Taichung Armed Forces General Hospital Myelography Instructions
脊髓攝影檢查說明書

This instruction sheet shall be kept by patient (or patient's family)

The instruction sheet provides details about the benefits, risks, and alternative options for the medical procedure you are about to undergo. It can serve as supplementary information for your discussion with your physician. It is important to us that you fully understand what is described in this file, so please read it carefully. If you still have questions after your doctor has explained the examination to you, please discuss your questions sufficiently with your physician before you sign the form. Your physician will be happy to answer your questions. Let's work together for your health.

Introduction to myelography

Myelography is a special examination in which a water-soluble iodine-based contrast agent is injected into the subarachnoid space in the spinal canal through a lumbar puncture that allows examination of the spinal cord and spinal nerves under X-ray fluoroscopy. This procedure helps assess conditions such as herniated discs, spinal tumors, and spinal canal stenosis to provide important diagnostic and therapeutic information to the doctor.

Precautions before examination

- For the pre-examination preparation and your safety, this examination requires hospitalization, and is not suitable for a routine outpatient procedure.
- Do not eat anything for 4 hours before the examination (patients scheduled for an afternoon exam may have breakfast, but fasting is required for lunch). Medications can be taken as prescribed.
- Please have a family member accompany you and fill out the consent form before the examination.
- Before entering the examination room, remove all metal objects (such as earrings, necklace, hairpins, bra and buttons) to avoid interference with imaging. During the examination, try to stay relaxed and cooperate with the medical professional and radiographer. If you may be pregnant, please inform the medical staff in advance to cancel or reschedule the examination.

Examination process

- During the myelography, you will lie on the stomach on the examination table, with a soft pillow placed under the abdomen to widen the spaces between the vertebrae, making it easier for contrast injection.
- The skin on the back will be disinfected, and a sterile drape will be applied. A local anesthetic will be injected into the skin, and you may feel slight discomfort or a dull pain. Please take a deep breath as it may help alleviate the discomfort. After local anesthesia, the physician will insert a fine needle into the subarachnoid space in the spine under X-ray fluoroscopy and inject the contrast agent. The needle will then be removed.
- Some patients may feel a slight tension in their lower back or legs, or pressure in the ears during the contrast injection. After the contrast is injected, the physician will take multiple X-rays from different angles. During this time, please cooperate by turning your body to different directions, and the examination table will be tilted slightly to allow the contrast to flow up and down by gravity.

- The contrast agent will be absorbed by the body and excreted by the kidneys. The entire examination typically takes 30-90 minutes, depending on the patient's condition.

- After the myelography, you will likely undergo a CT scan of the spine to obtain more detailed information. You will remain awake throughout the process and can communicate directly with the physician.

Does this examination involve any hazard?

The most common complication of this examination is headache, which can be severe or persistent in some patients. To reduce headache, you must avoid any strenuous activities for several days after the procedure. The longer you remain lying flat, the less likely you will have headache. Other potential discomforts include nausea, vomiting, dizziness, etc.

Who are not suitable for myelography?

- Patients who have had allergic reactions to iodine-based contrast agents: Allergic reactions can range from mild reactions such as itching or rashes to severe symptoms in fewer cases such as throat swelling, difficult breathing, body swelling, and pulmonary edema, which require immediate, proper treatment. In rare cases (about 1 in 100,000), fatal allergic reactions (e.g., arrhythmias and shock) may occur.

- Patients with asthma, chronic kidney disease, liver dysfunction, coagulation disorders, thyroid dysfunction, or a history of other drug allergies.
- Pregnant women.

Precautions after examination

After the examination, a small piece of gauze will be applied to the puncture site. Avoid getting the wound wet, and you may remove the gauze the next day. If there is no nausea or other discomfort, you may start eating after returning to the ward. Be sure to drink plenty of water and get adequate rest. You must lie flat for at least 8 hours. You may raise the head of the bed to 30 degrees, but you cannot sit up. If you need to urinate or have a bowel movement, please ask a family member to assist you to use a bedpan. After 8 hours, you may get up for light activities (but avoid bending over)If you experience a headache, lie back down and rest immediately. Notify the medical professional in the ward if you experience any discomfort, and you will receive appropriate care.

Alternative option (Below is the alternative to this procedure. If you decide not to undergo this procedure, you may be at risk.
Please talk to your doctor about your decision)

Magnetic resonance imaging (MRI). However, for patients who have undergone spinal surgery,MRI may not be an accurate diagnostic tool as the metal implants may cause serious artifacts that interfere with the imaging.

※ If you wish to cancel the examination, please call the registration desk of the Radiology Department promptly at 04-23934191, extension 525415, to pass the opportunity of undergoing this examination to someone who needs it.

Taichung Armed Forces General Hospital
Myelography Consent Form

* Basic Information

Patient Name_____

Patient Date of Birth_____YYYY_____MM_____DD

Patient Medical Record No._____

Name of Attending Physician_____

I. Examination (procedure or treatment) planned (provide brief explanation if not familiar with the medical terms)

1. Disease name:

2. Name of examination (procedure or treatment) recommended:

☐ myelography ☐ Other

3. Reason for recommended examination (procedure or treatment)

II. Physician statement

1. I have explained the examination to the patient in ways as comprehensible as possible to provide the patient with the relevant information, particularly the following:

☐ Reason why the examination must be performed, method and site of the examination, and risks of the examination.

☐ Examination (procedure or treatment) complications and possible management methods.

☐ I have clearly informed the patient of the potential allergic reactions to the contrast agent.

☐ Patients with any of the following conditions have an increased risk of allergy. Heart, lung, and vascular diseases (impaired cardiac function, hypertension, arteriosclerosis and emphysema). Cirrhosis, poor liver function. Kidney dysfunction, uremia. Asthma. Diabetes mellitus for five years or longer. History of allergies (including reactions caused by the injection of iodine-based contrast agents, and allergies to food, other medications, pollen, or other allergens). A senior age with poor physical condition (72 years or above). A young age (infants or small children of 2 years or younger).

☐ I have given the patient any other information available related to the treatment. 2. I have provided the patient with adequate time to ask the following questions about the examination and I have answered the questions:

（1）----------

（2）----------

（3）----------

Signature of attending physician:

Date: YYYY MM DD

Time: hh mm

III. Patient statement

1. The physician has explained to me and I have understood the information related to the necessity, steps, and risks of the examination (procedure).
2. The physician has explained to me and I have understood the possible prognosis of the examination (procedure) and risks if the examination is not performed.
3. The physician has explained to me that situations that are immediately life-threatening, if any, during the examination will be treated according to appropriate steps.
4. I understand that this examination (procedure) may be the best option now.

Based on the above statement, I hereby give my consent to this examination (procedure or treatment).

Consenter Signature: Relationship to patient:
Address: Telephone:
Date: YYYY MM DD Time: hh mm

Witness: Signature:
Date: YYYY MM DD Time: hh mm

Notes:

I. If the consenter is not the patient, the relationship to the patient should be indicated in the "Relationship to patient" field.
II. II. The fields for the witness may be left blank if no witness is available.
III. If the patient is a minor, a legal representative should sign the consent form.

IV. Risks of the procedure:

The most common complication of this examination is headache, which can be severe or persistent in some patients. To reduce headache, you must avoid any strenuous activities for several days after the procedure. The longer you remain lying flat, the less likely you will have headache. Other potential discomforts include nausea, vomiting, dizziness, etc.

V. Who are not suitable for myelography?

1. Patients who have had allergic reactions to iodine-based contrast agents: Allergic reactions can range from mild reactions such as itching or rashes to severe symptoms in fewer cases such as throat swelling, difficult breathing, body swelling, and pulmonary edema, which require immediate, proper treatment. In rare cases (about 1 in 100,000), fatal allergic reactions (e.g., arrhythmias and shock) may occur.
2. Patients with asthma, chronic kidney disease, liver dysfunction, coagulation disorders, thyroid dysfunction, or a history of other drug allergies.
3. Pregnant women.

VI. Alternative option Magnetic resonance imaging (MRI). However, for patients who have undergone spinal surgery, MRI may not be an accurate diagnostic tool as the metal implants may cause serious artifacts that interfere with the imaging.

Radiology Department of Taichung Armed Forces General Hospital Contrast Agent Injection Consent Form

Examinations involving the intravenous injection of a contrast agent utilize the contrast's effect on the area to be examined to enhance and improve the visibility of the organs or lesions under examination to reach the diagnostic effect. Conventional ionic iodine-based contrast agents may cause allergic reactions in a small number of patients (the incidence of allergic reactions is 10%). Symptoms include nausea, vomiting, skin rashes, itching, and in a few severe cases, shock or even sudden death (the reported mortality rate is approximately 1 in 100,000, according to international statistics). However, if you have any of the following conditions, you will have a significantly increased risk of allergy.

☐ 1. Heart, lung, and vascular diseases (impaired cardiac function, hypertension, arteriosclerosis and emphysema).

☐ 2. Cirrhosis, poor liver function.

☐ 3. Kidney dysfunction, uremia.

☐ 4. Asthma.

☐ 5. Diabetes mellitus for five years or longer.

☐ 6. History of allergies (including reactions caused by the injection of iodine-based contrast agents, and allergies to food, other medications, pollen, or other allergens).

☐ 7. A senior age with poor physical condition (72 years or above).

☐ 8. A young age (infants or small children of 2 years or younger).

☐ 9. Critically ill patients. If you have any of the above conditions, please indicate a ˇ in the corresponding ☐

Signature of patient or family:_____

If the patient is a minor, a legal representative should sign the consent form.

※**Please read these instructions before deciding to sign the examination consent form**※

Date: YYYY MM DD Time: hh mm

Name: _____

ID No.:_____

Date of birth:____YYYY___MM____DD

Radiology Department of Taichung Armed Forces General Hospital

Pre-Contrast Injection Risk Assessment Form

※ **Please read the following questions first and complete the known ones. The remaining questions will be completed by the physician in the examination room.**

Have you ever had a history of allergies in the past? Allergy

☐ Nil

☐ Previous allergy to a contrast agent injected, and the type of allergy is:_____

☐ Allergy to food, drug or others, and the type is:_____

☐ Unknown

Contraindication

☐ Nil

☐ Severe hyperthyroidism

☐ Severe de-compensated heart failure

☐ Severe hepato-renal dysfunction

☐ Oliguria or anuria

Assessment of high risk conditions

☐ Nil

☐ Asthma, allergy constitution

☐ Renal dysfunction

☐ Cardiovascular disease

☐ Pulmonary hypertension

☐ Cerebral disease

☐ Thyroid disease

☐ Pheochromocytoma

☐ On metformin for diabetes mellitus

Cre values in last three months:_____(mg/dL)___

Evaluation physician:_____ Date: YYYY MM 日 hh mm