

HAVING AN MRI

General information



Your doctor has suggested a medical imaging test, and more specifically a Magnetic Resonance Imaging (**MRI**) scan. This examination will only be carried out with your consent, as you are free to accept or refuse it. This document informs you about the procedure and its consequences. Please read it before completing the practical information section.

Take these documents with you on the day of the examination.

If you have any questions, don't hesitate to ask the doctor and/or nursing staff.



- What is an MRI scan?

MRI provides detailed information and images of the part of the body to be examined. The images are the result of the interaction between the water molecules in the body and the radiofrequency waves emitted by the machine. This technique can be used for the whole body and makes all the tissues and organs studied visible. It does not use X-rays. Its main component is a magnet.

- Examination procedure

The examination takes place in 3 stages

Preparation

- ~ Take precautions; if necessary, go to the toilet before the examination.
- ~ When you go into the changing room, you will be given a suitable gown and asked :
 - undress (keeping only your pants under your gown),
 - remove any metal or electronic equipment such as hearing aids, dental prostheses, medicine pumps, needles, transdermal patches, etc.
 - not to bring any personal items (mobile phone, wallet, keys, glasses, jewellery, watches....) into the examination room. You should leave all your personal belongings in your cabin. This will be locked during your absence.
- ~ If necessary, a venous line will be inserted.

Getting settled in the examination room

- ~ You will lie on a motorised examination table that moves in the centre of a lighted ring open at the front and back, with the area to be examined centred in the middle.

- ~ During installation, we'll make sure you're comfortable with comfort cushions, a blanket if you're cold, earplugs and headphones to protect you from the noise made by the machine.
- ~ If necessary, apnea tests (stopping breathing for a few seconds) will be carried out before the examination to practise. You will be given this instruction regularly during the examination.
- ~ **For the heart test**, electrodes will be placed on your chest to monitor your electrocardiogram (heartbeat) throughout the test. A small oxygen tube will be placed under your nose to help you perform the apneas required throughout the examination.
- ~ You will be alone in the examination room (only minors are accompanied during the examination). The team will be right next to you, behind glass, and will be able to communicate with you throughout the examination.
- ~ You will receive a bell in your hand to warn us of any inconvenience.

Carrying out the examination

- ~ It is essential that you remain still during image capture.
- ~ The examination is not painful, but it is often a little long and the noise can be unpleasant.
- ~ Depending on the indication, an intravenous injection of a Gadolinium-based contrast agent, or an antispasmodic (Buscopan®) or other agent, may be necessary; you will be informed of this.

- Examination duration

You will spend an average of 10 to 35 minutes in the examination room.



Your cooperation is essential. Please follow the instructions given to you by the nursing staff and/or the doctor.

- Exam preparation

Read this document carefully, answer the questions on the last page, date and sign it. This constitutes your consent.



⚠ Wearing surgically implanted equipment (such as pacemakers, heart valves, neurostimulators, etc. - see paragraph A box, page 3) **may be a contraindication to MRI.** The electromagnetic waves emitted by MRI could damage the functioning of this implanted equipment.

If you have this type of equipment, you are asked to send the imaging secretariat **a copy of your implant card or the precise references of the equipment implanted, together with a copy of your examination request. Without this information, the appointment will remain on hold or the examination may be cancelled due to incompatibility.**

If you do not have this information, contact the doctor who placed your implant.

When you make your appointment, tell the nursing staff about **any risk of pregnancy**, and at the latest before the examination begins.

If you suffer from severe claustrophobia, let us know as soon as you book your appointment. You may then be offered specific preparation.

If you think you need a sedative, speak to the doctor who prescribed your examination, who will be able to help you. In this case, remember to bring someone with you.

- The day of the exam



~ You can drink, eat normally and take your usual medicines **EXCEPT for the MRI of the abdomen**. In this case, you must **fast 4 hours beforehand**. You may take your usual medicines.

~ Do not bring valuables to the clinic.

~ Make time for this appointment. The team makes every effort to keep to appointment times, but sometimes unforeseen circumstances arise that are beyond its control. You will be informed if there is a delay.

- **When you arrive**, go to the **reception desk in the medical imaging department**. You will be given the route to follow in the text message reminding you of your appointment.

Always take with you:



~ your **identity card**

~ your **prescription**. Please note that we cannot carry out the examination without a request for an examination.

~ your **'implant holder' card** or the precise references of the implanted equipment (heart battery, pacemaker, heart valve, neurostimulator, any other device implanted in your body).

~ this document, completed and signed.

- Appointment cancellations

If you are unable to keep your appointment, please let us know **24 hours in advance**.

~ Via the CHC website:

<https://www.chc.be/Services/Imagerie-medicale/>
"Cancel an appointment".

~ by telephone: see the contact number in the box below

Any **appointment not excused** 24 hours in advance will incur a fixed charge of €20.

- Expected results

The radiologist will examine the images acquired during your examination. This analysis takes time, and the results cannot be given to you on the day of your appointment. It will be sent to your GP or specialist approximately one week after the examination. In an emergency, the radiologist will inform your doctor immediately. You can also connect/register on the Réseau Santé Wallon (rsw.be) and access your medical file.

- Follow-up and recommendations

In the vast majority of cases, you will not feel anything in particular. However, don't hesitate to tell the team about anything that seems unusual.

In rare cases, you may feel dizzy or slightly nauseous. This is due to the magnetic field and passes very quickly.

- Side effects and risks associated with the examination

Any medical procedure involves risks. In general, the risks associated with an imaging procedure are minimal and the benefits are always greater than the potential risks. Nevertheless :

~ The insertion of a catheter may cause a small haematoma to form, which is not serious and will disappear spontaneously in a few days.

~ When the product is injected, pressure may cause it to leak under the skin, outside the vein. This complication is rare (one case in several hundred injections, generally without serious consequences), and may exceptionally require local treatment.

~ Like all drugs, contrast products can cause allergies (skin rashes, breathing difficulties), which are very rare and random, and precautions are taken to limit their effects. We have procedures adapted to the management of these allergies. A skin rash may occur up to 48 hours after the examination. In this case, contact your GP so that he or she can note this specific reaction to the product used in your medical file.

~ MRI does not use X-rays. It is a non-irradiating examination that uses a magnetic field. For the intensities used, no particular consequences for humans have ever been described.



To contact the medical imaging department

CHC Heusy Clinic
rue du Naimeux 17
B-4802 Heusy
087 21 37 10

CHC MontLégia Clinic
Boulevard Patience et Beaujonc 2
B-4000 Liège
04 355 61 00

'PASSER UNE IRM'

Practical information & consent



Important precautions before the examination

(to be provided when making an appointment or on the day of the exam at the latest)

Have you ever had an MRI scan?

☐ yes ☐ no

Etiquette - vignette patient ou à défaut :

Last name: First name:

Date of birth: / /

Address:

Telephone number:

National register number:

E-mail address:

A- Equipment implanted by surgery :

Do you have a **pacemaker** (heart battery)?

☐ yes ☐ no

Have you had **heart** surgery (**valve, stent...**)?

☐ yes ☐ no

Have you had **head** surgery (**bypass, drain, clip, etc.**)?

☐ yes ☐ no

Do you have a **hearing implant** or **hearing aid**?

☐ yes ☐ no

Do you have any **internal equipment** such as a neuro-stimulator, insulin pump or Ph-metry probe? or equipment of any kind?

☐ yes ☐ no

> **If you have an implant** as described above, have you provided the department with the precise references of this implant (implant card, references)?

☐ yes ☐ no

B- Did you have an operation **less than two months ago**?

☐ yes ☐ no

What type?

Have you had **spinal** surgery (hernia, narrow canal..)?

☐ yes ☐ no

Have you had an operation on a limb involving the fitting of a **metal prosthesis, screw** or **plate?** **spindle?**

☐ yes ☐ no

Do you work with metals? Are you likely to have been hit by projectiles or metal **splinters?** (bullets, filings, other...)?

☐ yes ☐ no

Do you have a transdermal medical **patch** on your body?

☐ yes ☐ no

Do you have a **tattoo** or **permanent make-up?**

☐ yes ☐ no

Do you have a **piercing?**

☐ yes ☐ no

C- Do you have a **proven allergy** to contrast media or anything else?

☐ yes ☐ no

If yes, please specify:

Do you suffer from **kidney failure?**

☐ yes ☐ no

Do you suffer from **glaucoma?**

☐ yes ☐ no

Do you suffer from an **enlarged prostate?**

☐ yes ☐ no

Do you suffer from **tachycardia** (heart rhythm disorder)?

☐ yes ☐ no

Dear **Madam**, are you likely to be **pregnant?**

☐ yes ☐ no

Are you **breastfeeding?**

☐ yes ☐ no

Please indicate: Your weight kg Your height cm

If you have any questions, don't hesitate to ask the doctor and/or nursing staff.

Our teams are available to accompany you and take care of you throughout the examination.

Consent

I, the undersigned (first name + surname) certify that I have faithfully answered all the questions asked. I declare that I have read the information I have received and had the opportunity to ask any necessary questions. The carers/doctors have answered my questions fully and to my satisfaction. I have understood the answers given to me. I acknowledge that I have been informed of the risks or consequences that may result from my refusal to undergo this examination and accept the administration of contrast media or other medication necessary for the examination to be carried out correctly. I give my consent for the examination to be carried out.

Date Signature