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Patient Information

Examination with Intravenous Contrast Medium

Your doctor has registered you for an X-Ray or CT examination. Before or during this procedure we may have to inject a `contrast medium` (x-ray dye) into a vein in your arm or hand.
(If you are having your abdomen investigated, you may also have to undergo an enema with contrast medium).

Contrast medium helps the clinicians to differentiate between normal and diseased tissue and enables them to observe the function of certain organs and processes.

Contrast media are generally well accepted, but *can* generate a warm feeling in the body.

In very few cases an allergic reaction may occur. If this happens, it normally manifests within approximately half an hour after injection. Reactions that need treatment are very rare indeed, but should you suffer an unusual skin reaction, breathing difficulties or any form of collapse after leaving the hospital, do not hesitate to call us or inform your GP.

We would like you to stay in or near the x-ray department for 30 minutes after the injection of contrast medium, this is only a recommendation, but is for your own safety.

After the examination you should drink more fluids than usual (tea, water etc.) in order that the contrast medium can be excreted from your system naturally by your kidneys.

Please help us by taking a few moments to fill out this short questionnaire.

Do you suffer from one or more of the following conditions? Please tick the box accordingly. This will help us to assess whether you may require further (precautionary) medication in addition to the contrast medium for your protection.

- | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|
| Iodine allergy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other allergy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Severe Kidney disease | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Over functioning Thyroid | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Cancer | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you Pregnant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you Diabetic? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, what medication is prescribed? _____

Height: _____cm Weight: _____kg

If you have any questions about the examination you are about to undergo, the radiographer in charge will be happy to answer them for you.

Date Signature.....

Initial MTRA.....