

## Patient information and education:

### Computed tomography with or without contrast agent

Your doctor has recommended that you have a **CT scan**. The scan will most likely lead to a more detailed diagnosis of your condition or rule out a suspected condition.

 **Please note that as radiologists, we cannot make treatment recommendations. Your referring physician will advise you on appropriate therapies.**

#### ■ What is computed tomography (CT)?

CT is an X-ray imaging procedure. You lie quietly and relaxed on the examination table of the device for a few minutes and are moved through a short, open ring for a few seconds. The examination is possible without any problems if you are claustrophobic. You may be asked to take one or more deep breaths and hold your breath.

#### ■ How high is the radiation exposure?

We are doctors specialised in radiation protection and you can be sure that we will carefully examine the necessity of your examination. The use of X-rays on humans is subject to strict legal requirements and is monitored. The individual dose required for you depends on many factors (e.g. the diameter of the part of the body being examined), so it cannot be predicted exactly. If a certain radiation value (limit value) is exceeded, this does not automatically mean that it is actually dangerous. Limit values are not used to differentiate between dangerous and harmless. Exceeding a limit value means that the probability of health consequences occurring is higher than a theoretically assumed value. The tissue of younger people is generally more susceptible to radiation damage than the tissue of older people. The dose generally increases with obesity and with metallic implants in the examination area (e.g. hip prosthesis).

#### ■ Are there alternative methods of examination?

Normal ('conventional') X-ray, MRI, ultrasound or nuclear medicine examinations. We and your referring doctor have selected the most suitable examination for your (suspected) illness.

#### ■ What are the possible complications of contrast agent?

The side effect rate of modern contrast agent is low. Injection into a vein can very rarely lead to bleeding, inflammation or infection. If an extravasation occurs, i.e. the contrast agent does not flow into the blood vessel (vein) but into the surrounding tissue, serious complications requiring surgery are very rarely to be expected.

Contrast agent (and possibly other medications) may cause intolerance or allergic reactions. These are very rare and are usually mild reactions (e.g. rashes, nausea). Severe allergic reactions, including life-threatening anaphylactic shock with permanent organ damage, are very rare and usually occur within the first 30 minutes after contrast administration. During this


time, you should remain in our practice for observation. You are advised not to drive a car or operate machinery within the first hour after administration of the contrast agent. If you are known to be allergic to iodine, you should not be given a contrast medium. In the case of abdominal examinations, you will be asked to drink water before the examination in order to be able to better assess the intestine. For abdominal and pelvic examinations, you should avoid going to the toilet immediately before the examination. The bladder is easier to assess when it is filled with urine. If you already have impaired kidney function (also known as renal insufficiency), this can be worsened by the administration of a contrast agent, even to the point of kidney failure requiring dialysis. If you have, or are suspected of having, severe renal insufficiency, no contrast agent will be used. Iodinated contrast agent can cause thyroid hyperfunction in certain pre-existing conditions (e.g. Basedow's / Graves' disease). Symptoms include palpitations, nervousness, extreme restlessness and increased sweating. If you experience any of these symptoms, contact your doctor immediately. Drink more fluids than usual in the first 24 hours after the examination.

#### ■ Additional information for women

Tell us immediately if you are or may be pregnant. A CT scan is **prohibited** at any time during **pregnancy**. It is **not necessary to interrupt breast-feeding** after a contrast scan. If you wish to interrupt breast-feeding, a break of 24 hours is recommended.

#### ■ Refusal of the examination or the administration of the contrast agent

Refusing a CT scan or contrast agent administration may have **serious health consequences** for you. Therapies/surgeries may not be able to be carried out or may be delayed.

 **I have read and understood the patient information.**



Date



Your Signature



**Patient information and education:**  
Computed tomography with or without contrast agent

What symptoms do you have and how long have you had them?	
Your <b>height:</b> <b>cm</b> Your <b>weight:</b> <b>kg</b>	Your email address for future reminders:
Previous <b>x-ray / CT scans?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what, when and where?
Previous <b>nuclear medicine</b> scans (e.g. bone scan, thyroid scan)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what, when and where?
Previous <b>radiation for cancer or tumours?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what, when and where?
Do you have or have you ever had an <b>infectious disease</b> , e.g. HIV/AIDS, hepatitis, tuberculosis?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what and when?
Do you have a <b>fever</b> at the moment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you <b>smoke</b> or have you ever smoked?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, how much?
Any known <b>allergies to contrast agent, iodine</b> or other substances/materials? E.g. medicines, plasters?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which ones?
Are you <b>diabetic</b> ? If yes, are you taking metformin-containing medication?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you currently take <b>painkillers</b> such as Voltaren®, Diclo, diclofenac, Ibu®, ibuprofen?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which ones?
Have you had <b>surgery</b> or <b>radiotherapy</b> in the area being examined?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what kind and when?
Do you have any known <b>kidney disease</b> or kidney failure?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what kind?
Have you had a <b>kidney transplant</b> ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have an overactive thyroid? ( <b>hyperthyroidism</b> )?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have a history of <b>Basedow's</b> or <b>Hashimoto's thyroid disease</b> ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what kind?
Are you currently taking <b>thyroid medication</b> (e.g. L-Thyrox®, L-Thyroxin, Euthyrox®)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what type and dosage?
Have you had <b>thyroid surgery</b> ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, why and when?
Name and place of <b>family doctor</b> (if not the referring dr.):	
<b>Additional question for women:</b> Are you or could you be pregnant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> A CT scan is <b>prohibited</b> at any time during pregnancy.

■ **Declaration of consent**

I agree to the CT examination being carried out:



Yes:

No:

I agree to the administration of a contrast agent if necessary:



Yes:

No:

With my signature, I hereby **agree** that Radiologie Betzdorf may transmit my treatment data and findings to other doctors, hospitals, other service providers (in accordance with Section 73 (1b) SGB V) or cost bearers (e.g. health insurance companies) insofar as this is necessary for the purpose of my further treatment, diagnostics and for the purpose of billing for the services provided, and collect the necessary data and findings from the aforementioned organisations and process and use them for the purposes of the treatment and diagnostics carried out by us. You can revoke this declaration of consent in whole or in part at any time in the future. Data processing for the purposes of quality control is regulated by law in the SGB V and does not require your consent.



**Date**



**Your Signature**