

Patient's Information List about computer tomography examination using a contrast agent

Name, surname _____

Personal code _____

Height _____ Weight _____

☞ **Please read this information regarding computer tomography examination using a contrast agent!**

Computer tomography examination with a contrast agent is made for the purpose of diagnostics. Infusion of the contrast agent is needed to highlight particular areas of your body in order to obtain detailed information on your condition which is impossible to achieve otherwise.

What should be observed prior to computer tomography using the contrast agent?

Inform doctor, if You have:

- had previous reaction to contrast agents containing iodine;
- any type of allergies, especially allergy/-ies to medications;
- asthma
- hepatic and kidney disease, diabetes, gout, hypertension, thyroid body disease.
- **For female patients!** Please inform doctor about possible or existing pregnancy.

Are you pregnant? : yes ☐ no ☐

(please check applicable)

- Inform the doctor about any medication you are taking or have been taking during the last month.
- Drink a lot of water. It is recommended to drink at least 200 ml before examination and at least 2,5 l within next 24 hours after the examination. During hot season liquid intake should be increased.
- It is not advisable to use drinks containing caffeine and alcohol before and after the examination with a contrast agent.
- Refrain from eating for 2 hours before the examination with contrast agent.
- It is advisable not to drive a vehicle after the examination.

Risk factors of undergoing computer tomography examination with contrast agent.

Any medical manipulations or examinations involve some risk factors, therefore please be informed about rarely possible, unwanted side effects or rare complications. Most common immediate side effects are general sensations of warmth or coldness; quite often peripheral aches appear, rarely - nausea, vomiting or other allergic reactions. It is possible that you will have delayed reactions, such as shortness of breath, skin rash, hives and vascular oedema, but generally they are mild and passing.

In any case, if you are worried about your condition following the examination, please contact your attending doctor or pharmacist.

I have received all necessary information on computer tomography examination that interests me. I understand the essence of this examination and the related side effects and complication risk. I also understand that during the examination of computer tomography with a contrast agent some unforeseen conditions might arise which may require additional procedures, and I agree to undergo this procedure. I undertake to inform the doctor-radiologist about any changes of the state of my health during computer tomography examination with a contrast agent.

I agree that radiologist (name, surname) _____ will perform the computer tomography examination on me with a contrast agent and I hereby certify it with my signature.

Patient: _____
(name, surname) (signature)

Date: _____ **Time:** _____

