

CT SINUSES

Patient's Name: _____

You have an appointment in the Radiology Department on:

Date: _____ Time: _____

Note to Outpatients:

Please arrive 15 minutes early to allow for registration. If you are unable to keep the appointment, please call St. Paul's at 604-806-8071 or Mt. St. Joseph's at 604-877-8323 with at least 24 hours notice to cancel or rebook your test for another day. Childcare is not available in the department.

For Your Information

Introduction

Your doctor has asked for a CT of your sinuses. Sinus CT's are used to evaluate the sinus cavities, which are air filled cavities located within the bones of the face. When they become filled with fluid they may cause headaches, facial pain/pressure.

Procedure

You will be asked to lie on the CT table and keep your head as still as possible. The table will move through the CT machine to collect information for the pictures. You may be given an IV injection to highlight the structures in your sinuses. Some people feel warm and get a metallic taste in their mouth during the injection.

Preparation

- IV in the arm.

Results

We send your test results to your doctor as soon as possible. If your doctor does not have your results within two weeks, please ask your doctor to contact us.

**** Please inform the technologist if you have any allergies or may be pregnant. ****
