

Information Sheet - Computed Tomography (CT)

Dear Patient,

CT is a diagnostic method using a rotating X-ray tube to produce a tomogram of your body. Subsequently, very thin images are calculated for the diagnostic evaluation. In this way, an accurate representation without overlapping is possible.

For the examination your body is moved at uniform speed through a ring, which contains an x-ray tube and an opposing detector. First, a simple X-ray picture is taken to obtain an overview and then the region to be examined is adjusted accurately. During the examination, it is important not to move, to breathe evenly and if necessary to stop breathing for a short period of time when requested. The examination in the CT takes only a few minutes. The radiation exposure is low, but compared to an X-ray it is usually higher. By using advanced mathematical methods, we achieve the lowest possible dose for each examination. The indication for the examination is checked by the doctor.

What happens during the examination?

The examination is completely painless and takes only a few minutes. You will be looked after by experienced staff. An intercom enables contact with the medical staff throughout the entire examination time. Lie down calmly and relaxed on the examination table and pay attention to our instructions. You should not move during the examination. For examination of the lungs and the abdominal cavity you will receive breathing instructions so that the images are not blurred by respiratory motions.

Preparation for the examination in the practice

For the examination of the abdomen, it is necessary to drink a diluted contrast medium to colour the intestines. The contrast medium must be swallowed in short sips over a specific period of time (usually 30-60 minutes). Also filling of the rectum is useful for certain questions.

Consent to intravenous contrast agent administration

For improved differentiation of soft tissue structures and for visualisation of blood vessels, the intravenous administration of a contrast agent containing iodine is important. For this purpose, venous access is created on an arm vein or a vein on the back of the hand and then removed again after the examination.

The need for contrast agent administration is determined by the doctor prior to the examination. Contrast agents are generally well tolerated. However, in cases of hypersensitivity (allergy), it may cause itching, rash, shortness of breath and circulatory reactions. This may require the administration of anti-allergic medicines, which usually quickly cause the symptoms to subside. Severe, life-threatening situations are extremely rare. The contrast agent is designed specifically for computed tomography and is tested and approved in accordance with the pharmaceutical research regulations.

To minimise any risk during the examination, please answer the following questions:

Do you know of any allergic reactions (e.g. hay fever, hypersensitivity to medicines or food - especially iodine) that you have? YES NO
If yes, which? _____

Have you undergone CT or X-ray examinations with contrast agents in the past? YES NO
If yes, did intolerances occur? YES NO

Do you have hyperthyroidism? YES NO
TSH value: _____

Do you take thyroid medication? YES NO
If yes, which? _____

Have you undergone thyroid surgery? YES NO

Do you have a reduced kidney function? YES NO Creatinine value: _____

Do you have an infectious disease such as hepatitis, HIV, etc.? YES NO
If yes, which? _____

Do you suffer from diabetes mellitus? YES NO
If yes, which medicines do you take? _____

Your weight _____ kg Your height _____ cm

Women between the ages of 10 and 65:

Are you pregnant? YES NO
Are you breastfeeding? YES NO

I have no further questions.

I have read and understand the information sheet and declare that I am willing to:

undergo the examination with X-rays.
 with possible contrast agent administration

Date _____ Signature of patient and/or guardian _____

Comments by the doctor about the patient discussion/ indication for the CT examination/ contrast agent administration:

Signature of doctor: _____

Declaration of consent Data protection In compliance with the provisions of the German Social Code (SGB V) and of medical confidentiality, I hereby agree that the RZM (Radiological Centre Munich-Pasing) doctor who is treating me herewith may be allowed access to findings and treatment data from other treatment providers (family doctor, specialist doctor, hospital and other medical service providers) and may share collected findings and image data with other participating and still to participate attending physicians (data transmission). This also applies to the report to the referring doctors. This consent is valid for the current examination/treatment and can be revoked at any time. I have received a copy of this information sheet/ consent form.

Date _____ Signature of patient and/or guardian _____

Missing referral form: I herewith undertake to submit the missing **original** referral form within one week, otherwise a private invoice will have to be issued.

The referring doctor (Name/ Field of Specialization/ City: _____

has been informed about the planned examination and has given his/her consent
 has not been informed

Date _____ Signature of patient and/or guardian _____