

Patient information / Englisch

CT

Your doctor has requested a computed tomography (CT) scan. This examination shows your internal organs in very thin layers, allowing any changes to be detected accurately. You will lie down on a low, well-lit scanning table. The examination is quiet and only takes a few minutes.

Information about contrast agents

To make organs and blood vessels more visible, many CT scans use a substance called a contrast agent, which is injected into the bloodstream through a vein.

Shortly after the injection, you may temporarily feel warmth in your body, an urge to urinate, or a metallic taste in your mouth. These sensations are normal and disappear on their own after a few minutes.

The contrast agent is excreted by the kidneys and leaves the body through urine. Please drink plenty of water after the scan to help it pass more quickly. Before the examination, we will ask you about allergies and check your kidney function to ensure the contrast agent is well tolerated.

For certain abdominal scans, you may need to drink a contrast agent 1–2 hours before the examination. In rare cases, this can cause temporary diarrhea. In rare situations, a rectal enema may be needed to examine the lower bowel, and you will be informed about this in advance.

If no contrast agent is required in your case, the CT scan will be performed without it, and no special preparation is needed.

Procedure of the examination

The scan takes approximately 5–20 minutes. You will lie on a table that moves slowly through the CT ring.

Before starting, you may be asked to remove jewelry and metal objects. During the scan, it is important to lie still and follow any breathing instructions, such as “Breathe in and hold ... and continue breathing.” After the scan, you may eat and drink normally unless told otherwise.

For a smooth examination, we need the following information from you:

Surname _____ First name _____ Date of birth _____

Height (cm) _____ Weight (kg) _____ Ja Nein

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| <p>1. Have you had a computed tomography (CT) scan before?
<i>Ist bei Ihnen schon früher eine Computertomografie durchgeführt worden?</i></p> <p>2. Have you received contrast agents before?
If yes, did you tolerate them well?
<i>Haben Sie schon früher Röntgen-Kontrastmittel bekommen? Wenn ja, haben Sie es gut vertragen?</i></p> <p>3. Do you have any medical device in or on your body?
(<input type="checkbox"/> Pacemaker, <input type="checkbox"/> prosthesis, <input type="checkbox"/> stents)
<i>Haben Sie ein medizinisches Gerät im oder am Körper? (Herzschrittmacher, Prothesen, Stents)</i></p> <p>4. Do you have any known intolerance/allergy?
If yes, which one?
<i>Ist bei Ihnen eine Unverträglichkeit/Allergie bekannt? Wenn ja, welche?</i></p> <p>5. Do you have diabetes (high blood sugar)?
If yes, which medication do you take?
<i>Haben Sie Diabetes (erhöhten Blutzucker)? Wenn ja, welches Medikament nehmen Sie?</i></p> <p>6. Do you have hyperthyroidism?
<i>Haben Sie eine Schilddrüsen-Überfunktion?</i></p> <p>7. Do you have any known kidney disease?
<i>Haben Sie eine bekannte Nierenerkrankung?</i></p> <p>8. Do you have any known infectious disease (Hepatitis, HIV+, TB)?
<i>Ist eine Infektionskrankheit bei Ihnen bekannt (Hepatitis, HIV+, TBC)?</i></p> <p>9. Is there a possibility that you are pregnant?
<i>Besteht die Möglichkeit einer Schwangerschaft?</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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By signing, I confirm that the above questions have been answered correctly and give my consent for the CT examination as well as for the necessary exchange of medical information and image data.

Date _____ Signature _____

The form was completed by a representative: _____