	4
Queensland Government	(Affix identification label here) URN:
Myelogram Facility: A. Interpreter / cultural needs	Family name: Given name(s): Address: Date of birth: Sex: M F I Nerve damage, is usually temporary, and should get better over a period of time.
f Yes, is a qualified Interpreter present? A Cultural Support Person is required? Yes	No N
A Myelogram is an x-ray procedure that looks at the luid filled space around your spinal cord called the spinal canal. Contrast (once called x-ray dye) is use 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. The Myelogram is followed by a Computed Tomography (CT) scan. The CT will be done while Contrast is still present in the spinal canal. Sometimes, a small amount of cerebrospinal fluid CSF) will be withdrawn for testing. This procedure may require the injection of a local anaesthetic.	treatment. The procedure may not be possible due to medical and/or technical reasons. Rare risks and complications include: Injury to the spinal cord. This may require
C. Risks of the procedure n recommending the Myelogram procedure, the doctor believes the benefits to you from having this procedure exceed the risks involved. The risks and complications with this procedure carnclude but are not limited to the following. Common risks and complications include: Headache, may require medication and bed resulting the injection site. This may require treatment with antibiotics.	n
 Low blood pressure causing dizziness. Bed res 	st

- 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.

Queensland	(Affix identification label here)	
Government	URN:	
	Family name:	
Myelogram	Given name(s):	
myclogram	Address:	
Facility:	Date of birth:	Sex: M F I

D. Patient consent

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

I understand:

Facility:

- 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 consen				
	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 decisionmaker 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



Consent Information - Patient Copy Myelogram

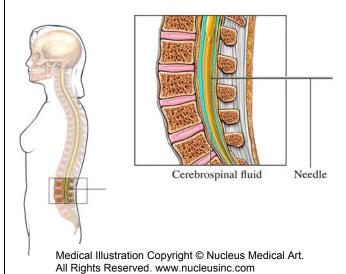
1. What is a Myelogram?

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).



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 the affects 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.



Consent Information - Patient Copy Myelogram

 Nerve damage, is usua get better over a period 	ally temporary, and should d of time.	Notes to talk to my doctor/ health practitioner about:
Less common risks and o	complications include:	
 A severe headache, m for several days. Some required to be done to 	etimes other procedures are	
 Vomiting may occur an medication. 	nd require treatment with	
 Infection, requiring anti treatment. 	ibiotics and further	
 Damage to surrounding vessels, organs and m treatment. 	g structures such as blood uscles, requiring further	
 An allergy to injected d treatment. 	rugs, requiring further	
 The procedure may no medical and/or technic 		
Rare risks and complicati	ons include:	
 Injury to the spinal cord surgery. 	d. This may require	
 Permanent nerve dama 	age with possible paralysis.	
 An increase lifetime ca exposure to x-rays. 	ncer risk due to the	
 Seizures requiring med treatment. 	dication and further	
Cardiac arrest due to lo	ocal anaesthetic toxicity.	
 Meningitis requiring an treatment. 	tibiotics and other	
Death as a result of thi	s procedure is <i>very</i> rare.	
7. What are the safety hospital?	issues when you leave	
Take care not to bump the with the local anaesthetic	area that has been numbed	
	on the same day as your ole person must escort you use for 24 hours.	
Go to your nearest Emerge you become unwell or have		
 light sensitivity 		
 agitated 		
 amnesia 		
 seizures 		
• pain, unrelieved by sim	ple pain relievers	
	swelling at the puncture	
redness or inflammatiofever	n at the puncture site	
	e doctor may have asked	

Consent Information - Patient Copy CT- Computed Tomography

1. What is CT?

Computed Tomography (CT) or 'CAT' scans are special x-ray scans that produce cross-sectional pictures of the body using x-rays and a computer.

CT is used when your doctor needs more information than what an ordinary x-ray can provide.

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.



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

A CT Scan is a painless procedure, no anaesthetic is required.

The CT machine is open at both ends so patients who are claustrophobic have little difficulty with this test.

3. Preparation for the procedure

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

Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

4. During the procedure

You will be positioned on the CT table by a Radiographer. The Radiographer will not be in the room during the scan, but they will be able to see you and communicate with you through an intercom.

During the scan, you will hear a whirring or humming noise and you will feel the table move slowly through the CT scanner. You should remain as still as possible, as the slightest movement can blur the pictures.

For some scans, you will be asked to hold your breath for up to 20 seconds.

The whole procedure takes approximately 10 to 20 minutes depending on what part of the body is being scanned.

5. Contrast

You will sometimes be given contrast as part of your CT scan. Contrast allows your organs to be seen more clearly on x-rays. The Contrast can be given as a drink (oral contrast) and / or as an injection (lodinated Contrast).

Oral Contrast is used to show the stomach and intestines more clearly.

lodinated Contrast is used to show the organs and blood vessels of your body more clearly. A fine needle (IV cannula) will be put into a vein in your arm, making it possible to inject the Contrast. For more information on Iodinated Contrast and the risks involved in its use, please read the **lodinated Contrast Patient** Information Sheet (if you do not have this information sheet please ask for one).

6. After the procedure

The IV cannula will be removed (if inserted).

7. 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:

 Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.

Less common risks and complications include:

No known less common risks.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor/ health practitioner

about: