MRI Scan-Breast for Implant Rupture
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 45-60 minutes.

Preparation:
You may eat and drink before the exam and take your medications. Patients who are claustrophobic may require sedation prior to the MRI scan. Please contact your physician and discuss the use of medication that can be taken at home before the exam. Be aware that you must have someone to drive you to and from the hospital if you are pre-medicated.

Persons not allowed to have a MRI:
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.

PLEASE BRING A LIST OF CURRENT MEDICATIONS YOU ARE TAKING.

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 earplugs.

Parking/Registration:
Park in the Mercy Medical Center 10th Street Parking Ramp, located at the corner of 10th Street and 8th 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 (Who interprets the results):
A radiologist will review the images shortly after the exam is completed. A written report will be sent to your doctor. Your doctor will discuss the results with you. Please allow your physician time to review these results, usually 2 business days after the exam.
Your appointment date and time:
Procedure date: ____________________________________
Procedure time: ____________________________________

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