



Queensland Government

# Computed Tomography (CT) Myelogram Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Does the patient have capacity to provide consent?

### Complete for ADULT patient only

- Yes → GO TO section B  
 No → COMPLETE section A

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)  
 → GO TO section B
- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form  
 → COMPLETE section A

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (tick one):

- Court order →  Court order verified  
 Legal guardian →  Documentation verified  
 Other person →  Documentation verified

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

*It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.*

Name of interpreter:

Interpreter code:

Language:



## C. Patient OR substitute decision-maker OR parent/legal guardian/other person confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

Computed Tomography (CT) myelogram:  Yes  No

Site/side of procedure:

Name of referring doctor/clinician:

## D. Risks specific to the patient in having a Computed Tomography (CT) myelogram

(Doctor/clinician to document additional risks not included in the patient information sheet):

## E. Risks specific to the patient in not having a Computed Tomography (CT) myelogram

(Doctor/clinician to document specific risks in not having a Computed Tomography [CT] myelogram):

## F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet):

DO NOT WRITE IN THIS BINDING MARGIN

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SW9606

CT MYELOGRAM CONSENT



# Computed Tomography (CT) Myelogram Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient OR substitute decision-maker OR parent/legal guardian/other person.

I have explained to the patient OR substitute decision-maker OR parent/legal guardian/other person the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

## H. Patient OR substitute decision-maker OR parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Computed Tomography (CT) Myelogram' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if a life-threatening event occurs during the procedure:
  - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
  - a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

## I/substitute decision-maker/parent/legal guardian/other person have received the following consent and patient information sheet(s):

- 'Computed Tomography (CT) Myelogram'
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)

On the basis of the above statements,

## 1) I/substitute decision-maker/parent/legal guardian/other person consent to having a Computed Tomography (CT) myelogram.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

## 2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)  Yes  No
- assist with examination(s)/procedure(s)  Yes  No
- conduct examination(s)/procedure(s)  Yes  No

# Computed Tomography (CT) Myelogram

Adult and Child/Young Person | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient/substitute decision-maker/parent/legal guardian/other person to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.*



## 1. What is a Computed Tomography (CT) myelogram and how will it help me?

Computed Tomography (CT) scans produce cross-sectional images of the body using x-ray radiation.

The CT machine looks like a large doughnut with a narrow table in the middle. The table moves through the circular hole in the centre of the scanner. The CT machine is open at both ends.

A CT myelogram may be required if an MRI is unable to be performed due to safety reasons, or if further information is required after having an MRI.

There are two parts to this procedure:

1. Iodinated contrast (also known as x-ray dye) is injected via a fine needle into the fluid-filled space surrounding the nerves in your back. This may be performed in CT or in a separate procedure room possibly using x-ray image guidance.
2. A CT scan is performed to see the spinal cord, subarachnoid space and other nearby structures clearly.

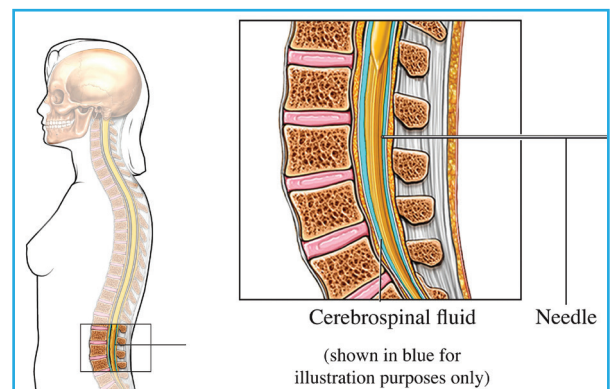


Image: Lumbar puncture.

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## Preparing for the procedure

The Medical Imaging department will give instructions on how to prepare for the procedure. Your procedure might be delayed if you don't follow all of your preparation requirements.

Please tell the staff if you are breastfeeding or pregnant, or suspect that you may be pregnant.

Certain medications will need to be briefly stopped prior to having the procedure. Please tell staff all of the medications you are taking. Special precautions may need to be taken if you are taking any of the following medications:

- antipsychotics
- antidepressants
- immunosuppressants
- immune regulators
- stimulants
- metformin
- anti-nausea.

Medical Imaging staff will notify you beforehand if you are required to stop taking any medication, including blood-thinning medication.

It is important that you lie still for the procedure. Supporting straps, foam pads and light weights may be used to help with this. If a child/young person is unable to lie still, sedation may be needed, or rarely, a general anaesthetic. If booked for an anaesthetic, please read the information sheet *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

### **For parents/guardians of a patient having a CT myelogram**

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/guardian/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic you may be able to see them off to sleep. Once they are asleep you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/guardian/adult.

## **During the procedure**

You will be required to change into a hospital gown and remove some of your jewellery.

The two parts to this procedure may be performed in the same room or two different rooms.

At the start on the procedure you will be required to lie on your stomach or on your side.

The skin of your back will be cleaned and a sterile drape will be applied to cover you. A local anaesthetic is used to numb the area where a spinal needle will be inserted.

Using imaging as a guide, a spinal needle is put into your back. While the needle is inserted, it is important that you remain still and don't cough or talk.

The needle location is confirmed with imaging, then the contrast is injected slowly.

A CT scan is then performed of your spine. During the scan, the table will move through the CT scanner and a whirring or humming sound may be heard. You should remain as still as possible, as the slightest movement can blur the images. For some scans, you will be asked to hold your breath for up to 20 seconds.

Staff will not be in the room while the CT is taking images, but they will be able to see you through a large glass window and speak with you via intercom.



## **2. What are the risks?**

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

### **Common risks and complications**

- headache which may require medication and bed rest
- minor pain, bruising and/or infection at the injection site. This may require treatment
- bruising is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis),

- dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- low blood pressure may cause dizziness. Bed rest and hydration can help relieve this
- failure of local anaesthetic which may require a further injection of anaesthetic, or a different method of anaesthesia may be used
- nerve damage. If this occurs, it is usually temporary and should get better over time.

### Uncommon risks and complications

- a severe headache which may require bed rest for several days. Sometimes other procedures are required to be done to relieve this headache
- vomiting may occur and may require treatment with medication
- infection which may require antibiotics or further treatment
- damage to surrounding structures such as blood vessels and muscles, which may require further treatment
- the procedure may not be possible due to medical and/or technical reasons.

### Rare risks and complications

- injury to the spinal cord. This may require surgery
- permanent nerve damage with possible paralysis
- seizures requiring medication and further treatment
- cardiac arrest due to local anaesthetic toxicity
- meningitis which may require antibiotics and other treatment.
- allergic reactions rarely occur, but if they do, they usually happen within the first hour with most happening in the first 5 minutes. Late reactions have been known to occur up to a week after the injection, but delayed reactions are mild. Note: Allergy to topical iodine and/or seafood does not imply an allergy to iodinated contrast. The reactions vary from:
  - » mild – hives, sweating, sneezing, coughing, nausea
  - » moderate – widespread hives, headaches, facial swelling, vomiting, shortness of breath

- » severe – severe reactions are rare but include life-threatening heart palpitations, very low blood pressure, throat swelling, seizures and/or cardiac arrest
- death because of this procedure is very rare.

### Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>1</sup>.

### What are the risks of not having CT myelogram?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker/parent/legal guardian/other person to understand the options available. Please discuss any alternative procedure options with your referring doctor/clinician before signing the consent form.



### 4. What should I expect after the procedure?

You will need to take care when first standing as temporary leg weakness can occur.

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital and what level of activity is suitable after your procedure.

Go to your nearest Emergency department or GP if you become unwell or experience any of the following:

- light sensitivity
- agitation
- amnesia
- seizures
- pain unrelieved by simple pain relievers
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- fever
- other warning signs the doctor/clinician may have asked you to be aware of.

The Radiologist (doctor) will review the final images after the procedure and send the report to your treating team.

You will receive the results of the examination from your treating team at your next follow-up appointment. Please make an appointment if you do not already have one.



## 5. Who will be performing the procedure?

Radiographers, doctors, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your medical condition, treatment options and proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.



## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

#### References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Ionising radiation in our everyday environment [www.arpansa.gov.au](http://www.arpansa.gov.au)