

PATIENT INFORMATION

Bone Density Scan (DXA)

Osteoporosis Service

Please read the information below and contact the Osteoporosis Service before you attend your appointment on **01803 655603**, if any of the following apply:

- If you are unable to stand and get onto a bed.
- If you weigh over 204kgs, (32 stone).
- If you have had both hips replaced.
- If you may be pregnant or are breast feeding.
- If you have had a CT scan involving an injection of contrast, or a barium test in the last 3 weeks.

What do I need to bring with me?

- A list of any medication you take including supplements.
- Your completed questionnaire (*sent to you with your appointment letter*).
- Please ensure you allow enough time before your appointment to pay for your parking. The payment meter is located inside the building in the waiting room. You can also use the RingGo App.

What do I need to wear?

- Please wear comfortable clothing that does not contain metal other than a zip or button fly.
- Please avoid studs, zips or buttons on clothes where possible.
- Ladies, please avoid underwired bra where possible.
- Please remove any belly piercings.

About your appointment which will last approximately 20 minutes

When you first arrive at reception you will be greeted by reception staff.

The Osteoporosis Practitioner will talk through the questionnaire with you to ensure we have the relevant information for the scan report and measure your height and weight.

You will be asked to lie on the scanner bed and the practitioner will assist you into the correct position for the scan. Each part of the scan lasts only a few minutes.

How is bone density measured?



Bone density is measured using a simple test called a DXA scan. This is the most accurate and reliable means of assessing the strength of bones. It is a simple procedure.

We will scan your lower back and hips using the DXA machine (as shown in this picture).

The procedure is painless, you will **not** have an injection, and you do **not** feel enclosed.

What happens to the results?

The results of the scan will be sent to you, the doctor who referred you, and your GP, together with any recommendations for treatment if needed.

Please be aware that reports may take 6 to 8 weeks to be sent out.

If needed, we will arrange a clinic appointment to discuss your diagnosis and treatment options.

Are there any side effects?

Bone density scans are among the safest diagnostic imaging tests available. The amount of radiation involved is much less than that received during a low dose x-ray, but we will not scan you if you may be pregnant.

Additional information

If you have any questions about your appointment, please do not hesitate to contact the number below and we will be pleased to help.

☎ Tel: (01803) 655603

✉ Email: osteoporosis.tsdf@nhs.net

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

OSTEOPOROSIS RISK ASSESSMENT**Torbay and South Devon**
NHS Foundation Trust

Name:

Date of birth:

Do you have or have you ever suffered from any of the following (tick all that apply):

Rheumatoid or inflammatory arthritis (not Osteoarthritis)	
Liver disease	
Overactive thyroid (Hyperthyroid)	
Overactive parathyroid (Hyperparathyroid)	
Heart Attack and/or Stroke	
Heart attack and/or Stroke in Parent or Sibling.	
Anorexia Nervosa and/or Bulimia	
Parkinson's Disease or Multiple sclerosis	
Epilepsy	
Kidney disease	
Vitamin D deficiency ___nmol/L	
Coeliac disease	
Inflammatory bowel disease (e.g. Ulcerative Colitis or Crohn's disease)	
Type 1 Diabetes (insulin dependent)	

Do you take or have you ever taken, any of the following medication?

	Current /past dose	Date started/finished	Reason
Steroid tablets/injections			
Antiretrovirals			N/A
Sodium Valproate (Epilim) or Carbamazepine			
Stomach protection such as Omeprazole, Lansoprazole			
Medication for Breast/ Prostate Cancer.		Y/N	
Have you had any Radiotherapy treatment.		Y/N	

Have you broken/fractured any bones as an adult?**Yes / No**

If yes, please state which bones (including vertebra/spine) and what year:

Which bone(s)?	Date/year	Mechanism of injury (office use only)

Have you fallen within the last year? If yes how many times have you fallen: 1 2 3 4 5+ (For office use) FRAT score 1 2 3 4 5	Yes / No
Is there any family history of osteoporosis? If yes , please state relationship:	Yes / No
Has your mother or father ever broken a hip? If yes , please state which parent and at what age the hip was broken:	Yes / No
Have you ever had a sudden onset of sharp pain in your back?	Yes / No

If Female

Do you have regular menstrual periods? If yes please advise us before attending clinic if there is any chance you could be pregnant. If no please state age at which they stopped:	Yes / No Age:
Did you have a hysterectomy and/or removal of ovaries before age 45?	Yes / No
Have you ever had hormone replacement therapy (HRT)? If yes please state how long you had this for:	Yes / No

CURRENT LIFESTYLE

Do you smoke?	Yes / No
Have you smoked in the past? If so how long for?	Yes / No
How many units of alcohol do you consume in a week? (A unit of alcohol is 1 small (125ml) glass of wine, half pint of beer or 1 x 25ml measure spirit)	
How many cups of coffee do you drink per day?	
How many cups of tea do you drink per day?	
How many sessions of exercise do you take per week? (A session is 20 minutes e.g. walking, running, dancing or sport)	

Have you ever taken any medication for bone protection in the past? Alendronate/Risedronate/Ibandronate/Strontium Ranelate/Fosamax/Raloxifene If yes which treatment and for how long:	Yes / No
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Please list below all your current prescription medication (including regular infusions/injections) and bring the packaging of any supplements containing calcium and/or vitamin D3 you buy yourself:

OFFICE USE: SI Y/N
