

Dear Patient,

**IF YOU HAVE A CARDIAC PACEMAKER PLEASE REPORT THIS IMMEDIATELY!  
PLEASE DISCLOSE THE POSSIBILITY OF A PREGNANCY OR AN EXISTING PREGNANCY  
BEFORE THE START OF EXAMINATION!**

We request you to read the following text for your information and then answer the questions on the rear page. If you have further questions please speak to the medical technical staff or the examining doctor.

MRI is one of the most modern diagnostic procedures. It permits the radiologist to obtain high-resolution images of your body **without the application of X-rays**. To produce the images one needs a strong magnetic field and high-frequency impulses. The signals received from the body are evaluated by the computer. The examination is entirely painless; no harmful effects are known.

### The examination

When you are called for the examination please take off all your clothes except for your underwear, a cotton undershirt (if any) and socks. Because of the strong magnetic field, it is essential that you leave all **metal objects** (e.g. jewelry, watch, dentures, wallet, coins), **piercings**, all **data storage media** (such as check and credit cards, park tickets) and **hearing aids** or similar objects in the cabin.

Depending on the organ to be examined, the examination may take a few minutes or half an hour. You will be positioned suitably for the examination and then pushed on a mobile slab into a tubular ring magnet. The "magnet tube" is illuminated from within, always ventilated, and open at the head and the foot. Through an intercom and an emergency bell you can always communicate with the assistant performing the examination; however, you should use these only in the event of an emergency. During the examination you will hear repeated loud **knocking sounds**. These sounds are normal and are part of the examination procedure. Of course we provide you with ear protection by way of earplugs or headphones.

It is very important that you lie still because even minor movements may cause disturbances in the images.

As we perform every examination individually you may have to wait. If this happens we request your understanding. We always try to minimize delays.

### Contrast medium

In order to show abnormal changes more clearly it may be necessary to administer an MR contrast medium in an arm vein.

### Possible side effects and complications:

- Reddening and possibly small hematomas at the site of injection are non-specific and usually irrelevant.
- In very rare cases the vein may burst during the injection or the tube may be positioned incorrectly. In this case the contrast medium may enter the tissue. One perceives this immediately as a painful sensation. Please report this immediately even if the imaging is already in progress so that further injection of the contrast medium can be stopped. The contrast medium entering the tissue is eliminated through the lymph tract; this is no reason to anticipate any serious consequences.
- Hypersensitivity reactions (allergies) to the contrast medium are basically possible. These are largely limited to skin rashes which resolve rapidly. Occasionally there may be a tickle in the throat; sensitive persons may experience breathlessness in rare cases.
- During the examination please report immediately any symptoms you consider unusual.
- In rare cases, in patients with impaired renal function the administration of MR contrast medium may lead to a delayed systemic connective tissue reaction ("nephrogenic systemic fibrosis"). If you are known to suffer from limited kidney function (or if such limited function is suspected), please inform the doctor or the assistant before the MR examination.
- Serious incidents ranging up to allergic shock or cardiovascular arrest are possible - as is true for nearly all medications. However, such events have been extremely rare in the last few years - with the use of new contrast media.
- If side effects occur, medical help will be immediately available.
- The contrast medium is a safe medication when viewed in relation to its benefit. Of course, you can refuse the administration of contrast medium without stating any reasons.

**The contrast agent should be considered a safe drug in relation to its usefulness. Of course, you can refuse the administration of contrast medium without giving a reason.**

erstellt/geändert von:	C. Renn	geprüft von:	L. Prayer		
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# Patient Information

## Magnetic resonance tomography (MRI) Page 2



Patient's name:		Date of birth:	
Date of examination:			

Do you have a cardiac pacemaker?  NO  YES

Have you had an eye injury (e.g. a fragment of metal or shrapnel)?  NO  YES

Have you ever undergone surgery in the heart, blood vessels or head, particularly in the eyes or ears?  NO  YES

If yes, what operation(s)? \_\_\_\_\_

Other operations? (apart from appendix and tonsils)  NO  YES

If yes, what operation(s)? \_\_\_\_\_

**Do you have the following implants?**

- Insulin pump, pain pump  NO  YES
- Middle ear implant, hearing aid  NO  YES
- Cardiac valve(s)  NO  YES
- Stent, vascular clip  NO  YES

Do you have metal in your body (e.g. prostheses, metal clips, shrapnel)  NO  YES

If yes, what and where? \_\_\_\_\_

Do you suffer from allergies, asthma, contrast medium or drug intolerance? (iodine allergies are of no importance for this examination)  NO  YES

Have you undergone an MRI in the past?  NO  YES

Do you have a tattoo or permanent make-up?  NO  YES

Do you have a piercing / a dermal anchor? *These must be removed before the examination!*  NO  YES

Body height \_\_\_\_\_ cm / Body weight \_\_\_\_\_ kg

**For women:**

- Are you pregnant?  NO  YES
- Are you currently breast-feeding?  NO  YES
- Do you have a contraceptive coil?  NO  YES

If you become anxious in confined spaces (claustrophobia), please inform our staff on the device.

I confirm I have read this information sheet and understood its contents. I have answered the questions on this patient information sheet to the best of my knowledge. I consent to undergoing the suggested MRI examination and to any administration of intravenous contrast medium.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Guardian's signature  
(for patients less than 18 years of age)

**Folgendes wird vom PERSONAL ausgefüllt:**

_____		_____	
Kürzel oder Unterschrift Arzt		Kürzel oder Unterschrift MTF / RT	
Anamnese	Krea: _____ mg/dl	GFR: _____ ml/min/1.73 m <sup>2</sup>	Datum Blutbefund: _____