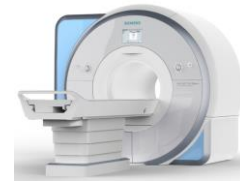


PATIENT INFORMATION and QUESTIONNAIRE for the MR EXAMINATION



Dear Patient

Magnetic Resonance Tomography is used to detect changes or abnormalities within the human body. In place of X-Rays, the MR Scanner uses short wave radio signals and a powerful magnetic field to generate high resolution diagnostic images.

Preparation

Please remove **all metal objects** such as **watches, jewellery, keys, small change, hair clips, bank cards with magnetic strips.**

Please lock the dressing room door behind you. Undress to your underpants and socks and put on the darkblue MR clothing (top and pants). Because of metal holders and clips it is not allowed to wear a bra in the MR examination room. Below the bench in the dressing room you will find a small locker, where you can leave your valuables. Please bring the key with you into the examination room. Every patient decides what to lock in. The hospital assumes no liability for thieveries.

Examination

In the examination room you will lie on a moveable table-top which will move in and out of a 70 cm wide opening. The MR machine is rounded at the back and the front and is ablazed with light. The examination consist of several running measures and **it can last between 20 and 60 minutes.** During the individual measurement periods (each of which last approximately 5 minutes) you will hear a loud knocking noise. To protect your hearing you receive earplugs or headphones. Between the measurement periods there are short breaks where it is quiet.

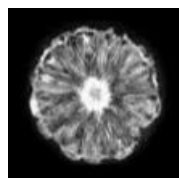
During the measurement periods you must lie very still and relaxed and you should not move, as even the smallest movement can lead to reduce image quality. Steady breathing and swallowing will however not affect the quality of the images.

Depending on the type of examination or the reason for the examination, you may receive contrast media, which would be injected into a vein in your arm. This is necessary to visualise certain organs and other structures more clearly and to potentially recognise any abnormal changes. In general the contrast media is tolerated well by patients. If an allergic reaction or hypersensitivity is triggered by the contrast media it may lead to nausea, itching, rashes and other similar symptoms, although these usually subside quickly. More severe allergic reactions to specific organs or the circulation system are rare. Life threatening reactions are extremely rare.

During the entire examination you will remain under the careful supervision of the radiographer in charge. Should you experience any problems, you can make contact at any time using the emergency button provided.

Because of the strong magnetic field in use and the relatively limited space in the scanner, this examination is not suitable for every patient. We would therefore kindly ask you to fill out the following questionnaire honestly and to the best of your ability.

MR pictures of a pineapple



Surname: _____
 First Name: _____
 Date of birth: _____

Radiologie
 Kantonsspital Nidwalden
 Ennetmooserstrasse 19
 CH-6370 Stans
 T +41 (0)41 618 17 61
 F +41 (0)41 618 17 69
 radiologie@ksnw.ch
www.ksnw.ch

We kindly ask you to answer the following questions:

Yes No

1. Height _____ cm Weight _____ kg
2. Do you have a pacemaker, neurostimulator, insulin pump, pain pump or other implant fitted?
3. Do you have a removable dental prosthesis?
If yes, is it fixed with magnets?
4. Are there any metal parts in your body (metal prosthesis, clips, shrapnel, piercings?)
If yes, what kind? _____ Since when? _____

5. Have you had an injury to your eye involving metal splinters?
If yes, have the splinters been removed?
6. Have you had a heart or head operation?
7. Do you wear a hearing aid?
8. Do you suffer claustrophobia (fear of enclosed spaces)?
9. Do you have any tattoos or permanent make up?
10. Do you suffer from kidney disease?
11. Do you have any allergies?
12. Women: Are you pregnant or breast feeding?
13. If necessary, would you agree to have contrast media injected?

Please note that the above mentioned criteria also apply to persons accompanying in the examination room.

I agree to undergo the required examination.

Date

Signature Patient
(for patients under 18 signature of legal guardian)

Visum MTRA