



Mater Misericordiae University Hospital

## Preparing for your MRI small bowel

**Please note you must fast for 8 hours prior to your appointment time**

**Please attend the MRI Department 1 hour prior to your appointment to consume drinks, please see information leaflet overleaf.**

**Please note, late arrival for your scan may result in your scan being cancelled.**

**Please fill out the attached safety questionnaire. If you answer 'YES' to any of the questions or if any of the implants listed apply to you, please contact us.**

The MRI Department can be contacted directly at [mri@mater.ie](mailto:mri@mater.ie), phone (01) 8032271, or fax(01) 8034214

As our waiting lists are so long, if you do not need this appointment or you have had an MRI scan in another hospital can you **please** contact us as soon as possible so we can cancel your appointment and another patient will be given your appointment slot. If you do not attend for your appointment you will need your referring clinician to reorder a new MRI scan and you may not have your MRI scan before your out-patient appointment.



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## PATIENT SAFETY QUESTIONNAIRE AND MRI CONSENT FORM

**Magnetic Resonance Imaging** is a way of looking inside the body using radio waves, a large magnet and a computer. There are no X-rays involved. As this is a very large magnet, it is very important that you complete this questionnaire carefully. This will let the Radiographer know of any metal on or in your body, which may be a danger to you, or someone else, when entering the scanning room.

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
<b>Q1:</b> Do you have a cardiac pacemaker or surgery on your heart?		
<b>Q2:</b> Have you ever had any surgery to your head or back?		
<b>Q3:</b> Do you have any eye, ear or breast implants?		
<b>Q4:</b> Have you had any metal fragments in your eyes, or have you ever		
<b>Q5:</b> Do you have, or have you had any metal fragments in any other part		
<b>Q6:</b> Could you be claustrophobic?		
<b>Q7:</b> Do you suffer with epilepsy?		
<b>Q8:</b> Do you suffer with diabetes or renal dysfunction?		
<b>Q9:</b> Do you suffer from any allergies?		
<b>Q10:</b> Could you be pregnant or are you breast -feeding?		
<b>Q11:</b> Have you had a previous MRI scan?		

**Please tick which of the following items apply to you :**

<input type="checkbox"/>	Aortic or vascular or aneurysm clips	<input type="checkbox"/>	Implanted drug pump
<input type="checkbox"/>	Artificial heart valve	<input type="checkbox"/>	Neurostimulators
<input type="checkbox"/>	Artificial eye or limb	<input type="checkbox"/>	Permanent cosmetic eye lining or tatoos
<input type="checkbox"/>	Bone or joint replacement	<input type="checkbox"/>	Penile Implant
<input type="checkbox"/>	Metal rods, plates or pins	<input type="checkbox"/>	Wire mesh, wire sutures or staples
<input type="checkbox"/>	Dentures or partial plates	<input type="checkbox"/>	Implanted cardiac defibrillator
<input type="checkbox"/>	Carotid clips	<input type="checkbox"/>	Any type of coil, filter or stent
<input type="checkbox"/>	Cochlear or ear Implants	<input type="checkbox"/>	Eyelid spring
<input type="checkbox"/>	Electronic monitoring device	<input type="checkbox"/>	Medication patch
<input type="checkbox"/>	Harrington rods	<input type="checkbox"/>	IV access port
<input type="checkbox"/>	Hearing aids	<input type="checkbox"/>	Shunt
<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Other implanted item in body

**I have read, understood and completed to the best of my knowledge the questions on this consent form and agree to be imaged**

**Patient Signature**\_\_\_\_\_ **Weight (kg)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Radiographer** \_\_\_\_\_



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## **PATIENT INFORMATION LEAFLET**

### **MAGNETIC RESONANCE ENTEROCOLYSIS (MRE)**

- You are asked to arrive one hour prior to examination time. Over this period you must drink 1300ml of a solution called Mannitol. This will be given to you once you arrive in the MRI department.
- It is important to be aware that this fluid can have side effects which may include nausea, abdominal cramping and diarrhoea for up to twelve hours after the scan.
- In order to obtain the best images possible you will receive an intramuscular injection of Buscopan. This injection slows down the motion of the bowel and allows us to get clearer images. Please inform staff if you have any history of glaucoma or heart disease. Although rare, this injection can cause blurred vision for up to 40 minutes after injection. You will be required to remain in the department, if this happens, until blurred vision clears.
- A small needle will also be placed in your arm or hand prior to the scan in order to give a contrast dye that highlights the walls of the small bowel.
- If you have a stoma bag in situ it is advisable to bring a spare bag. As you are required to drink a large volume of liquid the bag may fill quite promptly.
- Please be aware that you will be in the MRI department for approximately one and a half hours. This includes drinking time, preparation time and scan time.