

# ZDIX\_PIS01\_P

(V2) Jul 2020



# Procedure Information Sheet Receiving Intravascular Contrast Media

Page No:

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	01	02	03	04	05	06	07	08	09
	+10	+20	+30	+40	+50	+60	+70	+80	+90

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 investigation, which requires contrast medium injection, has been arranged for you. Generally speaking, contrast medium is a safe drug. However, side effects may occasionally occur. The types of reaction you may have are:

## **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.

For diabetic patients on **Metformin** and with impaired kidney function, there is increased risk of lactic acidosis.

#### Remarks

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

### References

- 1. Smart Patient (Website: <a href="http://www21.ha.org.hk">http://www21.ha.org.hk</a>)
- ACR Manual on Contrast Media (Version 10.3, 2018)
- 3. Local Radiation Protection Rules of Radiology Department, St. Paul's Hospital (Version 5.0, 2019)

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