

Brain amyloid PET-CT

This examination is used to detect any abnormalities in the brain caused by Alzheimer's disease.

Please reserve approximately 2 to 4 hours for your visit.

If you are pregnant or suspect that you are pregnant, call the number listed in the arrival instructions. This examination is generally not carried out during pregnancy.

Preparation for examination

You may eat and drink as usual. Take your medication as usual. Bring your prescriptions or a list of your medications with you to the test.

Remove all jewellery and any clothes containing metal.

Examination

At the beginning of the examination, you will rest for 1 to 2 hours at the ward. An intravenous catheter (thin tube into a vein) will be placed into your arm, and a small amount of radioactive contrast agent will be given via the catheter.

During the scan, you will be lying down and you will need to remain still. The imaging takes approximately 30 minutes. The examination is painless.

The examination also includes a CT scan (computed tomography). The scans are performed simultaneously.

After the examination

In the 2 to 3 days following the examination, drink plenty of water and empty your bladder more frequently than you normally would. This is to make sure that the radioactive tracer leaves your body.

After receiving the radioactive contrast agent, do not hold a child or remain in prolonged close contact with children for the remainder of the day.

If you breastfeed, you must stop breastfeeding for 24 hours after the radioactive tracer is administered. The milk expressed during this period must be poured down the drain.

Other things to note

Please take your health insurance card (Kela card) or identity card with you.

Your attending physician will inform you of the test results. Please contact the unit responsible for your care if you do not already have a scheduled appointment or a phone consultation with your doctor.

You will not be charged for the examination separately. Cancel the appointment if you cannot come. If you do not cancel, you will be charged a fine.

Patient information form for PET scan

Please fill in the form the day before the examination and bring it with you.

Name: _____

Personal identity code: _____

Weight: _____ Height: _____

Have you ever had an allergic reaction to contrast material in any previous contrast-enhanced scans?

yes

no

Have you had some surgery / endoscopic procedure / biopsy in the past six months?

yes

no

Which one, when? _____

Do you have any foreign objects in your body (made of metal):

What objects: _____

Where: _____

Do you have, or have you had any of the following (check the box):

diabetes

tuberculosis

heart attack

intestinal infection

kidney disease

other inflammatory disease, please specify: _____

other long-term illness, please specify: _____

trauma (fractures, injuries), please specify: _____

Have you taken/received the following medicines in the past 2 weeks?

Cortisone yes no

Blood cell growth factor yes no

Cytotoxic/Cytostatic drugs yes no

If you have received cytostatic therapy or blood cell growth factor therapy within 2 weeks before the examination date, please contact the Nuclear Medicine Unit in Meilahti, tel. 040 6325991.

Have you received radiation therapy in the past 3 months?

yes no

When? _____

On which area? _____

If you have received radiation therapy within 3 months before the examination date, please contact the Nuclear Medicine Unit in Meilahti, tel. 040 6325991.

Do you have a scheduled appointment / telephone call with your doctor?

yes no

When is it? _____

Question for women:

Is it possible that you are pregnant?

yes no

If you suspect that you might be pregnant, please contact the unit responsible for your care before the examination.

Thank you for your answers.