

MRI Information

Dear Patient,

You have been referred to us for an MRI scan. We will be discussing the reason for undertaking the scan, and any considerations or risks relevant to your case, personally with you. Below some initial general information.

What is an MRI scan?

The **Magnetic Resonance Imaging** scan allows us to make all manner of images of the entire human body. The pictures provide invaluable information for a medical diagnosis. MRI uses a high magnetic field and radio waves, not x-ray. During the examination patients lie in a magnetic field of 1.5 tesla. The signals emitted by the human body are received by specialised antenna (spools). A computer creates digital images from these signals.

Possible complications

To date there are no known negative effects on the human body from these machines. In exceptional cases there may be a mild headache or a feeling of warmth, either of which will abate of their own accord. A few individuals may experience claustrophobia.

While particular circumstances preclude an MRI scan, very exceptional factors might force waiving this usual precaution.

The examination

Before the scan all metal objects must be removed in the changing room or earlier, including all magnetic chips (e.g., hearing aids, watches, glasses, hairpins, money/small change, keys, cheque/credit cards, etc.). During the scan patients lie comfortably in a day-lit, airy and spacious room. Once settled on the examination table, patients should inform the medical staff of anything causing them any discomfort. NB: patients are monitored throughout the scan. Patients are given an alarm button for emergencies and can speak with the staff via an intercom system. Ear plugs are supplied to shield the noise emitted by the scanner, which some patients find uncomfortable.

During the scan it is paramount that patients lie absolutely still, to avoid impairing the image quality (thus avoid needing a repeat-scan). The medical team demonstrate to patients how to breathe normally during the scan – it is important that patients follow these instructions. A scan usually takes 15 to 20 minutes.

Contrast agents

Contrast agents used for magnetic resonance tomography do not contain iodine and are more easily tolerated than x-ray contrast agents.

The so-called paramagnetic contrast agents are used to improve the image of blood vessels, organs or body cavities, thus improving diagnosis of certain disorders. Usually the contrast agent is injected into a superficial vein (e.g., in the arm). The injection may sometimes lead to localised feelings of warmth or discomfort.

Side-effects

Side-effect arise extremely seldom, and are then only transitory; these could be:

- headache, dizziness, chills
- nausea, vomiting, reddened skin, feeling of warmth
- altered sense of taste / sensation
- potential to collapse, reduced blood pressure

even less frequently:

- cramps, serious allergic reactions which may be life-threatening or cause lasting damage

Patients should alert the medical staff as soon as any problems arise!

MRI Questionnaire

Patients must carefully and accurately respond to the following questions (circle the correct response):

- | | | |
|---|-----|----|
| - do you have a cardiac pace-maker? | yes | no |
| - do you have an artificial heart valve? | yes | no |
| - do you have any metal in your body?
(e.g., artificial joints, insulin pumps, ear implants/hearing aids,
vascular clips , shell splinters/shrapnels, port systems,
contraceptive coil, dental braces, needles/pins, etc.) | yes | no |
| - do you have any piercings? | yes | no |
| - have your head or heart ever been operated on? | yes | no |
| - could you be pregnant? | yes | no |
| - are you breast-feeding? | yes | no |
| - do you have any allergies?
(e.g., hay-fever, against penicillin / iodine / plasters, etc.)
please list all allergies: -
-
-
- | yes | no |
| - do you suffer from claustrophobia? | yes | no |
| - do you have any tattoos? | yes | no |
| - have you ever had swarf (metal dust) in your eye(s)? | yes | no |
| - do you have any communicable diseases?
(e.g., HIV/AIDS, Hepatitis, etc.)?
Please list all communicable diseases: -
- | yes | no |

Confirmation

I have been given detailed information concerning the intended examination. I feel fully informed and have no further questions. I consent to the intended examination, including use of any potentially necessary contrast agents, having had sufficient time to reflect.

place, date, time

signature of patient/carer

signature of doctor

Declining examination: The examination, including use of any potentially necessary contrast agents was declined following detailed discussion. The patient was informed of any detrimental effects arising from this decision.

place, date, time

signature of doctor

signature of patient/carer

We are happy to answer any further questions you might have before an appointment -

Information we require to set up an appointment

Desired date for the examination*:	
Desired Examination:	
Surname:	
First name:	
Date of birth:	
Full home address:	
Daytime and mobile telephone number:	
E-mail address:	
Fax number (if necessary via your referring doctor):	
Referring doctor: Name: Position: Organisation (incl. address): Telephone: Fax:	
Documents we require to set up an appointment (to be faxed or mailed to us):	A copy of your passport The referral letter from your doctor Medical reports of any pertinent prior examinations, operations, pathologic workups, imaging List of medication
Chosen method of payment:	Cash EC card Credit card (Visa, Master, no AmEx)

*NB: we are able to offer appointments for the following week, possibly even earlier - please ask us; working hours Mon – Fri 8am – 5pm, Sat by appointment)

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