

## **MRI Scan-Arthrogram of the Hip, Knee or Ankle Procedure**

To Schedule: (319) 398-6794

Questions about Procedure: (319) 398-6050

### **What is a MRI?**

A MRI scan produces dimensional images by using a large magnet and radio waves. It is a way of looking inside the body without using x-rays. A strong magnetic field is created and a radio frequency is beamed into that magnetic field. Measurements of energy from the tissue being scanned are sent to the computer where the screen image will be recorded. Your MRI scan will take approximately 45 minutes.

A MR Arthrogram is a two part study:

1. Injection of contrast into the joint under Fluoroscopic guidance (x-ray)
2. MRI scan of the joint that was just injected

### **Preparation:**

You may eat and drink before the exam and take your daily medications.

Patients who are claustrophobic may require oral sedation prior to the MRI scan. Please contact your physician and discuss the use of medication that can be taken for this exam. **DO NOT TAKE THE ORAL SEDATION MEDICATION PRIOR TO ARRIVING.** The patient will need to arrive 15 minutes prior to their appointment to sign the consent form and then they may take the oral sedation medication. If the patient takes the oral sedation medication prior to signing the consent form the exam will not be performed. Be aware that you must have someone to drive you to and from the hospital if you are medicated.

Patient's that **MAY NOT** be allowed to have an MRI, please check with your physician:

1. Persons wearing a pacemaker/defibrillator
2. Persons who are pregnant
3. Persons who have brain surgery with aneurysm clips
4. Persons who have metal shrapnel in eyes
5. Persons who have ear implants

The Patient will be asked the following questions prior to the appointment:

1. Is the patient on blood thinners? Ex: Heparin/Coumadin  
-if so patient needs to stop taking blood thinner 5 days before the exam, the physician's office will need to order blood work and a PT & INR will be taken 45 minutes prior to the Fluoro appointment.
2. Is the patient allergic to iodine?  
-patient will need to be pre-medicated
3. Is the patient diabetic?
4. Will the patient be taking claustrophobic meds?

**PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:  
A PHOTO ID TO VERIFY YOUR IDENTITY**

**Procedure:**

It is important to lie still throughout the entire exam as any motion may distort the image. During the exam you will hear LOUD knocking sounds so you will be given ear plugs.

**Parking/Registration:**

Park in the Mercy Medical Center 10<sup>th</sup> Street Parking Ramp, located at the corner of 10<sup>th</sup> Street and 8<sup>th</sup> Ave. SE. You will be pre-registered, so you can proceed to **Ground (G)** level and follow the signs to "Radiology (X-Ray)," also located on **Ground (G)** level.

**Procedure Results:**

Please allow 2 business days from your exam for your physician to review your Radiology results.

**Your appointment date and time:**

Procedure date: \_\_\_\_\_

Procedure time: \_\_\_\_\_ (Please arrive 15 minutes early)