

Computed Tomography (CT) Patient Information

Dear Patient,

IF YOU MAY BE OR ARE PREGNANT, PLEASE INFORM THE STAFF AT THE INFOPOINT OF YOUR PREGNANCY BEFORE THE EXAMINATION!

Your doctor has referred you for a computed tomography (CT).

The examination:

The examination takes about 10 to 20 minutes. In the CT room you will lie on a special bed which moves slowly through the opening of the CT scanner during the examination.

During this time, cross-section images of your body are obtained using x-rays. Please lie very still and follow the breathing commands as accurately as possible in order to avoid blurring of the images.

Contrast material:

Many medical examinations require intravenous administration of contrast material, which is usually administered with an automatic syringe through a vein in the arm or hand.

Possible side effects and complications:

- Reddening or small hematomas at the site of injection are non-specific and usually insignificant.
- A sensation of warmth in the body and a bitter taste in the mouth are common, harmless, and pass quickly.
- In very rare cases the vein may burst during the injection or the cannula may be incorrectly positioned. In this case, contrast material may seep into the tissue. This is immediately felt as a painful sensation. Please report this immediately even if the imaging procedure is in progress, so that the injection can be stopped immediately.
The contrast material that flows into the tissue is excreted through the lymph tract.
No serious after effects can be expected.
- In principle, hypersensitivity reactions (allergies) to the contrast material (carrier substance or iodine) may occur. These are largely limited to skin rashes which pass quickly.
- Sometimes you may experience an irritation in the throat; sensitive persons may also experience shortness of breath in rare cases.
- During the examination please immediately report any complaints that you consider unusual. The doctor in charge will be consulted immediately.
- Serious incidents, and even allergic shocks or cardiovascular arrest are possible - as is true for nearly all medications. However, such events have been reported extremely rarely for several million administrations of contrast material.
- A doctor is on-site for immediate consultation if such a reaction occurs.

In view of its benefits, contrast material may be regarded as a safe medication. However, its use may be subject to limitations in some persons.

In order to make it safe for you to receive contrast material you are requested to answer the following questions (on the back of the Patient Information and Consent Form).

Of course you have the right to refuse contrast material without stating any reasons. If you wish, your doctor will inform you about any disadvantageous aspects of your decision.

CT

Patient's Name: _____ **Date:** _____

(Please fill out)

1. Have you ever undergone any of the following examinations?

- X-ray of the kidneys (IVP/IVU) YES NO
 Computed tomography (CT) with contrast material YES NO
 Imaging of leg veins (Phlebography) YES NO
 X-ray of the vessels (Angiography/Cardiac catheter) YES NO

2. Have you ever experienced the following after the administration of contrast material:

- Nausea / Vomiting / Shortness of breath / Choking sensation YES NO
 Asthma attack YES NO
 Skin rash YES NO
 Seizures, Unconsciousness YES NO
 Cold chills YES NO
 Pain YES NO

3. Are you known to suffer from any of the following diseases?

- Diabetes YES NO
 Thyroid disease YES NO
 Diseases of the kidney / adrenal glands YES NO
 Allergies that require treatment YES NO
 Asthma YES NO

If YES, what medications are you taking for the above mentioned diseases?

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 Kahler's disease (bone marrow disease) YES NO

4. Body weight kg

5. For patients who have been referred from hospitals of the Wiener Krankenanstaltenverbund (KAV):

In addition to your personal pick-up of the images and reports of this examination, they can be sent by the digital mode to the Central Archive of the Wiener Krankenanstaltenverbund or the archive of the General Hospital of Vienna, where an authorized doctor may inspect the reports. The purpose is to avoid repeat examinations.

I agree to this archiving procedure YES NO

6. For women:

- Could you be pregnant? YES NO
 Are you currently breast-feeding? YES NO

I confirm I have read the Patient Information and Consent Form and have understood its contents. I consent to undergo the suggested examination.

Patient's Signature

Doctor's Name and Signature

Guardian's Signature
 (For patients below 18 years of age)

Name and Signature of the Radiologic Technologist

Date/Time

**Thank you for your cooperation.
 Your DZU Team**

CT