

Dear Patient,

You will undergo an examination called Angio mammography.

Angio mammography is an imaging test performed with a mammography unit. It combines standard digital mammography with an injection of iodinated contrast.

The principle is based on the recombination of two images: one for information on vascularized structures (iodinated contrast), and a conventional mammogram for morphological information.

Procedure

- The examination lasts between 30 and 45 minutes.
- It is important to remain motionless throughout the examination. To this end, you will be positioned as appropriately as possible, according to the needs of the examination.
- You can contact our staff at any time.
- A contrast medium will be administered by vein prior to mammography. The procedure takes place in the same room, always in the presence of the nursing staff.

After the examination

After the examination, you can resume your normal activities.

As we are administering a contrast medium via the vein, we strongly advise you to drink at least 1½ liters of liquid afterwards, to help eliminate the contrast medium.

However, if you have been given an oral or venous tranquilizer, you must not drive or operate dangerous machinery for the next 12 hours.

If you notice any unusual sensations during the day following the examination, please do not hesitate to contact us.

Risks

- Generally, the amount of ionizing radiation emitted during an X-ray examination has little impact on the probability of developing cancer during one's lifetime. In fact, the benefits of a clinically appropriate examination outweigh the risks (see the brochure available in the waiting room or on our website www.affidea.ch).
- In rare cases, the contrast medium to be administered to you may cause an allergic reaction.

To prevent this risk and other eventual contra-indications, we kindly ask you to answer the safety questionnaire.

We are at your disposal for any further information.

Name : _____	Date of birth: <input type="text" value=" / /"/>
First name: _____	Weight : <input type="text" value=" kg"/>
	Height : <input type="text" value=" cm"/>

	YES	NO
Do you suffer from an allergy to contrast products?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any drug allergy ? If yes : which : _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any other allergy or do you have asthma? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from a kidney disease or kidney failure? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a thyroid disease? If yes, what medication are you taking ? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic ? If yes, what medication are you taking (p.e. Metformin)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take anticoagulants ? If yes : which : _____	<input type="checkbox"/>	<input type="checkbox"/>
Female patients only : Are you, or could you be, pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks / additional information? _____ _____ _____		
<p>By signing below, I confirm to have read the information about this exam and understood and correctly answered this questionnaire and give my consent to the conduct this exam. To better assess my case, I accept that Affidea can request previous reports or exams.</p>		
Signature of patient: _____	Date : <input type="text" value=" / /"/>	