

Computertomography (CT)

Computertomography is a modern x-ray examination that can show many details of internal organs, bones, soft tissues and blood vessels. During the scan thin cross-sectional slices of the body part in question can be viewed and interpreted on a computer screen by the radiologist.

During the examination you will lie on a table which moves slowly through the scanner. The examination including all preparations lasts about 5-10 minutes, the scan itself only takes a few seconds. We use a modern device with a wide open ring, so it is usually no problem for patients suffering from claustrophobia. For some abdominal examinations it is necessary to start drinking a contrast solution 1 hour before the examination to make the intestines visible.

Furthermore a contrast agent injected into an arm vessel may also be needed to see if there are any additional pathological conditions in the organs. The contrast agent is a diluted iodine solution, which is usually well tolerated. A warm sensation in the body is a normal

feeling after the injection. Allergic reactions are very rare, sometimes there may be a mild skin reaction such as itching. Very rarely some life threatening reactions may occur, but they can be treated by our trained team quickly.

If you have a thyroid disease, an additional thyroid medication may be necessary before the injection of the contrast agent.

The contrast agent is passed through the kidneys, therefore it can not be used if you have a kidney malfunction. In any case it is recommended to drink a lot of liquid after the examination.

Diabetic patients taking pills containing Metformin should stop taking these pills for a period of 48 hours after the examination. After the examination is completed, you will be asked to wait until the radiologist verifies that the image quality is high enough for accurate interpretation. In most cases we will give you a printed version of the images or a CD, the written results will be sent to your doctor as soon as possible.

	yes	no
• Do you suffer from a thyroid malfunction?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any kidney malfunctions?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you take diabetic medicine?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you suffering from an infectious disease (such as HIV, hepatitis)?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Radiologist:

Anamnese
Laborwerte
OPs
KM

Geplante Untersuchung / KM- Protokoll:

Kürzel

Name:

Given name:

Date of Birth:

Agreement:

I have no further questions, everything has been sufficiently explained, I have had enough time to think it over and I agree to the examination

I agree to the injection of a contrast agent

yes

no

Date

Signature