





# Myelogram

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

### I have been given the following Patient Information Sheet/s:

- Myelogram
- CT

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

## I request to have the procedure

Name of Patient:.....

Signature:.....

Date:.....

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:.....

No ▶ Name of Substitute Decision Maker/s:.....  
Signature:.....  
Relationship to patient:.....  
Date:..... PH No:.....

#### Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:.....

Designation:.....

Signature:..... Date.....

## F. Interpreter's statement

I have given a sight translation in

.....  
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:.....

Signature:..... Date.....

DO NOT WRITE IN THIS BINDING MARGIN

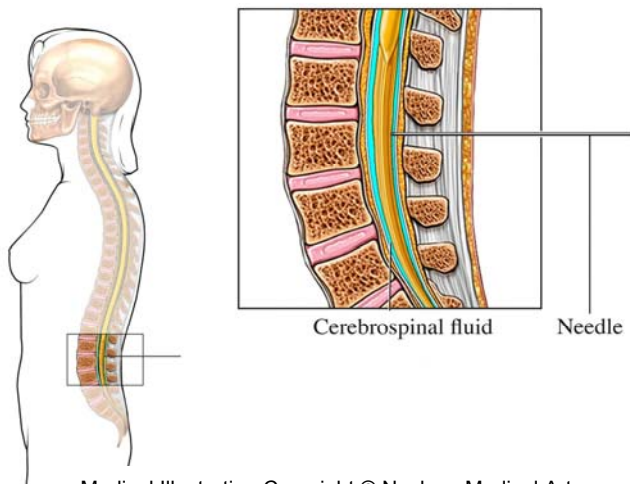
## 1. What is a Myelogram?

A Myelogram is an x-ray procedure that looks at the fluid filled space around your spinal cord called the spinal canal. Contrast (once called x-ray dye) is used to see the spinal canal more clearly on the x-ray pictures. A spinal needle is put into your back. Contrast is injected through the spinal needle into the space around the spinal canal and nerve roots.

Sometimes, a small amount of cerebrospinal fluid (CSF) will be collected for testing.

Often, the Myelogram is followed by a Computed Tomography (CT) scan. The CT will be done while Contrast is still in the spinal canal.

For more information on CT and the risks involved in its use, please read the **CT Patient Information Sheet** (if you do not have this information sheet please ask for one).



Medical Illustration Copyright © Nucleus Medical Art.  
All Rights Reserved. www.nucleusinc.com

## 2. Will there be any discomfort, is any anaesthetic needed?

This procedure may require the injection of a local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.

## 3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

Certain medications will need to be briefly stopped prior to having your procedure.

- Please tell staff *all the medications* you are taking. Special precautions may need to be taken if you are taking medication for the following conditions:
  - Diabetes
  - Nausea
  - Allergies
  - Seizures
  - Mental health conditions

- Please tell the staff if you are or suspect you might be pregnant.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these may later affect the effects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

## 4. During the procedure

A local anaesthetic is injected into the skin on your back.

Using X-rays as a guide, a spinal needle is put into your back. While the needle is inserted try not to move or suddenly cough.

When the needle is in the spinal canal the Contrast is slowly injected.

At the end of the procedure the needle is removed from your back and a dressing applied.

A series of x-ray pictures are taken. You will be asked to lay as still as possible while the table is tilted at different angles.

If required, you will be taken to have a CT scan.

## 5. After the procedure

Take care when you first stand, as temporary leg weakness can occur.

Staff will discuss with you what level of activity is suitable after your procedure.

## 6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

### Common risks and complications include:

- Headache, may require medication and bed rest.
- Minor pain, bruising and/or infection at the injection site. This may require treatment with antibiotics.
- Low blood pressure causing dizziness. Bed rest can help relieve this.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.



