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 Sometimes, a small amount of cerebrospinal fluid (CSF) will be withdrawn for testing.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

C. Risks of the procedure

In 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 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.

Less common risks and complications include:

- A severe headache, may need to have bed rest for several days. Sometimes other procedures are required to be done to relieve this headache.
- Vomiting may occur and require treatment with medication.
- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs, requiring further 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 surgery.
- Permanent nerve damage with possible paralysis.
- An increase lifetime cancer risk due to the exposure to x-rays.
- Seizures requiring medication and further treatment.
- Cardiac arrest due to local anaesthetic toxicity.
- Meningitis requiring antibiotics and other treatment.
- Death as a result of this procedure is very rare.
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: ..................................................
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
     - Allergies
     - Mental health conditions
     - Nausea
     - Seizures

   • 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.
Less common risks and complications include:

- A severe headache, may need to have bed rest for several days. Sometimes other procedures are required to be done to relieve this headache.
- Vomiting may occur and require treatment with medication.
- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs, requiring further 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 surgery.
- Permanent nerve damage with possible paralysis.
- An increase lifetime cancer risk due to the exposure to x-rays.
- Seizures requiring medication and further treatment.
- Cardiac arrest due to local anaesthetic toxicity.
- Meningitis requiring antibiotics and other treatment.
- Death as a result of this procedure is very rare.

7. What are the safety issues when you leave hospital?

Take care not to bump the area that has been numbed with the local anaesthetic

- If you are going home on the same day as your procedure, a responsible person must escort you home and stay with you for 24 hours.

Go to your nearest Emergency Department or GP if you become unwell or have:

- light sensitivity
- agitated
- 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 may have asked you to be aware of.
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 (Iodinated Contrast).

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

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Consent Information - Patient Copy
CT- Computed Tomography