

## Consent for Imaging the Abdomen/Pelvis during Pregnancy

Your doctor is recommending you have a CT scan of your abdomen/pelvis area. CT stands for Computed Tomography – you may have also heard it called a “CAT scan.” A CT scan uses x-rays to take pictures of your internal organs. Because you are pregnant, your baby will get some radiation from the x-rays. There is a very small chance that this radiation could harm your baby. This form will explain the potential benefits of the CT scan and the risks involved.

### **Benefit of performing a CT scan**

Your doctor will use the results from the CT scan to diagnose and manage your condition. CT is often the best way to diagnose a wide range of problems in the abdomen and pelvis. Failure to diagnose and treat such conditions could result in harm to you or your baby.

### **Risk of having a CT scan when pregnant**

Radiation can cause cancer in adults and children. This is the main risk to your baby from a CT scan of the abdomen and pelvis. The risk to your baby is extremely low, but not zero.

Scientists continue to debate exactly how much a CT scan of the abdomen/pelvis during pregnancy increases the risk of your baby potentially getting childhood cancer. Even without getting a CT scan, all babies have approximately a 1 in 300 risk of developing cancer before the age of twenty. Scientists currently think that a CT scan of the abdomen/pelvis could increase the risk of cancer by up to another 1 in 300. We make every effort to keep the amount of radiation as low as possible so that the risk to your baby is as low as possible.

### **Alternatives to CT**

Your care team has carefully considered multiple alternative options for your care including ultrasound, MRI, or no imaging, and has concluded that a CT scan may be the best option in your case. As with any part of your care, the final decision is always up to you on whether or not you wish to proceed with this scan.

By signing this document, you are indicating that you understand the risks, benefits, and alternatives to this CT scan and agree to proceed.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Physician Signature and CHN#

\_\_\_\_\_  
Interpreter Name/Number