

INFORMED CONSENT FOR CARRYING OUT THE COMPUTERIZED TOMOGRAPHY (CT) WITH OR WITHOUT CONTRAST MEDIUM

Date _____

DEFINITION

CT is a diagnostic technique that uses ionizing radiation and provides, compared to traditional radiology, a better morphological detail of all the anatomical structures. Since it is an examination that exposes to ionizing radiation, its use must be avoided in the absence of a specific clinical indication. Furthermore, women of childbearing age must exclude ongoing pregnancies due to the possible risk of harm to the fetus.

PURPOSE

It is an in-depth diagnostic investigation that, on the basis of clinical indication, allows to study traumatological, oncological, inflammatory problems and, more generally, urgent-emergency situations of all body parts.

EXECUTION

The patient is placed on a bed that moves inside a circular device (gantry) inside which the X-ray source and detection devices are located. The investigation data obtained are processed by a computer which transforms them into images of the examined district. There is also the possibility of obtaining anatomical reconstructions in the three anatomical planes.

At the discretion of the radiologist and in relation to the type of pathology to be studied, it may be necessary to administer a contrast medium intravenously which improves the diagnostic power of the method.

The joints can be studied in some cases with arthro-TC which involves the intra-articular introduction of contrast medium.

POSSIBLE COMPLICATIONS

Impaired renal function is the main limitation to the use of the **organo-iodized contrast medium**. For this reason, **a value of recent creatininemia and glomerular filtrate (max 1 month) is required** as evidence of a non-compromised renal function. The iodinated contrast media currently available are extremely safe products, but occasionally they can give the following reactions: **MINORS** such as hot flashes, sneezing, nausea, vomiting, limited urticaria, symptoms that generally do not require any therapy and resolve spontaneously. **MEDIUM OR SEVERE** such as diffuse urticaria, breathing difficulties, irregular heartbeats or loss of consciousness, anaphylactic shock, edema of the glottis, usually require medical therapy or the intervention of an anesthetist. In very exceptional cases, as with many other drugs, contrast media can cause death. Doctors and radiology staff are trained to treat these reactions as best they can if they occur. There is a possibility of delayed (within a week) reactions, usually mild skin reactions, which mostly resolve without therapy. It is also possible the appearance of other side effects, rarer, generally of light-medium entity and the increased probability of the occurrence of the reported side effects, due to concomitant pathologies and the execution of other treatments (pharmacological, chemotherapy, ...).

Arthro-TC generally does not involve significant systemic side effects.

NECESSARY PREPARATION - RECOMMENDATIONS

To perform an **examination that involves the use of contrast medium, it is necessary to have fasted for at least 6 hours (with the exclusion of drugs usually taken that can be ingested or water)**. In case of carrying out tests with contrast medium it is essential to warn in advance about important known allergies or asthmatic conditions. To obtain the best image quality and not compromise the diagnostic result, **during the whole examination** it is necessary to maintain the maximum degree of immobility, breathing regularly.

Having acknowledged the information provided in the consent form, the patient may ask the radiologist for further explanations.

**EXPRESSION AND ACQUISITION OF INFORMED CONSENT / DISSENT
TO THE EXECUTION OF THE COMPUTERIZED TOMOGRAPHY SURVEY WITH OR WITHOUT
CONTRAST**

The patient

LAST AND FIRST NAME	
Place of birth	
Date of birth	

OR: For the patient indicated above, the undersigned

LAST NAME			
FIRST NAME			
Place of birth	Prov.		
Date of birth		Fisc. Code	

As:

parent **caregiver** **legal guardian** **(other)** _____

Informed:

on the type of diagnostic investigation to be performed and precisely **Computerized Tomography**

WITHOUT CONTRAST MEDIUM **WITH CONTRAST MEDIUM**

Made aware:

of the opinion of the healthcare professional that the proposed treatment is the one that offers the best risk/benefit ratio on the basis of current knowledge;
of the possibility that the investigation, once started, can be interrupted at my request, without prejudice to the assistance activity, but without obtaining the information sought with this examination;
the relative risks of any damage to health (temporary and permanent) and to life.

Having read the information relating to the investigation / procedure in question

Having evaluated the information received and the clarifications that have been provided to me, having understood what is briefly reported above:

I accept the proposed investigation **I DO NOT accept the proposed investigation**

Radiologist _____

DECLARATION OF CERTAIN OR PRESUMED PREGNANCY

YES

NO

Patient's signature _____

ONLY IF TC with CONTRAST MEDIUM is required
NOTICE OF ALLERGIES

1- to contrast medium: YES NO

2- allergies with previous episodes of respiratory failure, severe generalized urticarial
manifestations, angioedema, bronchoconstriction, anaphylactic shock, loss of consciousness

YES NO

3- drug allergies YES NO

CAN I CHANGE MY DECISION REGARDING THE EXECUTION OF THE EXAM?

You are absolutely not obliged to carry out the examination; alternatively, the doctor will use other procedures that are currently available for which his consent will still be required.

Thank you for your attention in reading these notes. Please date and sign this form for acknowledgement.

Date _____ Patient's signature _____