

INSTRUCTIONS FOR MRI

Dear Sir or Madam,

You have been referred for magnetic resonance imaging (MRI). Please read this text, complete the questionnaire and sign the consent to conduct the examination.

I. BASIC INFORMATION

WHAT IS MRI?

MRI is an examination in which the emission of weak radio signals from the body, detected by sensitive antennas (coils), is stimulated in a magnetic field with radio waves. The computer processes these signals and converts them into images. There is no X-ray (ionising) radiation in an MRI examination. The examination is not painful and, to date, no harmful effects are known.

HOW IS IT CARRIED OUT?

During the examination you lie in the opening of the MRI tunnel-shaped device. For some people, this may cause a feeling of claustrophobia.

A loud rumble will be heard at intervals. To reduce the noise you will get headphones or earplugs. It is important that you are completely still during the examination, since even the smallest movements of the examined body part result in useless images. If you find it difficult to lie still on your back because of pain, you can take an analgesic before the examination. The examination lasts from 15 minutes to 1 hour.

WHY IT IS NECESSARY TO USE A CONTRAST AGENT?

In some cases, contrast agent application significantly improves the examination's narrative. According to the radiologist's instructions, the patient receives it by intravenous injection.

If you have a kidney disease or impaired kidney function, please warn us. If you are referred to an examination with a contrast agent (noted on the referral) and have a known renal impairment, it is necessary that the degree of the renal impairment is determined by your personal physician (creatinine, glomerular filtration).

ARE COMPLICATIONS POSSIBLE REGARDING THE CONTRAST AGENT?

When injecting a contrast agent, you can feel the heat which is expected and does not pose a complication.

A small bruise may occur at the injection spot.

In very few cases, an allergic reaction to the contrast agent may develop that is most likely to occur within the first half an hour. At that time, nausea, itching, rash, arterial pressure variations may occur. Please let us know about these signs immediately!

Severe allergic complications such as asphyxiation, convulsions, arterial pressure drop and heart rhythm disturbances are very rare.

The probability of them appearing is 1:10000. Compared to the usefulness of the investigation, the risk is negligible.

II. WARNINGS

Certain implants, devices, or objects may be life-threatening near the MRI device. If you answer “YES” to any of the questions in point 7 of the attached questionnaire, you must obtain a physician’s certificate or opinion of the treating physician regarding the compatibility of the implant or device with the MRI examination.

If you have any of the following conditions, please let us know:

- known allergy to a contrast agent or a previous severe allergic reaction,
- fear of confined spaces (claustrophobia),
- kidney disease,
- pregnancy.

If you have any doubts or questions regarding this, please consult our staff **BEFORE ENTERING** the examination room! The magnetic field of the MRI device is **ACTIVE PERMANENTLY!**

III. INSTRUCTIONS

Before entering the examination room, you must remove **ALL** metal objects, including hearing aids, artificial teeth, keys, mobile phones and other electronic devices, glasses, hairpins, head covering, jewellery, piercings, watches, belt, safety buckles, office staples, bank and credit cards, parking tickets with a magnetic record, coins, pens, pocket knives, nail clippers, lighters, clothes with metal clips, presses or zippers and others. Wear clothes without metal buttons and buckles.

IV. QUESTIONNAIRE

For a safe examination, please fill out the following questionnaire!

Name and surname:

Address:

Phone number:

Body weight kg Body height cm.

- | | | |
|--|------------|-----------|
| 1. Have you previously had an MRI examination?
If YES, which and when | YES | NO |
| 2. Are you afraid of narrow spaces? | YES | NO |
| 3. Do you have asthma, are you allergic to any medication or contrast agent? | YES | NO |
| 4. Are you pregnant? | YES | NO |
| 5. Have you had an operation?
If "YES", what and when | YES | NO |
| 6. Please indicate if you have any of the following: | | |
| 6.1. Metal objects: <ul style="list-style-type: none"> - surgical staples, metal stitches - bone screws, plates, wires - metal stent, filter, wire - aneurysm clip - other wires or electrodes - piercing - metal rounds - any other metal objects in/on the body | YES | NO |
| 6.2. Prosthesis: <ul style="list-style-type: none"> - eye - tooth - any other prosthesis in/on the body | YES | NO |
| 6.3. Pacemaker, inserted cardiac defibrillator | YES | NO |
| 6.4. An insulin pump | YES | NO |
| 6.5. Inserted drug delivery system | YES | NO |

6.6. Artificial heart valve	YES	NO
6.7. Any other implant	YES	NO
6.8. Hearing aid	YES	NO
6.9. Braces	YES	NO
Do you have a kidney disease?	YES	NO
8. Do you have an infectious disease (HIV, hepatitis)?	YES	NO
9. Please, describe your problems briefly (what are they and how long do they last, did you have an injury, etc.)		
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V. CONSENTS

1. By signing, I confirm that I have read the text, that I have answered the questions reliably, that I am aware of the progress of the examination and of the possible complications, that I understand the progress of the examination and that I agree with its conduct.

Signature

2. I am aware of the possibility of applying a contrast agent and I give (circle below)

consent

no consent

Signature

Maribor,

VI. METHOD OF DELIVERY OF THE TEST RESULTS

Please tick the appropriate box.

Personal withdrawal

Online

Regular mail

Registered mail
(paid service)

MDT&T
d.o.o.

medicinska diagnostika, terapija in tehnologija

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