

## VENOGRAPHY QUESTIONNAIRE

### MEDICAL HISTORY

*This part will be completed by an assistant*

Operation in the area being examined? When?

Injury/trauma? When?

Pain? Where exactly? Since when?

**To avoid complications, please answer the following questions:**

1. Have you had any of the following examinations before?

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Kidney X-ray (iv urography/pyelogram)            | <input type="radio"/> yes | <input type="radio"/> no |
| computed tomography                              | <input type="radio"/> yes | <input type="radio"/> no |
| Imaging of leg veins (venography),               | <input type="radio"/> yes | <input type="radio"/> no |
| vascular X-ray (angiography/cardiac angiography) | <input type="radio"/> yes | <input type="radio"/> no |

2. Did you experience any side effects after administration of contrast media? If so, which?

- |                                   |                           |                          |
|-----------------------------------|---------------------------|--------------------------|
| Nausea/vomiting/retching          | <input type="radio"/> yes | <input type="radio"/> no |
| Asthma attack/shortness of breath | <input type="radio"/> yes | <input type="radio"/> no |
| Skin rash                         | <input type="radio"/> yes | <input type="radio"/> no |
| Convulsions/unconsciousness       | <input type="radio"/> yes | <input type="radio"/> no |
| Chills                            | <input type="radio"/> yes | <input type="radio"/> no |

3. Have you been diagnosed with any of the following diseases?

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Diabetes   | <input type="radio"/> yes | <input type="radio"/> no |
| Asthma   | <input type="radio"/> yes | <input type="radio"/> no |
| Allergies requiring treatment                      | <input type="radio"/> yes | <input type="radio"/> no |
| Heart disease                                      | <input type="radio"/> yes | <input type="radio"/> no |
| Kidney/adrenal gland disease                       | <input type="radio"/> yes | <input type="radio"/> no |
| Thyroid disease                                    | <input type="radio"/> yes | <input type="radio"/> no |
| M. Kahler (multiple myeloma – bone marrow disease) | <input type="radio"/> yes | <input type="radio"/> no |

In case of diabetes or thyroid disease, which medications are you taking?

4. For women of childbearing age: Could you be pregnant?  yes  no

5. Body weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

I agree to the performance of the proposed study and the administration of any contrast medium through a necessary venous access.  
I confirm that I have read and understood the text.

Date \_\_\_\_\_ Patient's signature or name/signature of accompanying person \_\_\_\_\_ Signature of informant \_\_\_\_\_

## INFORMATION VENOGRAPHY

### Dear patient!

You have been referred by your doctor/physician for a venogram (X-ray of the leg veins).

### Here are some details:

#### What is to be considered?

The safest method of detecting thrombosis (blood clotting) in the deep leg veins involves venography. It also shows the nature and extent of varicose veins and is therefore an important prerequisite for targeted treatment interventions (e.g. vein stripping). An X-ray contrast medium is injected into a dorsal vein of the foot to image the anatomy of the veins and possibly existing pathological changes.

#### How is the examination performed?

At the beginning of the examination, a tourniquet is applied in the ankle area. After injecting the contrast medium, the medium first streams into the deep leg veins, after removal of the tourniquet the superficial veins are filled with the contrast medium and any varicose veins that may be present. X-rays are then made of the venous system in the lower leg, knee, thigh and pelvis.

For this study, you will receive an iodine contrast medium injected, therefore we need the following current laboratory values from you (not older than 1 month): **Creatinine/GFR** and **TSH**. **Diabetics** have to discontinue metformin medications for 24 hours before and after administration of contrast medium.

#### Does the contrast medium cause any complications?

As with any injection, pain, bruising and, in rare cases, infection may occur at the injection site. As is well known, heat sensation during the injection or bitter taste in the mouth may occur as a reaction to contrast medium. Intolerance reactions may also occur after administration of contrast medium: often there is a slight drop in blood pressure as well as small complaints such as nausea or pain. Very rarely are there severe side effects such as shortness of breath, sudden drop in blood pressure, cardiac arrhythmias or convulsions. Extrusion of contrast medium at the injection site in the arm during injection of the medium into the vein may occur on rare occasions. This leads to a painful swelling that can sometimes continue for days and make treatment necessary. If you have any pain or swelling of the foot during the administration of contrast medium, please immediately notify staff. Scientific studies show that approximately 97% of patients tolerate contrast medium well. The incidence of serious side effects is given as 0.04%. Should any adverse reactions occur, medical help is immediately available.

**Throughout the examination, you are under the supervision of qualified personnel.**

**We can see and hear you constantly, and the examination can be terminated at any time.**