

## **Intravenous Pyelography (IVP) Patient Information and Consent Form**

*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 an X-ray examination of the kidneys and the urinary tract (IVP).

#### **The examination**

First we will take an X-ray of your kidneys without contrast material in order to determine whether the examination can be performed, and to identify any stones that may be present.

Contrast material will then be injected into a vein in the arm. The contrast material reaches the kidneys through the bloodstream first before being excreted through the urinary tract. In order to evaluate this, several X-rays are obtained at intervals of about 5 to 10 minutes. In contrast to usual X-ray examinations, this excretory urography ordered by the responsible physician permits the examiner to not assess the appearance of the examined organs and their function (excretion). This is the difference between this examination and other examination methods such as ultrasound. The examination usually takes about 30 minutes, but may take a few hours in rare cases. Depending on the findings, so-called late images (up to 24 hours later) may also be taken.

#### **Contrast material:**

This examination requires intravenous administration of contrast material, which is also administered through a needle into 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.**

**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?

.....  
 Kahler's disease (bone marrow disease)  YES  NO

**4. Body weight ..... kg**

**5. 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**