQS

When does someone is prescribed the procedure ?

When you have an uterine fibroid causing excessive bleeding/ pain, and you want to retain your uterus

What does it mean?

A minimally invasive procedure to block the abnormal bleeding vessel(s) feeding the fibroid, thereby shrinking the fibroid.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical approach, which requires general anaesthesia. Total hysterectomy in which the whole uterus is removed.

What are the consequences of postponing?

Bleeding may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease

What are the advantages of imaging guidance?

You are assured that vital structures are avoided and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist. You need to be on overnight fasting prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised (made numb) the interventional radiologist with the guidance of ultrasound, inserts a catheter (a small bore tube) in the groin and further exchanges with small sized catheters. Through the catheter, a special drug is given which blocks the abnormal bleeding.

How should I take care of the procedure site?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

Success rates are close to 90 %.Abnormal bleeding is controlled usually within three months.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as infection of fibroid, bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

FALLOPIAN TUBE RECANALISATION-FAQS

When does someone is prescribed the procedure ?

When a women is suffering with infertility due to blockade from a block in her fallopian tubes.

What does it mean?

A minimally invasive procedure to open the fallopian tube blockade using a small wire and tube combination.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the success rates ?

Success rates are close to 75%. About 30% achieve pregnancy by the end of 6 months.

What are the alternatives?

Surgical approach, which requires general anaesthesia and in-vitro fertilization which is costlier.

What are the advantages of imaging guidance?

You are assured that fallopian tubes are opened immediately and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist. You need to be on overnight fasting prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30 minutes, and sometimes may go upto 60 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under mild sedation. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

A small catheter is positioned into the uterus and a contrast agent (dye) is injected through it under fluoroscopy and an X-Ray image of the uterine cavity is obtained. When a blockage of the fallopian tube is identified in its proximal portion, another small catheter /wire is threaded into the fallopian tube to open the blockage.

How should I take care after the procedure ?

You might notice minimal spotting after the procedure. Consult your physician immediately if you notice any discharge/ pain/ cramping.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting), and sometimes minimal cramping.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PELVIC CONGESTION SYNDROME-FAQS

When does someone is prescribed the procedure ?

When a female has chronic pelvic/ lower abdomen pain, resulting from abnormally dilated veins

What does it mean?

A minimally invasive procedure to block the abnormally dilated vessels.

Who does it? Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Long term usage of pain killers, which gives temporary relief and with many side effects.

What are the consequences of postponing?

Pelvic discomfort increases, hampering day-to-day activities and sometimes the vessels may bleed.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist. You need to be on overnight fasting prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ grossly dilated vessels.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters. Through the catheter, a special drug is given which blocks the abnormal bleeding, and sometimes specially designed metallic coils are used

How should I take care of the procedure site?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

Success rates are close to 60 % upto 18 months.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as

bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

VARICOELE EMBOLISATION-FAQS

When does someone is prescribed the procedure ?

When a male has chronic pain/swelling in scrotum or is causing infertility, resulting from abnormally dilated veins.

What does it mean?

A minimally invasive procedure to block the abnormally dilated vessels.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Microsurgery, laparoscopic approach which requires hospitalisation and general anaesthesia.

What are the consequences of postponing?

Progressive decline in testicular function, semen parameters and testosterone secretion.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided, all the vessels are blocked and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist .You need to be on overnight fasting prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by

your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ grossly dilated vessels.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters. Through the catheter, a special drug is given which blocks the abnormal bleeding, and sometimes specially designed metallic coils are used

How should I take care of the procedure site?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

Success rates are close to 90 % .

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 1 week.

TRANSARTERIAL CHEMO-EMBOLIZATION-FAQS

When does someone is prescribed the procedure ?

Whenever someone is diagnosed with a liver tumour which is inoperable/ waiting for a transplant, and in patients with colorectal metastasis.

What does it mean?

A minimally invasive procedure to deliver chemotherapy exclusively to the tumour avoiding normal liver and blocking the abnormal vessels feeding the tumour .

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Tumour ablation, systemic chemotherapy and radiation treatment.

What are the consequences of postponing?

Progressive decline in liver function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided,all the vessels are blocked and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist .You need to be on overnight fasting prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ grossly dilated vessels.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters and reaches the vessels supplying the tumour. Through the catheter,the chemotherapy drug is given along with a drug which blocks the abnormal vessels feeding the tumour.

How should I take care after the procedure?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

In about 65 %, tumour growth is stopped and life is prolonged from 10-14 month. Treatment is repeated if the tumour growth is seen on follow up.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Side effects from chemotherapy include low platelets, low white blood cells, mouth sores and hair loss, which usually subside in 3 to 5 weeks.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 1 week.

TRANSARTERIAL RADIO-EMBOLIZATION-FAQS

When does someone is prescribed the procedure ?

Whenever someone is diagnosed with a liver tumour which is inoperable and is invading portal vein(second supply to liver apart from hepatic artery).

What does it mean?

A minimally invasive procedure to deliver radiation delivering drug exclusively to the tumour avoiding normal liver and blocking the abnormal vessels feeding the tumour .

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

TACE, Tumour ablation, systemic chemotherapy and radiation treatment.

What are the consequences of postponing?

Progressive decline in liver function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided,all the vessels are blocked and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist .You need to be on overnight fasting prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your groins, as most of the time your interventional radiologist makes the initial puncture in your groin.

How is the procedure done ?

Once the skin is anaesthetised(made numb) the interventional radiologist with the guidance of ultrasound, inserts a catheter(a small bore tube) in the groin and further exchanges with small sized catheters and reaches the vessels supplying the tumour

This is a two step procedure proper, wherein in the first step(MAA Planning) the vascular anatomy is delineated, lung function is evaluated and sometimes few vessels are blocked which usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ grossly abnormal vessels.

The second step constitutes of delivering the radiation delivering agent which usually takes 45 minutes, and sometimes may go upto 90 minutes.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How should I take care after the procedure?

You are supposed to lie straight for 6 hours without moving the limb on the side of the procedure. The puncture site is usually of match stick head size, and does not bleed, however you have to keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist immediately.

What are the success rates ?

In about 65 %, tumour growth is stopped and life is prolonged by 10-14 months.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 1 week.

PTBD-FAQS

When does someone is prescribed the procedure?

When you are having jaundice from any disease causing obstruction of bile flow from liver into bowel

What does it mean?

Percutaneous transhepatic biliary drainage, wherein the bile is drained through skin.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Endoscopy guided drainage, which may be not feasible in all the patients.

What are the consequences of postponing?

Progressive decline in liver function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided, all the ducts are adequately drained and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist .You need to be on overnight fasting prior to the

procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume. You need to shave your abdominal wall hair if you have some.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ gross abnormal anatomy.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under mild sedation. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound/ fluroscopy, punctures the biliary ducts and further exchanges with small catheters, negotiates the stricture and places a tube either directly in to the bowel or sometimes externally depending on the clinical scenario.

Sometimes metallic stents are placed across the strictures in the same sitting or in another sitting depending on the clinical scenario.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The puncture site is usually about 5mm in size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it. Watch for any bile leak/ drain displacement/ swelling / skin colour change/ pain and consult your radiologist/ physician immediately.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and drain dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 1 week.

PERCUTANEOUS NEPHROSTOMY(PCN) -FAQS

When does someone is prescribed the procedure?

When you are having abnormal kidney function tests from any disease causing obstruction of urine flow from kidney into urinary bladder

What does it mean?

Percutaneous nephrostomy, wherein the urine is drained through skin directly from the kidney.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical drainage, which requires admission and general anaesthesia.

What are the consequences of postponing?

Progressive decline in kidney function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures are avoided,all the ducts are adequately drained and any complications during the procedure are immediately identified and rectified.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the interventional radiologist .You need to be on overnight fasting prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure proper usually takes 30-45 minutes, and sometimes may go upto 90 minutes in uncooperative patients/ gross abnormal anatomy.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under mild sedation. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the interventional radiologist radiologist with the guidance of ultrasound/ fluroscopy, punctures the kidneys collecting system and further exchanges with small catheters, negotiates the stricture and places a tube either directly in to the urinary bladder or sometimes externally depending on the clinical scenario.

Sometimes a stent is placed across the strictures in the same sitting or in another sitting depending on the clinical scenario.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The puncture site is usually about 5mm in size, and does not bleed, however it need to be kept dry. Do not apply any powder/ointment on it. Watch for any urine leak/ drain displacement/ swelling / skin colour change/ pain and consult your radiologist/ physician immediately.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Sometimes serious complications such as bleeding, clot formation and drain dislodgement can happen requiring admission and a second procedure to correct them.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 1 week.

URETERAL STRICTURE DILATATION-FAQS

When does someone is prescribed the procedure ?

Diseases of ureter (the connection between kidney and urinary bladder), and adjacent structures can cause sometimes significant narrowing of the lumen, and obstruction of urine flow into urinary bladder.

What does it mean?

A balloon is placed across the stricture and is inflated, thus widening the stricture and reducing the obstruction.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical resection when feasible, requires admission and done under general anaesthesia.

What are the consequences of postponing?

Progressive decline in kidney function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the balloon is exactly placed across the stricture.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the stricture is very tight.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition and the lesion location. Once the patient is

properly anaesthetised, a catheter is inserted through kidney , through which a guide wire is passed across the stricture, over which a balloon is inflated to open the stricture.

What are the likely complications?

Immediate complications include bleeding and spasm.

Long term complication include restenosis and requirement for a stent placement.

How should I follow up?

Review imaging with ultrasound and lab parameters.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

URETERIC STENT PLACEMENT-FAQS

When does someone is prescribed the procedure ?

Diseases of ureter (the connection between kidney and urinary bladder), and adjacent structures can cause sometimes significant narrowing of the lumen obstructing urine flow into urinary bladder, requiring placing a stent .

What does it mean?

A stent is placed across the stricture from the kidney into the urinary bladder, thus urinary obstruction at the level of ureter is relieved.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical approach, requires admission and done under general anaesthesia.

What are the consequences of postponing?

Progressive decline in kidney function and decrease in quality of life.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the balloon is exactly placed across the stricture.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the stricture is very tight.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/ radiologist depending the patient condition. Once the patient is properly anaesthetised, a catheter is inserted through kidney, through which a guide wire is passed across the stricture, over which a stent is exchanged and is placed from kidney into urinary bladder.

What are the likely complications?

Immediate complications include bleeding and spasm.

Long term complication include stent blockade and requirement for a stent replacement.

How should I follow up?

Review imaging with ultrasound and lab parameters. Stent has to be replaced every 3 months and can be removed based on the clinician/radiologist discretion.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

JOINT INJECTIONS-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your joint, and you require immediate relief of pain.

What does it mean?

A local anaesthesia ,sometimes mixed with steroid is injected into the joint.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medical management, which yields temporary relief and has side effects.Radiofrequency Ablation, which is an expensive option and is reserved non responders.

What are the consequences of postponing?

Progressive decline in joint function, decrease in quality of life and hampering day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the joint adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and , once the final position in the joint is confirmed,the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

TENDON SHEATH INJECTION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your tendons(Junction of muscle and bone), and you require immediate relief of pain.

What does it mean?

A local anaesthesia ,sometimes mixed with steroid is injected into the tendon sheath.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medical management, which yields temporary relief and has side effects. Radiofrequency Ablation, which is an expensive option and is reserved for non responders.

What are the consequences of postponing?

Progressive decline in joint function, decrease in quality of life and hampering of day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the tendon sheath adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go up to 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the tendon sheath is confirmed, the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

PAINFUL BURSA INJECTION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem around your joints, and you require immediate relief of pain.

What does it mean?

Bursa are small fluid filled cushion like structures around a joint, between muscles. A local anaesthesia, sometimes mixed with steroid is injected into the bursa when they are diseased.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medical management, which yields temporary relief and has side effects. Radiofrequency Ablation, which is an expensive option and is reserved non responders.

What are the consequences of postponing?

Progressive decline in joint function, decrease in quality of life and hampering day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the joint adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go up to 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the bursa is confirmed, the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

ABSCESS AND CYST DRAINAGE-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician/surgeon finds an abscess/cyst by clinical examination or imaging with ultrasound/ CT / MRI scan , and requires drainage for relief of symptoms and mass effects.

What does it mean?

It is a procedure wherein the pus/ fluid collection is completely drained.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical Incision and drainage , in which a surgeon does a small surgery and drains the collection.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and increase in mass effects on adjacent structures.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided, fluid is completely drained and does not require a repeat procedure

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, in uncooperative patients/ kids.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under general anaesthesia. The needle track would be made numb and pain is not felt. Even after the procedure the

pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the lesion, once the final position in the area of concern is confirmed, fluid is aspirated/drained and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis) for investigations.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours)

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

Successful drainage is seen in almost every case, however few lesions recur due to disease perse and patient dependent factors, which might require a surgery.

Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you not to.It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

FACET INJECTION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your facet joint, and you require immediate relief of pain.

What does it mean?

Facet joint is the joint between two vertebrae, which are bones of spine and when inflamed cause pain in back. A local anaesthesia ,sometimes mixed with steroid is injected into the joint.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates? Medical management, which yields temporary relief and has side effects.Radiofrequency Ablation, which is an expensive option and is reserved for non responders.

What are the consequences of postponing?

Progressive increase in pain, decrease in quality of life and hampering day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the joint adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia . The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and , once the final position in the joint is confirmed,the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

MEDIAL NERVE BRANCH BLOCK-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your facet joint, and you require immediate relief of pain.

What does it mean?

Facet joint is the joint between two vertebrae supplied by medial nerve branch, and when inflamed cause pain in back. A local anaesthesia, sometimes mixed with steroid is injected into the joint.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medical management, which yields temporary relief and has side effects. Radiofrequency Ablation, which is an expensive option and is reserved for non responders.

What are the consequences of postponing?

Progressive increase in pain, decrease in quality of life and hampering day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the joint adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of CT, inserts a thin bore needle and, once the final position is confirmed, the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

SACRO-ILIAC JOINT INJECTION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician finds a problem in your sacroiliac joint, and you require immediate relief of pain.

What does it mean?

Sacroiliac joint is the joint between sacrum and iliac bones, which are bones of pelvis and when inflamed cause pain in lower back. A local anaesthesia, sometimes mixed with steroid is injected into the joint to reduce the pain.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Medical management, which yields temporary relief and has side effects. Radiofrequency Ablation, which is an expensive option and is reserved non responders.

What are the consequences of postponing?

Progressive increase in pain, decrease in quality of life and hampering day to day activities.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the drugs are injected into the joint adequately.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist. Have a light breakfast 4 hours prior to the procedure. You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and may go upto 30 minutes in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia. The needle track would be made numb and pain is not felt.

How is it done?

Once the skin is anaesthetised (made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and, once the final position in the joint is confirmed, the drugs are injected and confirmed with a scan.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting, and sometimes require manual compression), Swelling at the puncture site (Comes down naturally within 24 hours) and skin discolouration.

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

After 3 months approximately 20% of patients have complete pain relief and rest have significant relief.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

THYROID CYST ASPIRATION AND ETHANOL INJECTION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician/surgeon finds a cyst in thyroid gland by clinical examination or imaging with ultrasound/ CT / MRI scan , and requires drainage for relief of symptoms and mass effects.

What does it mean?

It is a procedure wherein the fluid collection is completely drained, followed by injection of ethanol to prevent recurrence.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical excision which is done under general anaesthesia and requires admission.

What are the consequences of postponing?

Disease may progress with increase in mass effects on adjacent structures, particularly the nerve affecting speech.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided, fluid is completely drained and does not require a repeat procedure

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 15 minutes, and sometimes may go upto 30 minutes, in uncooperative patients.

Is it painful?

The procedure is done under local anaesthesia most of the times, however in few cases a patient may be planned under mild sedation. The needle track would be made numb and pain is not felt. Even after the procedure the pain/discomfort is usually very less, however you might be prescribed a pain killer if you feel pain.

How is it done?

Once the skin is anaesthetised(made numb) the radiologist with the guidance of ultrasound / CT, inserts a thin bore needle and targets the cyst, once the final position is confirmed, fluid is aspirated/drained and collected in special jars which are sent to Pathologist(A specialised doctor in examining the sample material under microscope and finalising the diagnosis) for investigations.Following complete drainage, ethanol is injected into the cavity, thereby obliterating the cavity.

What are the likely complications?

Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours)

How should I take care of the procedure site?

The puncture site is usually of pinhead size, and does not bleed, however keep it dry. Do not apply any powder/ointment on it, unless prescribed. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the success rates ?

Successful drainage is seen in almost every case.

Can I drive after the procedure?

You can usually drive unless you feel dizzy(can happen to some patients out of anxiety and fear), or your radiologist asks you not to.It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.

THYROID NODULE - RF ABLATION-FAQS

When does someone is prescribed the procedure ?

The procedure is prescribed whenever a physician/surgeon finds a nodule in thyroid gland by clinical examination or imaging with ultrasound/ CT / MRI scan , is confirmed as benign and causing symptoms such as mass effect/ cosmetic purpose .

What does it mean?

Heat is produced by oscillating ions within the tissue, and thereby causing necrosis(death) of tumour.

Who does it?

A radiologist trained in imaging guided procedures does it, Interventional radiologist.

What are the alternates?

Surgical excision which is done under general anaesthesia and requires admission.

What are the consequences of postponing?

Disease may progress, and may land from a stage of simple & complete cure to difficult to treat and sometimes non-treatable disease.

What are the advantages of imaging guidance?

You are assured that vital structures in the path are avoided and the tumour is completely destroyed.

How should I prepare for the procedure?

Make sure that all your blood reports, files and scans are reviewed by the radiologist .Have a light breakfast 4 hours prior to the procedure if it is planned under local anaesthesia, and overnight fasting for general anaesthesia.You can have your anti-hypertensive (BP) medications, unless said by your physician/ interventional radiologist. If you are on any blood thinners, discuss with the radiologist, if you need to stop them and when to reassume.

How long does the procedure / procedure takes?

The procedure usually takes 30 minutes, and sometimes may go upto 60 minutes, if the radiologist feels that the heating is inadequate/ uncooperative patients/ kids.

How is it done?

The decision of local/ general anaesthesia is decided by the physician/radiologist depending the patient condition and the lesion location.Sometimes important nearby structures are protected by hydrodissection(Fluid is injected ,to prevent them from heating effect). Once the skin is anaesthetised(made numb) the

radiologist with the guidance of ultrasound/CT , inserts a thin bore needle(microelectrode) into the tumour, following which it is heated to the desired temperature.

How should I take care of the procedure site?

The puncture site would be dressed properly following the procedure. The puncture site is usually about pinhead size, and does not bleed, however it needs to be kept dry. Do not apply any powder/ointment on it. Watch for any swelling/ skin colour change/pain and consult your radiologist/ physician immediately.

What are the likely complications?

With image guidance complication rate is quite low. Pain/Discomfort (relieved by pain killers), slight bleeding (Self limiting , and sometimes require manual compression) , Swelling at the puncture site (Comes down naturally within 24 hours). Very rarely damage to adjacent structures may happen from heating effects.

How should I follow up?

Review imaging with USG need to be done after 1,3,6,9,12 months and then every 6 months.

Can I drive after the procedure?

It is always advised to have someone accompany you, who can drive.

What are the dietary restrictions after the procedure?

No specific dietary restrictions when the procedure is done under local anaesthesia. When the procedure is done under general anaesthesia, you need to be completely come out from the anaesthesia effect and will be kept on fluids and gradually shifted to simple solid foods.

When can I resume my activities?

Intense and heavy activities are usually to be avoided for the first 24 hours.