

## **Carbon Dioxide Angiography**

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## Adverse Effects and Management

The occurrence and severity of the adverse effects of angiography may be related to the dose or to air contamination.

CO<sub>2</sub> aortography and celiac arteriography may cause nausea and pain lasting 2-3 minutes. No specific treatment is required. Placing the patient in a left- or right-side-up position may relieve the pain. A decrease in the doses of CO<sub>2</sub> usually reduces the frequency and severity of pain.

The injection of  $CO_2$  for runoff of the lower extremities may cause pain. Decreasing the amount of  $CO_2$  with selective injection and stacking technique helps in reducing the pain.

The injection of  $CO_2$  into a peripheral vein for upper-extremity venography may cause pain at the injection site. The mechanism of pain is probably the explosive delivery secondary to gas compression. Purging the injection tube with 3 cc of  $CO_2$  and administering 20-40 mg of lidocaine immediately before the injection of  $CO_2$  for venous imaging helps in reducing the pain.

When CO<sub>2</sub> is trapped in an aortic aneurysm, the gas bubbles may occlude the inferior mesenteric artery, resulting in colonic ischemia.

Inadvertent injection of excessive volumes of  $\mathrm{CO}_2$  or air contamination may cause a vapor lock in the pulmonary artery, which results in severe hypotension. When air contamination occurs, fluoroscopy of the chest shows gas bubbles in the pulmonary artery that persists for longer than 30 seconds. If hypotension develops, the patient should be placed in the Trendelenburg and left lateral decubitus positions. If possible, air should be aspirated from the pulmonary artery using a catheter. [22, 23]

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