



Magnetic Resonance Tomography (MRT/MRI)

INSTITUT DIAGNOSTISCHE UND
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Dear patient

In the following, you will find some important information about the forthcoming examination.

What is an MRT?

The magnet resonance tomography is a research method, which creates sectional views of your body on arbitrary levels. Thanks to the high soft tissue contrast, the examination is particularly suitable for the representation of soft structures such as organs, tendons, ligaments and cartilage. An essential advantage of the MRT is the fact that it doesn't involve any x-ray imaging. Instead, the equipment consists of a large and strong magnet (1.5 Tesla). Sectional views can be produced by the magnetic field and radio frequency waves in the examination area.

The examination procedure

During the examination, you are in a strong magnetic field. Therefore, you will be asked to remove all metallic items. You will be wearing special clothing for the examination.

The radiology specialist will ask you to lie down on an examination couch. It is essential that you make yourself as comfortable as possible, to ensure that you are as calm and relaxed as possible for the examination.

The body region to be examined is placed in the centre of the device. The radiology specialist controls the examination from the switch room. A large windowpane, a camera as well as an intercom system, ensure an ongoing contact with you.

The normal operating noise of the MRT is a loud, rhythmical knocking sound, and, therefore, we will provide you with ear protection. We will also give you a handheld alarm button. If necessary, you can interrupt the examination with this alarm button, and the radiology specialist will contact you.

The examination lasts between 20 and 60 minutes. It is advisable to visit the toilet before the examination.

Contrast medium

For some examinations, a contrast medium is injected into a vein of your arm. This contrast medium contains gadolinium and is usually very well tolerated. As it is the case with most medication and substances, allergic reactions may occur in very rare cases.

The contrast medium is excreted over the kidneys. To support this process, we recommend drinking sufficient amounts of liquid in the next 24 hours.

Driving a car

With intense claustrophobia, as well as with examinations in the abdominal region, medication may be administered (Dormicum® or Buscopan®), which will prohibit you from driving for 4 hours.

Our personnel is available with help and advice, should you have questions or feel unsure about anything.

Magnetic Resonance Tomography (MRT/MRI)

Name:
 First name:
 Date of birth:

Dear patient

We would like to ask you to answer the questionnaires thoroughly. We have enclosed information for the forthcoming examination. Please read that information. Our personnel is available with help and advice, should you have questions or feel unsure about anything.

| | | | |
|---|----|------------------------------|-----------------------------|
| Do you have... | | | |
| ... a cardiac pacemaker? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... a neurostimulator? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... an insulin pump? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... a hearing aid? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... any dentures? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... tattoos? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... metal on your body? (piercing, etc.) | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... Metal in your body? (artificial joints, nails, cardiac valves, clips, stents, etc.) | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Which ones? | | | |
| Did you undergo surgery... | | | |
| ... on your heart? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... on your head? (brain, ear, eye) | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Could you have metal fragments in your body? (e.g. in the eye) | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Do you suffer from... | | | |
| ... asthma or allergies? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Which ones? | | | |
| ... claustrophobia? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ... any kidney disease? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| For women of childbearing age: | | | |
| Is there a chance that you are pregnant? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are you breastfeeding? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Do you use a contraceptive coil? | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Your height: | cm | Your weight: | kg |

I confirm hereby that I took note of the information, and that I have answered the above questions truthfully. With my signature, I consent to the examination.

| | |
|-------|--|
| Date: | Signature of the patient: (or the person in charge) |
|-------|--|

Krea/GFR und Entnahmedatum:

Visum Radiologiefachperson: