

## Patient Information Sheet for CT examination

**Dear Sir/Madam, Dear Patient,**

Your treating physician has recommended a CT examination to clarify your potential disease. In order to perform this examination, you have to give written consent. This written consent form contains the most important information regarding the examination.

**Please bring your previous findings to the examination.**

### *Course of the CT examination:*

A CT that is computer tomography examination is a special X-ray examination which creates images of various regions of the body.

During the examination, you will have to be on a scanning table which continuously and slowly slides into the ring of the CT device. This tunnel is wide, so it does not cause claustrophobia in most patients. There is continuous contact with the assistants performing the examination via a microphone built-in the device. You will have to lie still and relaxed during the examination, however, it is important to **breathe as instructed**.

Intravenous contrast agent may have to be administered in certain cases, most commonly into a vein of the elbow via a previously inserted cannula. You may feel slight harmless warmth during the administration of the contrast agent, this feeling resolves in a few seconds.

It is important to know that without the administration of the contrast agent, the diagnostic value of the examination may decrease significantly and the potential disease may not be detected.

Patients usually have to drink sugar-free and non-carbonated water or in some cases 1-1.5 litres of diluted contrast agent in one and a half hours before abdominal and lesser pelvic examinations. This substance may rarely cause diarrhoea, but it has no other side effects, and without this substance, the diagnostic value of the examination may decrease significantly.

CT scanning is completely painless and usually takes 3-5 minutes.

### *Potential complications:*

Usually, a CT examination is a low risk routine procedure. The administered intravenous contrast agent usually has no side effects. However, in rare cases complications may occur during or shortly after the examination. These complications may include:

- **Rarely** slight allergic (hypersensitivity) reactions may occur to the contrast agent, its symptoms may include nausea, itching, or rashes. Most of these symptoms resolve by themselves, and do not require any treatment.
- **In extremely rare cases**, severe allergic reactions may develop with the swelling of the laryngeal mucosal membrane, cardiac and vascular insufficiency, decreasing breathing, and cramps. These symptoms require immediate intensive medical care. These symptoms may be life-threatening in certain cases. In case of an allergic reaction, the physician performing the examination prevents the patient's condition becoming more severe and reduces the allergic reaction with proper drug treatment.
- **In extremely rare cases**, if the patient has kidney or thyroid disorders at the time of the administration of the contrast agent, the administration of the contrast agent may further worsen renal function or may lead to hyperthyroidism. In this case, infusion or drug therapy is required.
- **In extremely rare cases**, the injection may damage the wall of the vein and the skin, surrounding soft tissues or nerves (for example abscess, necrosis, or irritation of nerves or veins may develop at the site of the administration of the injection). These complications may require drug therapy or surgical intervention, and may cause permanent lesions or complaints (scars, numbness).

You will be exposed to X-ray radiation during the CT examination. The administered dose of the X-ray depends on the type of the examination, but it is usually low, immediate adverse event is not expected. You will be informed of the radiation exposure of a certain examination on your request. X-ray beams may be harmful to the unborn child during pregnancy. Therefore, it is essential that you inform your doctor if you are pregnant or suspect to be pregnant.  
Consent of the parent/guardian is required in case of CT examination of a minor patient.

*What should I pay attention to?*

Before the examination:

Please follow the doctor's instructions carefully (such as regarding eating/drinking, taking medications). Unless otherwise instructed by your physician, you should not eat for at least 6 hours before the examinations, but you may drink fluid (sugar free and non-carbonated water) and you should not smoke for at least 1 hour before the examination.

The administration of intravenous contrast agents may lead to renal impairment, therefore, if you have known renal disease, and/or if you are above the age of 70, renal function (serum creatinine level) should be checked within one week before the examination. The administration of intravenous contrast agent may be contraindicated in case of impaired renal function as it may lead to acute renal failure.

If you have diabetes mellitus and you take a drug containing metformin, serum creatinine level should be checked before the administration of intravenous contrast agent in all cases, and you should bring the result of this test for the examination. The drug containing metformin should not be taken for 48 hours before and 48 hours after the examination in order to protect renal function.

After the examination:

Unless otherwise instructed by your physician, abundant fluid intake is recommended after the examination to help restore normal fluid homeostasis of the body.

If you experience itching, sneezing, pain, nausea, diarrhoea, or any other symptoms on the day of the examination or on the following day, notify your physician immediately.

**Statement:** I acknowledge the above information, I agree to perform the examination and to administer the intravenous contrast agent, and I ask for it.

Budapest, .....day .....month 201....year.

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Signature of the physician  
informing the patient

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Signature of the operator

.....  
Signature of the patient/his/her  
legally authorized representative

**Statement:** I acknowledge the above information, I do not agree to administer the intravenous contrast agent.

Budapest, .....day .....month 201....year.

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Signature of the patient/his/her legally  
authorized representative