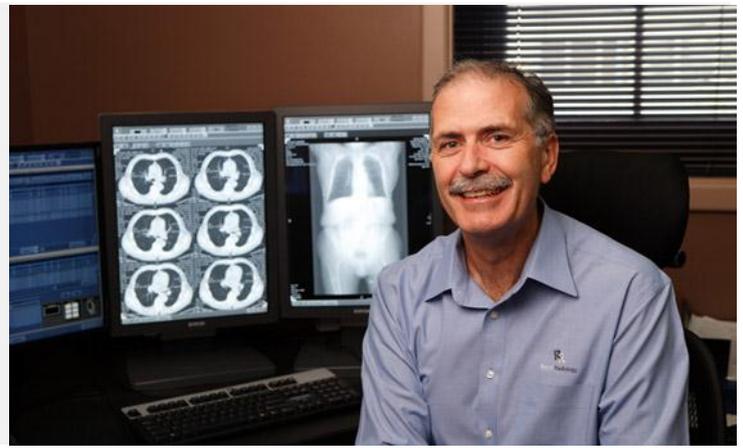


Name: _____

MRN: _____

Appointment Time: _____ AM / PM

Appointment Date: ____/____/____



INTRAVENOUS PYELOGRAM (IVP)

What is an IVP?

An Intravenous Pyelogram (IVP) is a series of x-rays taken of the kidneys, ureters and bladder. It is performed in the main radiology department by a radiologist, radiographer and a nurse.

What preparation is involved?

You are required to fast from food and fluids for 4 hours before your examination.

Can I take my medications as normal?

You should take all your medications as normal. On the morning of your procedure, medication should be taken with small sips of water. If you have any concerns, please contact our nursing staff on 8275 1961 during business hours.

How long will the examination take?

The IVP will take approximately 45-60 minutes. In some cases, the examination may take longer as delayed images may be required.

What will happen during the examination?

You will be required to change into a hospital gown for the examination. An injection of dye will be administered into a vein via a cannula, usually in your arm, and a series of x-rays will then be taken.

Are there any risks?

The examination will involve a small dose of x-ray radiation. The potential benefits of diagnosing a medical condition 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.

The x-ray dye (contrast) that is given when you have your x-rays can sometimes cause an allergic reaction. Non life threatening reactions may occur such as hives, sweating, sneezing, nausea & vomiting, and swelling. These are generally of short duration and may or may not require some tablets to relieve the

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

INTRAVENOUS PYELOGRAM (IVP)

symptoms. Severe anaphylactic allergic reactions to modern iodinated contrast are rare, and may include low blood pressure, slow or rapid heart rate, asthma attack and collapse. We have an emergency response team in the hospital that treats these rare occurrences.

The x-ray dye (contrast) can potentially cause renal problems. We minimize this risk by asking you to increase your fluid intake following the scan, and your previous blood results are also checked before determining if a contrast injection should be given.

What happens after the examination?

After the examination you will be able to eat and drink as normal. You will be offered a drink and a sandwich before you leave the department.

You are encouraged to drink plenty of fluids when you go home to avoid any renal problems.

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.

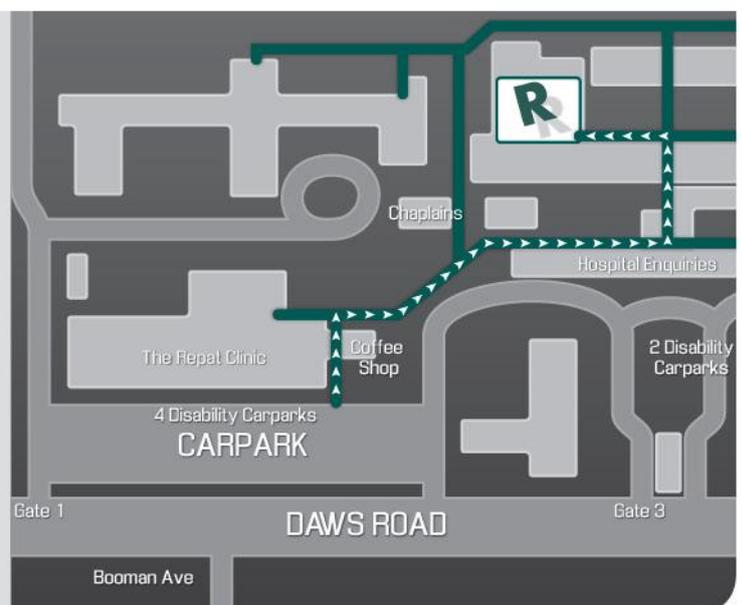
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/// PATIENT CONSENT FORM

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

I _____ have been given the **Intravenous Pyelogram (IVP) 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: