### MRI information sheet

### What is MRI?

MRI or magnetic resonance imaging is a modern imaging technique which takes images of the human body. Instead of X-rays, magnetic fields and radio waves are used. The examination is gentle and painless.

#### Before the examination

Examinations of patients with cardiac pacemakers, implanted defibrillators or cochlear implants are often restricted or impossible, since the magnetic field can influence these medical devices. In case of artificial heart valves, aneurysm clips or intrauterine device, detailed product information from the manufacturer regarding MRI compatibility compatibility (manufacturer's certificate, Internet) will be needed. After the examination, it is recommended to get the correct position of the intrauterine device checked by a gynecologist.

Please undress as instructed in the cabin. It is important that all metal-containing objects are deposited (belt buckles, bras, jewelry, piercings, hearing aids, tooth or hairpins). Mobile phones, debit or credit cards need to stay in the changing room, to prevent damages by the magnetic field.

### **During the examination**

At the beginning you will be positioned in a comfortable way, which ensures an optimal examination. You may close your eyes. You will be moved into the short tunnel, wich is open at both ends. Fresh air is supplied during the entire time. During the examination you become noticable by the staff through a bell at any time.

Depending on the body part the measurement usually takes about 15-30 minutes. The scanner generates various knocking noises. You get headphones and earplugs from us to reduce the sounds.

If you tend to very great nervousness or anxiety, please inform us. There is the possibility to give a sedative. In this case, however, you can not actively participate in road traffic, operate machinery or carry out work until 12 hours after the drug administration, as your reaction time will be significantly reduced. You will need an escorting person for help and need to get a sick note by a physician.



# **Risks and complications**

The best results are achieved when you are calm, relaxed and do not move.

Current scientific knowledge doesn't show any harmful effects on the human organism throught applying magnetic field and radio waves. The MRI examination itself is painless. Metallic ingredients particularly in elder tattoos or makeup may cause skin irritation. Therefore it is important that you do not change your position during the examination.

## Contrast agent

For certain questions the use of a contrast agent will be necessary. This is injected, if necessary, in a small amount of 7.5-20 ml, usually via an arm vein. The contrast agent is well tolerated and only in very rare cases can allergic reactions occur.

Due to the administration of a contrast agent depositions in several organs, including the brain, may occur. Accordung to the current state of medical knowledge, such possible depositions do not trigger health complaints and diseases.

We use a contrast agent of the lowest risk category, which is safe and well-tolerated as well as tested for many years. At the injection site, bruises, puncture pain and small local skin infections may occur.

In very rare cases, in patients with severe renal disease or liver transplantation, nephrogenic systemic fibrosis (NSF) can occur. It is associated with a difficult to treat connective tissue disease of the skin, restricted mobility due to the joint stiffness. In the course of the disease (NSF) organs may be damaged.

Name :	Date of examination:		
Height:	cm Weight:		kg
Please answer carefully the following qu	iestions.		
Do you wear a heart pacemaker / defibrilla Please inform us immediately and do not e		Yes	□No
Do you agree to a possible contrast agent a	administration if necessary?	Yes	□No
Do you suffer of kidney disease?		Yes	□No
If yes, which?			
Do you suffer from claustrophobia? (fear i	in tight spaces)	☐ Yes	□No
Are allergies, asthmatic disorders, drug intolerance or other hypersensitivity known?		☐ Yes	□No
If yes, which?			
History of contrast agent reactions in previous	ious studies?	☐ Yes	□No
Do you have any metal, or other medical aids in or at your body or skin? (e.g. clips, stents, metal splinters, artificial joints, pumping sys., tattoos, piercings, IUD, implants)		Yes	□No
If yes, which?			
Do you have a tumor disease?		Yes	☐ No
If yes, which?			
Do you know of any ifectious disease? (hepatitis,HIV)		Yes	☐ No
If yes, which?			
Did you have any operations in the past in the body region of todays examination?		Yes Yes	□No
If yes, which?			
Are you pregnant?		Yes	☐ No
Are you breastfeeding?		Yes	□No
I have read and understood the informa decision well and I consent to the exami		_	
date	<b>**</b> signature <b>patient c</b>	or resp. repre	esentative
Data protection:			
I agree,			
that findings and other reports can be requ	nested by our doctor's office.	Yes	☐ No
to the reporting of data to my treating physicians responding to a request.		Yes	☐ No
	×		
date	signature <b>patient</b> o	r resp. repre	esentative
	t at any time. We will treat your personal data cone information sheet about patients data protections.		
Notes on medical education:			