

Arthrography with MRI or CT – Information for the Patient / Questionnaire

Before your scheduled Arthrography Appointment with MRI or CT an injection must be made into the joint which is to be scanned. The injection will take place in an x-ray room. After the injection has taken place, we will bring you to the MRI or CT room. This is the room where the scanning procedure will take place.

Preparation

Please go to the changing room and close the curtain. Remove all your clothes from the waist up and put the gown provided on. Remove your watch, jewellery and other items such as Credit Cards, any small change you may be carrying, hair clips ie anything that exists with metal in it or that has a magnetic strip.

Arthrography Procedure

You will be given a local anesthetic straight into the joint with a thin needle. Firstly a small trial portion of the contrast agent will be administered and if there is found to be no adverse reactions, the full portion will be administered. During or after the injection, it is possible that you may feel some tension in the joint. After the injection has been administered a plaster will be put on.

There is a possibility of bruising or small pains from the site of the injection all of which are perfectly harmless and usually do not need to be treated.

In the MRT changing room, you must remove all your clothes except underwear and socks. Please put on the gown provided.

MRT Scanning Procedure

In the MRT scanning room, you will lie on a movable table which moves slowly one to two metres into the 60 cm opening. The scan can take up to one hour. During scanning you will hear a loud hammering noise. Please stay calm and relaxed and do not move. The smallest movements during the scan can affect the quality of the scan. Regular breathing and frequent swallowing do not affect the quality of the scan. You will be monitored during the whole scanning procedure by a team of experts. If you have any problems please contact our staff.

After the scanning procedure

- > Do not put any weight on the scanned joint
- > The mobility of the joint might be limited after the arthrography. For reasons of safety we recommend not to drive a car, motorcycle or bicycle after the procedure.
- > After the scan, it is possible to have a shower however not a bath
- > If you feel a burning sensation or if you notice any inflammation in the scanned joint please contact a doctor

Please answer the questions on the following page truthfully and place an x in the appropriate box:

Surname _____ Name _____

Date of birth _____ Weight (kg) _____ Height (cm) _____

Profession _____

Please turn over →

1. Was the joint, which is to be scanned, previously injured or infected?..... Yes No
War das zu untersuchende Gelenk früher entzündet oder verletzt?
2. Did you ever have a similiar scan beforehand?..... Yes No
Wurde bei Ihnen schon einmal eine Bildgebende Untersuchung des jetzt zu untersuchenden Körperbereichs durchgeführt?
3. Did you ever experience, as a result of using the contrast agent, circulatory problems, skin rashes or irritations? Yes No
Traten bei früheren Röntgenuntersuchungen mit Kontrastmittel Probleme wie z.B. Kreislaufreaktionen, Hautausschlag oder Juckreiz auf?
4. Do you have any allergies e.g. hayfever, asthma , food, medication, plaster or anesthetic intolerances? Yes No
Besteht eine Allergie (z.B. Heuschnupfen, Asthma) oder eine Überempfindlichkeit gegen Medikamente, Nahrungsmittel, Pflaster, örtliche Betäubungsmittel?.
5. Are you currently taking any blood thinners (e.g. Marcoumar, Plavix, Aspirin, Xarelto)? Yes No
Nehmen Sie blutverdünnende Medikamente (z.B. Marcoumar, Plavix, Aspirin, Xarelto)?
6. Do you have an infectious disease (Hepatitis, HIV+, TBC)? Yes No
Ist eine Infektionskrankheit bei Ihnen bekannt (Hepatitis, HIV+, TBC)?
7. Do you have a cardiac pacemaker, nerve stimulator or any other medical implant which cannot be removed? *Sind Sie Träger eines Herzschrittmachers oder. Neurostimulators..* Yes No
oder haben Sie ein medizinisches Gerät im oder am Körper?
8. Do you have removable dentures (complete or partial) or false teeth? Yes No
Tragen Sie eine herausnehmbare Zahnprothese?
If yes, are they attached with magnets? *Wird sie mit Magneten befestigt?.....* Yes No
9. Do you have metal parts in any part of your body (e.g. joints, stents, plates, pins, screws, nails, body piercing or clips)..... Yes No
Befinden sich in Ihrem Körper Metallteile z.B. Gelenksprothese, Platten, Schrauben, Nägel, Piercing, Metallclips?
Do you have any tattoos? *Haben Sie Tatoos?.....* Yes No
10. Do/did you have any metal particles in your head, eyes or skin? Yes No
Hatten Sie früher eine Metallsplitterverletzung am Kopf, Auge oder Haut?
If yes, have they been removed by a doctor? Yes No
Wurde der Metallsplitter entfernt?
11. Have you ever had any heart or head surgery?..... Yes No
Sind Sie an Herz oder Kopf operiert worden?
12. Do you use a hearing aid? Yes No
Tragen Sie ein Hörgerät?
13. Do you have claustrophobia?..... Yes No
Leiden Sie unter Platzangst?
14. Are you wearing any medical plaster? Yes No
Tragen Sie medizinische Pflaster?
15. Do you think there is any possibility that you might be pregnant?..... Yes No
Sind Sie schwanger?

If you have any questions, please contact our expert medical team.

With my signature, I give my consent for the Zuger Kantonsspital to obtain necessary medical information and image files from hospitals, radiology institutes and doctors involved in my treatment and to forward them to them.

Date _____ **Signature** _____

The form was filled in by a representative: _____