



Procedure Information Sheet Receiving Intravascular Contrast Media

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Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

*Please fill in /
affix patient's label*

An X-ray examination utilizing contrast medium is typically regarded as a safe procedure. Contrast medium is used to improve the visibility of target organs and tissues. However, adverse reactions may occasionally occur. The types of reactions include:

Mild reactions

Itching, urticaria, nausea, vomiting, feeling of warmth, pain at the injection site, sneezing, coughing, etc.

More severe reactions

Shortness of breath, wheezing, irregular heartbeat, chest pain, convulsions, kidney failure, hypertension, unconsciousness, etc. These reactions usually require medical treatment and the chance of occurrence is about 4 in 10,000.

Death

The chance of death is rare and the fatal occurrence is about 2.1 in 1,000,000.

Delayed reactions

A few patients may experience delayed reactions and include arm pain, itching, rash, painful or swollen salivary glands, etc.

Contrast extravasation

It is a potential complication that due to the leakage of contrast medium to soft tissue adjacent to the injection site. It may result in swelling or pain and is commonly self-limited. More severe injuries may result in tissue necrosis.

Complication regarding Metformin

For diabetic patients on **Metformin** who have acute kidney injury or severe chronic kidney disease (stage IV or stage V; eGFR<30), there is increased risk of lactic acidosis. Metformin should be temporarily discontinued at the time of intravascular iodinated contrast media administration, and withheld for 48 hours after the procedure.

Remarks

If you have any further questions, please feel free to ask the staff of the Radiology Department.

References

1. Smart Patient (Website: <http://www21.ha.org.hk>)
2. ACR Manual on Contrast Media (2024)

Disclaimer

The information provided in this leaflet is intended for general reference purposes only. The risks and complications listed above are not exhaustive. Please consult your attending doctor for further details.

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative

Signature

Relationship (If any)

Date