Taichung Armed Forces General Hospital
Arthrography Instructions

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

關節腔攝影檢查說明書

These instructions provide 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 Arthrography

Arthrography involves injecting an iodine-based contrast agent and air into the affected joint cavity with a needle to obtain images of the joint cavity and surrounding tissues via X-ray fluoroscopy. The human body has many joints, and arthrography is most commonly performed on the shoulder joints. Other joints such as the elbow, wrist, hip, and knee joints may also be examined, although examinations of these joints are largely replaced by magnetic resonance imaging (MRI).

Steps of Arthrography

1. The patient lies flat on the examination table and removes clothing around the affected joint.
2. The skin around the joint is disinfected, and the area is treated under sterile conditions. Local anesthesia is administered to the puncture site.
3. Under X-ray fluoroscopy, the doctor uses a needle for positioning and puncturing until the needle enters the joint cavity.
4. The iodine-based contrast and air are injected into the affected joint cavity via the needle.
5. Images are taken with the patient in various positions depending on the affected joint to complete the imaging procedure.

Benefits of the procedure:

(The following benefits may be gained through this procedure, but the doctor cannot guarantee that you will gain any of them; the decision between benefits and risks should be made by you.)

Arthrography informs whether there are abnormalities in the joint cavity or surrounding tissues, which helps the development of an accurate treatment plan.

Contraindications:

Arthrography has very few contraindications, with the most significant being an allergy to the contrast agent. However, it is associated with a low risk of allergic reactions as the contrast agent is not directly injected into the bloodstream.

Does arthrography involve any risk?

Potential side effects or complications:

1. After the examination, there may be swelling or soreness during joint movement. This can usually be relieved by applying heat and will generally resolve spontaneously within one or two days. If soreness persists, or if redness, swelling, or fever occurs, please return to the hospital for follow-up.

2. In very rare cases, there may be temporary limb numbness or weakness, which is usually transient and typically resolves once the anesthetic wears off.

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

1. Magnetic resonance imaging (MRI) of the joint.
2. Arthroscopy of the joint.

* Note: 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
Arthrography Consent Form

(Please review the examination instructions carefully and wait for the doctor to explain the examination to you before signing the 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:

□ Arthrography □ Other

3. Reason for recommended examination (procedure or treatment):

II. Physician statement

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

□ Reason why the examination (procedure or treatment) must be performed, method and site of the examination (procedure or treatment), and risks of the examination (procedure or treatment)
□ Examination (procedure or treatment) complications and possible management methods.
□ 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 (procedure or treatment) 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 or treatment).
2. The doctor has explained to me and I have understood the possible prognosis of the examination (procedure or treatment) and risks if the examination is not performed.
3. The doctor 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 or treatment) may be the best option now.

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

Based on the above statement, I hereby give my consent to this examination. **Statement by woman of childbearing potential: The doctor has clearly informed me of the risks this examination may pose to a pregnant woman and the fetus.**

Signature:_____

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. 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. Potential side effects or complications:

1. After the examination, there may be swelling or soreness during joint movement. This can usually be relieved by applying heat and will generally resolve spontaneously within 1-2 days. If soreness persists, or if redness, swelling, or fever occurs, please return to the hospital for follow-up.
2. In very rare cases, there may be temporary limb numbness or weakness, which is usually transient and typically resolves once the anesthetic wears off.

V. Alternative options: (Below are the alternative options to this procedure. If you decide not to undergo this procedure, please talk to your doctor about your decision.)

1. Magnetic resonance imaging (MRI) of the joint.
2. Arthroscopy of the joint.

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 a diagnosis. 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, liver dysfunction.

☐ 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. Critical illness.

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

☐ None

☐ 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

☐ None

☐ Severe hyperthyroidism

☐ Severe de-compensated heart failure

☐ Severe hepato-renal dysfunction

☐ Oliguria or anuria

Assessment of high risk conditions

☐ None

☐ 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 hh mm**