

Informed consent of the patient (patient's legal representative) to X-ray Examination of the Urinary Tract Using a Contrast Substance – Elimination Urography

Patient – Name and surname:	Birth number: (insurance number):
Date of birth: (if no birth certificate number exists)	Insurance provider code:
Height:	Weight:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth Certificate Number:

Name of the procedure

Urinary Tract Examination – Specialized Examination Using an Iodine Contrast Substance

Purpose of the procedure

The examination you will undergo is to clarify kidney and bladder disease before further treatment.

Nature of the procedure

The following is necessary before the examination!

- **Do not eat 4 hours before the examination; intake of clear liquids is permitted up to an amount of 100 ml/hour.**

Procedure:

The procedure is conducted by means of intravenous administration of an aqueous iodine contrast substance. Once the contrast substance has been administered, images are taken at the corresponding positions and relevant time intervals.

In specialized examinations, the urinary bladder is filled with a contrast substance via an introduced urinary catheter.

It is necessary that the intestinal region does not contain the rest of the contrast substance from the previous examination of the digestive tract, which would deteriorate the image obtained.

The following is necessary after the examination!

- Remain in the waiting room of the Department of Radiology for half an hour if the contrast substance has been applied intravenously.
- Ensure sufficient intake of liquids.

Should you have any problems, inform the attending physician immediately!!!

Expected benefits of the procedure

Acquisition of information about the kidneys and excretory urinary system.

Alternative procedures

Nuclear medicine examinations, ultrasonography, CT, MR, and urography.

Possible risks of the selected procedure

Possible complications:

Complications related with the examination are rare. Their number has considerably decreased as a result of the development of new technologies leading to an improvement in the contrast substances.

Most frequent complications include:

Allergic reaction to the contrast substance – these reactions are rare, mostly of a mild nature (such as nausea, urticaria, dyspnoea, and oedema); it is absolutely exceptional that a severe reaction occurs or patient's life is jeopardized.

The examination you are undergoing requires the use of X-rays. However, your X-ray examination is necessary. The risk associated with the use of X-rays is much lower than the risk of consequences associated with not performing this examination. The technical conditions of each X-ray examination are set to minimize your exposure.

Consequences of the procedure

No consequences unless there is a severe reaction to the contrast substance.

In order to reduce the risk of complications and, above all, that of an allergic reaction, to a minimum, we kindly ask you to answer the following questions:

note Circle your answer:

1. Did you have an allergic reaction during the previous intravenous administration of an iodine contrast substance?	YES	NO
2. Are you pregnant?	YES	NO
3. Do you suffer from serious kidney disease?	YES	NO

If anything is not clear to you and you want to ask questions, we are prepared to answer them.

Consent:

I have been informed in a comprehensible manner about alternative procedures performed at University Hospital Olomouc, from which I may choose.	YES	NO
I have been informed of possible limitations in my normal life and work ability following the procedure concerned and, in the case of a possible or expected change in my medical condition, also of the changes in my medical condition.	YES	NO
I have been informed of the treatment regime and appropriate preventive measures and of the performance of control medical procedures.	YES	NO
I understand all these explanations and instructions communicated and provided by the healthcare worker and I have had the opportunity to ask additional questions which have been answered by the healthcare worker.	YES	NO

Following the above-mentioned familiarization, I hereby declare:

- to consent to the treatment proposed and to the performance of the procedure; in the case of the occurrence of unexpected complications requiring urgent performance of further procedures necessary to save my life or health, I also consent to the performance of any such necessary and urgent procedures.	YES	NO
- that I have not concealed from the doctor(s) any information about a medical condition that I am aware of and which could negatively affect my treatment or endanger my surroundings, especially by spreading a contagious disease.	YES	NO
- that, if needed, I consent to the sampling of biological material (blood, urine, etc.) for the necessary examinations, especially in order to exclude a contagious disease.	YES	NO
I agree that students and trainees access my medical records only to the necessary extent and on the basis of a mandate provided by a medical professional.	YES	NO
I agree with the presence of students and trainees during the provision of health care services.	YES	NO
- that I agree to the use of the results of my examinations as part of routine diagnostic and treatment procedures for scientific and educational purposes on the condition that these data will be presented and published only in anonymous form.	YES	NO
As a legal representative (guardian), I want to be present at the X-ray examination in the examination room. I am aware that X-rays are used for this examination. I will have to sign the informed consent form for non-medical radiation exposure.	YES	NO

I request that the following individual(s) is (are) informed of my medical condition:			YES	NO
First name and surname:	Address:	Tel:		
I request that the above-mentioned individual(s) has (have) the right to:				
a) Inspect my medical records			YES	NO
b) Make abstracts, duplicates or copies of my medical records.			YES	NO

Date	Hour	Signature of the patient or (patient's legal representative)

Name, surname of the authorized healthcare worker who instructed the patient	Signature of the authorized healthcare worker who instructed the patient

Name and surname of the doctor performing the procedure	Signature of the doctor performing the procedure	Date	Hour

If the patient cannot sign, indicate the reasons for this limitation:			
The way the patient showed his/her will:			
Name and surname of the medical professional / witness	Signature of the medical professional / witness	Date	Time