

CT

PATIENT INFORMATION

Dear patient,

Your doctor has referred you for a computed tomography (CT) examination. Please read the following text for your own information and then answer the questions below. This form provides basic information. If you have any further questions, please contact the staff responsible for the medical technology, or the doctor examining you.



How is the examination carried out?

The examination takes ☹ approx. 10 to 20 minutes. In the CT room, you lie on a special bed, which moves slowly through the opening of the CT scanner during the examination. It is particularly important that you lie still, avoid any movements and follow the breathing commands exactly during the examination. You will be under the supervision of expert staff throughout the entire treatment.



Why is a contrast medium used?

Depending on the type of examination, the administration of an iodine-containing contrast medium into the arm may be necessary. It can be necessary for the imaging of certain organs and anatomical bodily structures and can help to detect pathological changes.



Are there any complications?

At the puncture site – as for every injection – pain, a haematoma and, very rarely, an infection are possible. A well-known reaction to the contrast medium is a feeling of warmth and a bitter taste in the mouth. After the administration of the contrast medium, intolerance reactions may occur: Very rarely, there may be a slight drop in blood pres-

sure which can cause minor complaints, as well as nausea or pain. Serious side effects such as shortness of breath, a sudden drop in blood pressure, cardiac arrhythmia or spasms are very rare.

During the administration of the contrast medium into the vein, there is leakage of the contrast medium at the injection site into the arm in rare cases. This causes painful swelling, which can sometimes last for several days and require treatment. If you feel pain and a swelling in your arm during the infusion of the contrast medium, please inform the technical expert staff immediately, during the examination.

Scientific investigations show that approx. 97% of patients tolerate contrast media well. The prevalence of severe side effects is indicated as 0.04%. As for almost every medically necessary diagnostic intervention, a life-threatening complication is possible, but extremely unlikely.

Compared to the advantage achieved through the examination, the risk of the examination is therefore very low. If side effects should occur, medical help will be available immediately.

To be able to assess whether you have an existing increased risk of reactions to contrast media, we request that you answer the following questions by checking the relevant boxes.

1. Have you already had one of the following examinations?

- | | | |
|---|------------------------------|-----------------------------|
| • X-ray of the kidneys (IV urography) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Computed tomography (CT) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Imaging of the leg veins (phlebography) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • X-ray of the vessels (angiography/cardiac catheter) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

2. Did any side effects occur after the contrast medium was administered?

IF YES, WHICH ONES?

- | | | |
|--|------------------------------|-----------------------------|
| • Nausea/vomiting/retching | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Asthmatic attack/shortness of breath | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Skin rash/chills | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Seizures/loss of consciousness | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

3. Do you have any of the following diseases?

- | | | |
|---|------------------------------|-----------------------------|
| • Asthma/allergies (medication, iodine, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Heart diseases | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Diseases of the kidneys/adrenal glands | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Thyroid diseases | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Kahler's disease (multiple myeloma) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

4. Do you suffer from diabetes mellitus and take medication that contains the active ingredient Metformin?

e.g. Glucophage®, Diabetex®, Metformin Arcana/Hexal/Sandoz

☐ YES ☐ NO

5. Are you pregnant or breastfeeding?

☐ YES ☐ NO

YOUR CURRENT COMPLAINTS (E.G. OPERATIONS):



Height



Weight

By signing this form, I confirm that I have read and understood the text it contains, and have answered the questions that apply to me to the best of my conscience.

I agree to the proposed examination being carried out.

I agree to the electronic archiving of results and images, medical data retrieval and data being passed on to other doctors treating me.



Patient's name and date of birth

Date



Signature of the patient
or legal representative

Name and signature of
the doctor/radiographer