Mersey and West Lancashire Teaching Hospitals NHS Trust

Having a Superior Vena Cava (SVC) Stent insertion

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

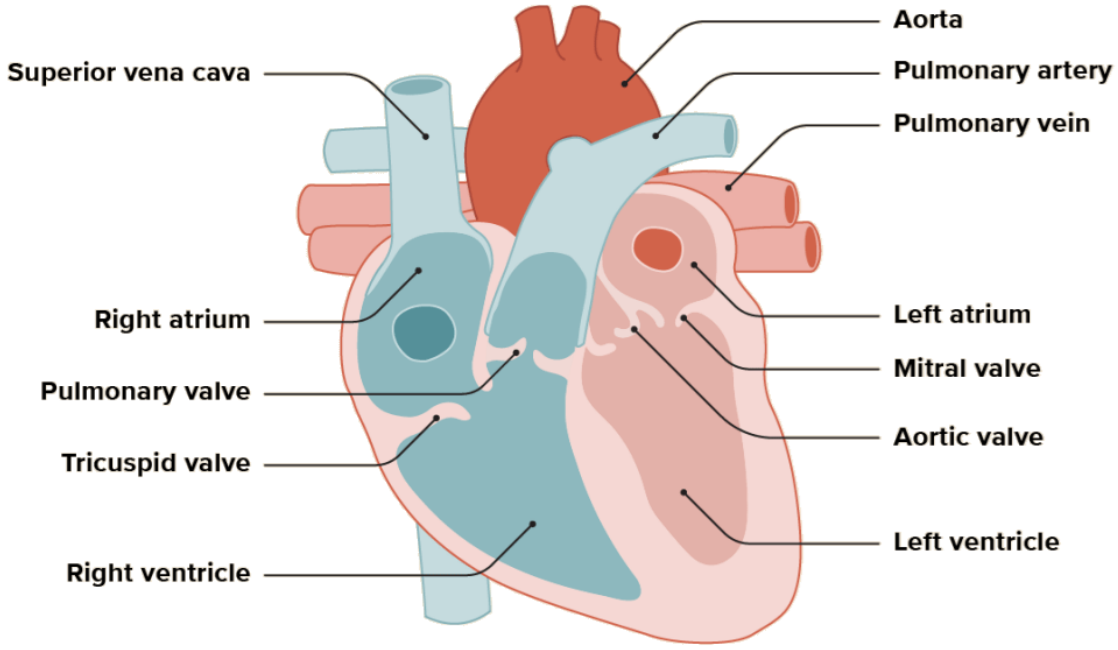
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Introduction

Your doctors have recommended that you have a procedure known as superior vena cava stent. This information leaflet explains what the procedure involves and the possible risks and complications you may experience -your doctor will have discussed these with you. If you are still unsure about the benefits of having the procedure, please ask.

What is a Superior Vena Cava Stent?

The Superior Vena Cava (SVC) is the large vein that carries blood from the head, neck and arms back to the heart. If this vein becomes obstructed (narrowed) or blocked it can result in swelling of the face and arms as well as headaches and breathlessness. An SVC stent is a metal mesh tube that is placed inside the vein to hold it open and improve blood flow. The stent insertion should result in a rapid improvement in your symptoms.



Who will you see?

A specially trained team of radiographers and nurses led by an interventional radiologist within the Radiology Department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.
All members of the team will be in scrubs during the procedure but will introduce themselves to you .



Where will the procedure take place?

The procedure will take place in the Radiology Department in a special “screening room” designed specially for this type of procedure. This is similar to an operating theatre into which specialised X-ray equipment has been installed.



On the day of my appointment

You must not eat anything for six hours before the procedure although you will be allowed to drink clear fluids until two hours before the procedure.

If you are taking any medication that thins your blood such as aspirin, tinzaparin, clopidogrel or warfarin you must contact the Radiology Department.

Please continue to take your regular medication and bring it with you when you come for your appointment.

Preparation for examination

You will need to have had some blood tests beforehand (2-7 days before your procedure) to check that you do not have an increased risk of bleeding. If not already an inpatient, you will need to be admitted to the hospital as an inpatient, either on the day of the procedure or the day before (depending on you treatment plan).

On the ward your nurse or doctor will ask you several questions about your health and current medication. Your blood pressure and pulse will also be checked. They may need to take some further blood for tests. You will need to change into a hospital gown. You will be transferred to the X-ray department on a trolley.

Are you required to make any special preparations?

Insertion of an SVC stent is usually carried out as a day case procedure under local anaesthetic.

What happens during the insertion?

The interventional radiologist will explain the procedure and ask you to sign a consent form. Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.
You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm.

You will lie on the X-ray table, generally flat on your back. You will have monitoring devices attached to your chest and finger and may be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure. The skin near the point of insertion, usually the groin but occasionally the neck, will be swabbed with antiseptic and you will be covered with sterile drapes.

The skin and deeper tissues over the vein will be numbed with local anaesthetic. A fine tube (catheter) will be inserted and guided, using the X-ray equipment, into the correct position. Small amounts of dye (contrast agent) are used to check the position of the catheter.

Once in place, the stent can be opened up further by inflating a small ‘balloon’ inside it. This may cause some discomfort in your chest. The filter is passed through the tube to the exact site and released. Small hooks grip the wall of the vein and stop it moving away. The catheter will then be removed from your groin but the radiologist will need to press this area firmly for a short time to prevent any bleeding.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site to make sure there is no bleeding. You will generally stay in bed for a couple of hours until you have recovered
You will usually be allowed home on the same day, but occasionally you may need to stay in hospital overnight .

The decision to send you home will be taken by the medical team looking after you and will depend on what other treatment you are receiving. Generally you can eat and drink as normal after the procedure.

Injection of X-ray contrast (dye)

If you have had an allergic reaction to iodine or the X-ray contrast (dye) in the past, then you must tell us prior to, or on arrival for, your appointment. The contrast (dye) used during the procedure contains iodine.

There are risk factors associated with injections of X-ray contrast (dye), which can be increased by certain conditions. We will complete a safety questionnaire to check your suitability to have the X-ray contrast (dye).

The risk of serious allergic reaction to contrast materials that contain iodine is extremely rare, and radiology departments are well equipped to deal with them. The injection usually causes nothing more than a warm feeling passing around your body, a metallic taste in your mouth and a sensation of passing water. These effects will pass within a few minutes.

Table 1: Types of allergic reaction to Contrast (X-ray Dye)

Category	Type
Mild	Minor rash, redness, Swelling of the skin, Mild nasal congestion, sneezing, runny nose. Mild high blood pressure, nausea, Mild vomiting.
Moderate	Generalised redness Marked rash, Itching, and swelling of the skin, Hoarseness or throat tightness, Fainting Swelling of face and throat.
Severe	Respiratory arrest Cardiac arrest Fluid on the lung Seizures Cardiogenic shock The risk of death is extremely rare.

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Extravasation

Occasionally when you are having a contrast (dye) enhanced procedure there is a small risk that the injection of contrast can leak out of the vein and under the skin. This is called an extravasation. We find this occurs in 1 out of 200 injections. If this does happen then further advice will be given to by the Radiographer and Radiologist at the time of the procedure.

Pregnancy

If you are, or think you could be pregnant, please contact us prior to your appointment on the phone number in your appointment letter.

Are there any risks or complications?

The insertion of an SVC stent is considered a safe procedure designed to provide relief from unpleasant symptoms related to narrowing of the SVC. However, as with any surgical procedure, some complications can occur.

- You may develop a small bruise where the needle was inserted. This is quite normal. If this develops into a larger bruise there is a risk that this could become infected. This would need treating with antibiotics.
- There is a chance that the stent could move or become blocked which may result in a return of your symptoms.
- Occasionally it may not be possible to place the stent at all and the procedure may have to be abandoned

If you need a magnetic resonance (MRI) scan in the future, you should tell the person doing the scan that you have a stent.

Radiation

Having a SVC stent involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is felt the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualized for each patient depending on the size of the patient and the condition being investigated.

For more information on radiation please see the link below:
https://www.ukhsa-protectionservices.org.uk/radiationandyou/

Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology Department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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