

## Informed Consent for Contrast Media and Gadolinium Injections

**QUESTION:** I am the coordinator of a risk evaluation program for a professional liability insurance carrier. The issue of contrast media and informed consent continues to be discussed and still engenders a bit of controversy. Is there still a real choice between ionic and nonionic contrast media, or has nonionic emerged as the contrast medium of choice? Also, should I be focusing on other areas of contrast exposure, such as gadolinium for MRI in patients with renal insufficiency?

**DR. BERLIN'S REPLY:** In response to your query, the distinction between and the controversy surrounding ionic and nonionic contrast media were major issues in the 1990s and early 2000s, but those issues have virtually disappeared in more recent years. Today, most if not all radiology facilities use only nonionic media, and, in fact, for all practical purposes its use is the standard of care.

Informed consent for contrast media is not required, and I doubt that many facilities

still obtain it unless they are obliged to do so by their own specific state law or local regulations. The *ACR Practice Guideline for the Use of Intravascular Contrast Media* published by the American College of Radiology provides further guidance in this area. It states that radiologists should have sufficient patient history to determine the indications for the study and should be aware of specific relative contraindications and pertinent risk factors that might increase the likelihood of adverse effects from the contrast administration. To comply with this guideline, many radiologic facilities provide a form to be filled out for every patient that specifically asks whether the patient has allergies or a history of reaction to previous contrast media injections. Any affirmative answer is referred to the radiologist for further evaluation.

As for gadolinium chelate injections in MRI examinations, the ACR guideline emphasizes that radiologists should be aware that these

agents have been associated with nephrogenic systemic fibrosis (NSF) in patients with advanced or moderate kidney failure. I have doubts about the value of obtaining informed consent for gadolinium injections. Because our current knowledge of the relationship between gadolinium and NSF is still limited, I believe the information we can give patients is similarly limited. Radiologists and other medical professionals dealing with these agents should familiarize themselves with the *ACR Manual on Contrast Media, Version 7*, which is available on the ACR Website.

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