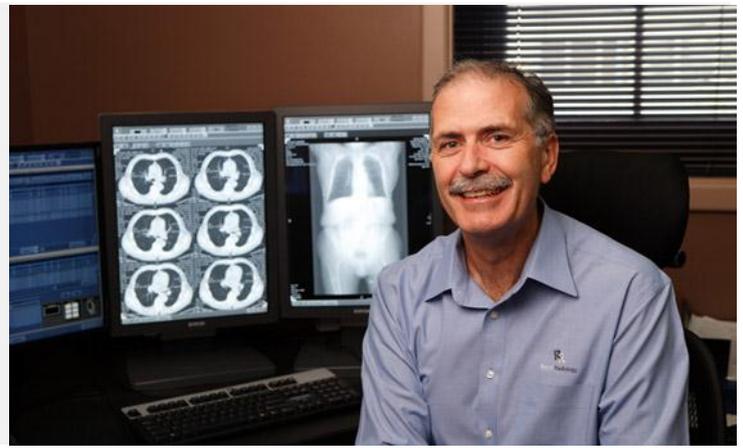


Name: _____

MRN: _____

Appointment Time: _____ AM / PM

Appointment Date: ____/____/____

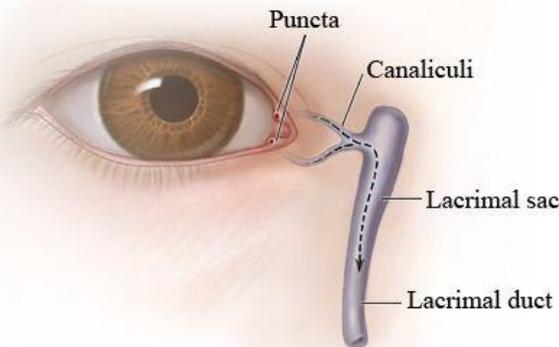


DACROCYSTOGRAM PATIENT INFORMATION

What is a Dacrocystogram?

A Dacrocystogram is an examination of the tear ducts (lacrimal duct) to see if there is any blockage. It is a simple procedure and will not affect your sight.

This procedure is performed in the radiology department by a radiologist (specialist doctor) with the assistance of a radiographer (person who takes and processes x-ray images) and a nurse.



What preparation is involved?

No preparation is required.

Can I take my medications as normal?

You should take all your medications as normal.

How long will the examination take?

The Dacrocystogram will take approximately 30 minutes.

What will happen during the examination?

You will be required to lie on your back. A small canula is inserted into the puncta (opening of the tear duct in the corner of your eye) and a small amount of contrast (x-ray dye) is injected into the tear duct. The flow of the contrast in the tear duct can then be seen on x-ray images. If there is any obstruction in the tear duct it can then be visualised.

Please Note:

Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm

DACROCYSTOGRAM PATIENT INFORMATION

Are there any risks?

The examination will involve a small dose of x-ray radiation. The potential benefits of treatment are believed to be greater than the risks from receiving a small dose of x-ray radiation.

Before your x-ray please let the Radiographer know if you are, or think you may be pregnant.

When undergoing a dacrocystogram there is a very small risk of *infection*, which is minimized by using single use sterile equipment and a standard aseptic technique during the procedure. However, if you do experience pain, or flu like symptoms or fever following the procedure, please contact your doctor immediately as this could be a sign of infection.

There is a small risk of *allergic reaction* to the contrast (x-ray dye). You will be asked some questions before the procedure and we ask that you tell us if you have any allergies. If you do experience an allergic reaction, such as itching or swelling of the face, it will be treated immediately with medication.

If you have had a previous contrast (x-ray dye) allergic reaction, it is important to advise the radiology staff prior to your appointment, please contact the department on 8275 1906.

Other risks will be explained to you by the radiologists before the procedure is undertaken.

What happens after the examination?

After the examination is complete a radiologist will review the images taken and produce a report. This report and a copy of the images taken will then be forwarded to the doctor who referred you for the examination.

Can I drive after the examination?

You will be able to drive after the examination.

Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on 8275 1906 during business hours and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

Version 1 Created December 2015 (Review December 2018)

Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

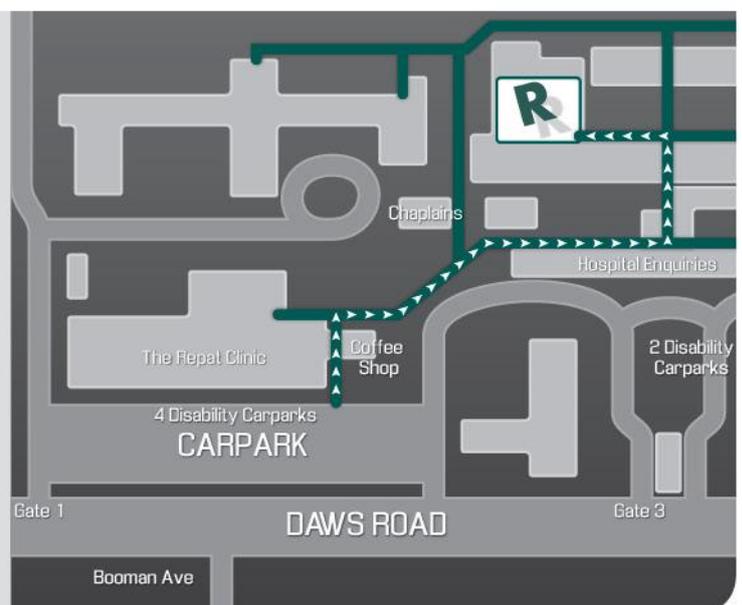
Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

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/// PATIENT CONSENT FORM

Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I _____ have been given the **Dacrocystogram Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. 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.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: _____ Printed Name: _____ Date: _____

Radiologist/delegate statement

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: _____ Date: _____ Designation: _____

Additional information discussed with patient: