

## Information sheet for magnetic resonance imaging (MRI)

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Recognition.  
Knowledge.  
Advice.

### Dear Patient!

This information sheet should inform you about the magnetic resonance tomography you/or your child are planning to do.

### MRI

Magnetic resonance tomography is a technically very complex examination, in which sectional images of the body are made, with the help of magnetic fields and radio waves. In this examination, no X-rays and no radioactive substances are used. The magnetic field and the electromagnetic waves are harmless according to current knowledge.

### Examination procedure

The examination is made in a screened room, where you are monitored during the examination by a large glass pane. During the examination, you lie supine on a movable investigation lie, which slides slowly into the approximately 70 cm wide and 130 cm long opening of the magnet. The opening is bright, well ventilated and open at the head and feet. The area to be examined lies in the middle of the magnet. Depending on the examined body region, an examination takes between 10-40 minutes. During the examination unavoidable, relatively loud knocking noises and growling noises develop. To make your stay in the device more comfortable, you will receive earplugs or headphones that you can use to listen to music. Our assistant staff can see and hear you anytime. In case of an emergency, you also have the opportunity to attract attention via an electronic bell in your hand. For good image quality and the shortest possible examination time, it is very important that you do not move during the examination. You should lie as comfortably as possible, breathe calmly and follow any instructions for inhalation and exhalation of our assistants exactly.

### Contrast medium

For certain questionings, the result can be significantly improved by injecting a contrast medium 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. The modern contrast media administered by us are generally well tolerated. 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.

### Alternative examination possibilities

Non-operative diagnostic alternatives to MRI may be ultrasound examinations, computed tomography (special X-ray examination with superimposed cross-sectional images of body regions) or scintigraphy (measurement of radiation distribution of previously administered radioactive substance).

### Limitations

For safety reasons, MRI is sometimes not performed at all or only under certain conditions. These include, for example, patients with implanted pacemakers or other electrical stimulators /pumps. Some patients with metal parts in their body (for example metallic heart valves, shrapnel, metallic foreign bodies) should only be examined under certain conditions. In contrast, joint implants or joint prostheses are generally harmless. A tattoo or permanent make-up may get warm during the examination. This can be counteracted if necessary with cooling packs. Piercings, hearing aids and pain plasters must be removed before the examination. When examined, there should be no metallic objects on the body.

**IMPORTANT: Please drop all metallic objects (such as watches, glasses, hearing aids, belts, rings, coins, clothing with metal parts, keys, pens, hair clips, pins, dentures, jewelry) before entering the examination room. Your check cards and debit cards must also stay out of the examination room as they would be deleted automatically.**

Please contact our staff if you have any questions. We're here to help.

### Examination risks

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

Rarely (0,01-0,1%): Damage to the skin, tissue or nerves. Possible, maybe permanent consequences: pain, inflammation, tissue death, scars and sensory disorders, dysfunction, paralysis. Mild allergic reactions, itching, rash, nausea, or similar minor reactions that usually resolve themselves.

Very rare ( $\leftarrow$ 0,01%): Severe allergic reactions with shortness of breath, circulatory shock, heart failure, respiratory arrest requiring further intensive medical care or even permanent damage (brain damage, organ failure). Allergic reactions may occur even hours after administration of a contrast medium.

Extremely rare ( $\leftarrow$ 0,001%): Nephrogenic systemic fibrosis, a condition associated with scarring of the skin and internal organs that can lead to organ failure or even death.

**Please inform the assistant if you notice anything unusual during the examination (for example: sneezing, headache, swelling, nausea, eye tears, itching, dizziness, shortness of breath).**



To minimize treatment risks, we kindly ask you to answer the following questions in advance:

- 1 What is your height? \_\_\_\_\_
- 2 What is your weight? \_\_\_\_\_
- 3 Has an MRI already been performed once?  
Which body region? \_\_\_\_\_  
When? \_\_\_\_\_  
Where? \_\_\_\_\_
- 4 Were there any complications? Yes  No
- 5 Do you have any allergies?  
(contrast medium, plaster, medication, asthma, hay fever, food...)  
Yes  No   
If yes, which Allergies? \_\_\_\_\_  
\_\_\_\_\_
- 6 Do you suffer from claustrophobia? Yes  No
- 7 Do you have any metal in your body? Yes  No   
- pacemaker, defibrillator? Yes  No   
- heart valve? Yes  No   
- joint prothesis, insulin pump, stent? Yes  No   
- hear aids, piercings, braces? Yes  No   
- surgical clips, metal splinter? Yes  No
- 8 Do you have any tattoos or permanent makeup? Yes  No   
If yes, which? \_\_\_\_\_
- 9 Have you ever had surgery?  
If yes, why? \_\_\_\_\_  
When? \_\_\_\_\_
- 10 Do you suffer from a kidney disease? Yes  No
- 11 Do you suffer from any infectious diseases (HIV, hepatitis, tuberculosis)? Yes  No
- 12 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

\_\_\_\_\_  
Radiologist

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

Ja  Nein