



CONSENT FORM FOR OESOPHAGEAL DILATATION

Med Rec. No.

Surname:

Forename:

DOB:

AFFIX LABEL HERE

PROPOSED TREATMENT

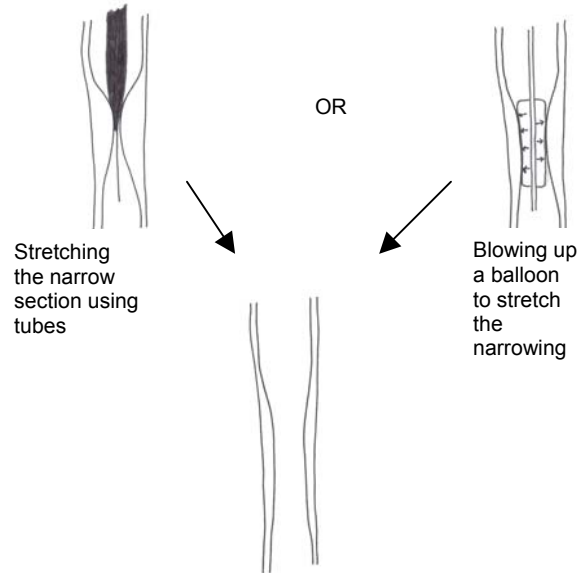
The doctor has explained that I, *(name of patient)*
have a and that **oesophageal dilatation** is proposed:

This procedure stretches a narrowing in the gullet (oesophagus) to improve swallowing.

The patient lies their back or left side. A sedative and pain relieving medicine is given into an arm vein and local anaesthetic spray may be used to numb the back of the patient's throat.

The gullet will be examined with a flexible telescope (endoscopy). A fine wire is be passed through the blockage, if necessary under x-ray control. The endoscope is removed and special dilating tubes are slid down over the wire to open up the narrowing. Finally the fine wire is withdrawn.

In some cases, the narrowing may be stretched using a balloon which is gently blown up in the correct place, instead of using dilating tubes.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your gastroenterologist if you have any general or specific concerns.

I may have side effects from any of the drugs used. The commoner side effects include light-headedness and nausea.

I understand the procedure has the following **specific risks and limitations**:

-
- The sedation used may cause some slowing or lightening of my breathing. In a few cases, where sedation is especially deep, there is a risk of inhaling stomach contents. If this happens I may need to stay in hospital for treatment.
- Occasionally, the procedure may result in a tear in the gullet. This is serious and will mean I need to stay in hospital and may need an operation.
- It is not unusual that the narrowing recurs in the future and I may need the procedure to be repeated, possibly several times.

I understand some of the above risks are more likely if I smoke, am overweight or have heart disease, high blood pressure or diabetes.

INDIVIDUAL RISKS

I understand the following are **possible significant risks and complications specific to my personal circumstances**, that I have considered in deciding to have this operation:

.....
.....

MR CONSENT FORM FOR OESOPHAGEAL DILATATION

[HOSPITAL]

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FOR
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DECLARATION BY PATIENT

- I acknowledge the gastroenterologist has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the gastroenterologist any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my doctor during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist gastroenterologist may perform the procedure. In any case a specialist will be responsible for my care.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient

Date

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Date

Doctor's name
(print name)

INTERPRETER'S DECLARATION

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's
Signature

Date

Interpreter's name
(please print)