

Information sheet for computed tomography (CT)

Surname: _____

Name: _____

Date of birth: _____



Recognition.
Knowledge.
Advice.

Dear Patient!

Computed tomography (CT) is a special X-ray examination that produces detailed, overlay-free cross-sectional images of the body region of interest. Special technical specifications keep the radiation dose as low as possible. The benefit of the examination should always be greater than the potential radiation risk.

Examination procedure:

For the examination, you are depending on the question in supine or prone position slowly moved through the large opening of the device. This is not a long, narrow tube, but rather a ring, so that feelings of anxiety are rarely expressed. During the examination, you should be calm and relaxed, avoid movement, breathe calmly, and strictly follow the directions for inhalation and exhalation. During the examination you will be constantly monitored by our staff. The entire examination takes about 10 minutes.

Contrast media:

For certain questionings, the result can be significantly improved by injecting a contrast medium (contains iodine) into a body vein. For this purpose, a cannula is placed in a vein (usually arm vein). Please note that some findings only become visible after injecting a contrast medium. Occasionally, the radiologist can only decide during the examination if a contrast medium is necessary.

In addition, certain studies usually require contrasting the digestive organs with drinkable contrast medium, which must be drunk slowly over a period of 0.5 to 3 hours before the examination, depending on the instructions. All of our contrast agents are generally well tolerated.

Examination risks

When placing a venous cannula or during any infusion of contrast media:

Rarely: Damage to the skin, tissue or nerves. Possible, maybe permanent consequences: pain, inflammation, tissue death, scars and sensory disorders, dysfunction, paralysis.

After oral administration of contrast media:

Rarely: Diarrhea, flatulence, cramps, nausea or other discomforts, which usually disappear by themselves.

In case of hypersensitivity to an intravenous contrast medium:

Occasionally: Itching, rash, nausea, vomiting, diarrhea and similar conduction reactions, which usually disappear by themselves.

Very rare: Serious hypersensitivity reactions with shortness of breath to cardiovascular shock, which require further intensive medical treatment or, in extreme cases, cause lasting damage (brain damage, organ failure). Allergic reactions can still occur hours after administration of a contrast media.

Very rare: Deterioration of kidney activity (up to renal failure requiring dialysis) or hyperfunction of the thyroid (in extreme cases thyrotoxic crisis) in the case of existing kidney or thyroid disorders. In most cases, these disorders are easily treatable by infusions or medications.

Special CT examinations of the large intestine:

Very rare: Injuries of the intestine due to the introduction of air, water or contrast media through the intestinal tube into the rectum.

Radiation exposure:

The dose of radiation administered by a CT is device-specific and varies depending on the examination region. In CT of the thorax (lung, breast, skeleton), for example, increased radiation exposure of the mammary gland may occur. An increased risk of breast cancer is not excluded, especially in children and younger women. In children and adolescents an increased risk of cancer or risk of leukemia can not be completely ruled out. Repeated skull examinations increase the risk of cataracts (opacity of the eye lens). The benefits and risks of this study have therefore been carefully studied in your case. In the case of pregnancy there is a risk of the unborn child being injured by X-rays. Therefore, please tell the doctor if you are pregnant or even suspect pregnancy.

Alternative examination possibilities

Non-operative diagnostic alternatives to CT may be ultrasound examinations, MRI (a method that generates images with the help of magnetic fields and radio waves), scintigraphy (measurement of radiation distribution of previously administered radioactive substance), a colon contrast enema, a colonoscopy or a small intestine examination with contrast media.

Please note:

Please drop all objects (such as watches, glasses, hearing aids, belts, rings, coins, clothing with metal parts, keys, pens, hair clips, pins, dentures, jewelery) before entering the examination room, because on the one hand, they interfere with the examination, on the other hand, they can possibly cause accidents.

In the case of rejection of the examination or the administration of contrast media, there may be disadvantages for the examination results, for example non-recognition of diseases.



Please help us avoid risks by answering the questions listed below:

1 Age: _____

2 Height: _____

3 Weight: _____

4 Sex: m f

5 Have you been x-rayed in the last 12 months? Yes No

If yes, when? _____

Where? _____

What has been x-rayed? _____

7 Have you ever received contrast media? (for example for examinations of the kidney, the bile ducts or vascular presentation)? Yes No

If yes, did you tolerate the contrast medium well? Yes No

8 Are there any known allergies? Yes No

If yes, which? _____

9 Do you know about hyperthyroidism or have you been treated for thyroid dysfunction? Yes No

If yes, which medication do you take? _____

10 Do you have kidney problems/diseases? Yes No

11 Do you have diabetes? Yes No

If yes, which medication do you take? _____

12 Have you ever had surgery? Yes No

If yes, why and what body region? _____

13 Do you have any infectious diseases? Yes No

If yes, which? _____

14 Only for women with childbearing potential: Are you pregnant?

Yes No uncertain

Consent

I was informed in detail about the planned examination, the significance, special risks and possible complications, side measures and follow-up measures and their risks as well as alternative methods of examination. In doing so, I was able to ask all questions that seemed important to me. I have no further questions, feel sufficiently informed and hereby consent to the planned examination after sufficient consideration. I also agree with any incidental measures and follow-up required during the examination. I agree with the forwarding of my examination data and treatment data to my doctor. (if not applicable, please cross out)

City/Date

Patient/legal guardian/Attorney

Doctor

I confirm the receipt of a copy of this information sheet.

Yes No