

**CT – Information for the Patient**

You have got an appointment from your doctor for a CT scan. This is a special form of x-ray which allows us to see the organs in layers.

**Preparation**

Depending of the doctors recommendations, a contrast agent can be used for better visibility of your Gastrointestinal Tract. You will receive, one to two hours before the CT, one litre of the contrast agent. The contrast agent will be excreted normally by your body. For better visibility of your rectum, it is possible, before the examination, to have a partial colonic irrigation.

For better visibility of the organs and vascular system, additional contrast agent is needed. This contrast agent will be excreted by your kidneys. The agent will be administered via an injection and will be excreted from your kidneys as a colourless liquid. After the CT scan, lots of water should be drunk to flush the contrast agent out of your system. Normally the contrast agent seems to heat up your body and you may feel the desire to urinate however this sensation only lasts a few seconds.

**Examination Procedure**

The exam takes between five and fifteen minutes. You will be asked to lie on the examination table which will move slowly backwards and forwards several times through the CT scanner. It is important that you do not move during this time. During the examination of your heart, lungs and abdominal area you will be advised as to the correct breathing procedure for example "Breath in and hold your breath... breath normally".

**To avoid any complications we require the following information:**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ kg

1. Did you ever have a CT scan before? .....  Yes  No  
*Ist bei Ihnen schon früher eine Computertomographie durchgeführt worden?*
2. Have you ever received the contrast agent before? .....  Yes  No  
If so, were there any complications?.....  
*Haben Sie schon früher Röntgen-Kontrastmittel bekommen? Wenn ja, haben Sie es gut vertragen?*
3. Do you have a medical device in or on your body?.....  Yes  No  
*Haben Sie ein medizinisches Gerät im oder am Körper?*
4. Do you suffer from any allergies or intolerances? If so, which ones?.....  Yes  No  
*Ist bei Ihnen eine Unverträglichkeit/Allergie bekannt? Wenn ja, welche?*
5. Do you suffer from Diabetes (High blood sugar)? .....  Yes  No  
If so, what medication are you taking?.....  
*Haben Sie Diabetes (hohen Blutzucker)? Welches Medikament nehmen Sie?*
6. Do you suffer from a Thyroid condition?.....  Yes  No  
*Haben Sie eine Schilddrüsen-Überfunktion?*
7. Do you suffer from Kidney disease? .....  Yes  No  
*Haben Sie eine bekannte Nierenerkrankung?*
8. Do you have an infectious disease (Hepatitis, HIV+, TBC) .....  Yes  No  
If so, which one?.....  
*Ist eine Infektionskrankheit bei Ihnen bekannt (Hepatitis, HIV+, TBC)? Wenn ja, welche?*
9. Is there a possibility that you may be pregnant?.....  Yes  No  
*Besteht die Möglichkeit einer Schwangerschaft?*

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: \_\_\_\_\_