



CONSENT FORM FOR FLUORESCEIN ANGIOGRAPHY

Med Rec. No.
Surname:
Forename:
DOB:

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have of my(*side*) eye and that **fluorescein angiography** is proposed:

Fluorescein angiography means using a special dye (fluorescein) to highlight the blood vessels supplying the back of the eye. The test is useful in assessing the light-sensitive layer lining the eye (the retina). It is used to diagnose some important conditions, so that appropriate treatment can be recommended. In some people, this test is repeated to monitor the eye condition and assess progress.

To get a good view of the back of the eye, the pupil must be as large as possible. Eye drops are put into the eye about half an hour before the test to open the pupil. The ophthalmologist examines both eyes and takes colour photographs, usually of both eyes.

The dye is then given as a small injection into a vein in the arm. The dye is carried to the eye in the circulation and a rapid series of photographs is then taken of the back of the eye using a special camera using a blue flash. The photographs are processed and examined by the ophthalmologist later.

BEFORE and AFTER

- You do not need to fast for this test.
- Please bring a list of your medical conditions and current medications with you. **You should tell the doctor before the test if you have had an allergic reactions to medications in the past.**
- Although the test will only take 15 minutes, you should allow at least 2 hours for the whole visit.
- **You should not drive for 4 hours after the test**, so you may need to make other arrangements to get home.
- Your skin will be appear yellow for a few hours after the test and your urine will be an orange/green colour. This is the dye passing out of your system and is nothing to worry about. It may take a day to clear completely.

RISKS

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

- If the dye leaks around the needle during the injection in my arm, I may notice a burning sensation and there may be some staining of the skin at the injection site. The sensation usually goes away in a few minutes and the staining should disappear after a few days.
- I may feel some nausea during the procedure, but this usually passes within a few seconds. Although the feeling may be a little uncomfortable, I understand it is not dangerous.
- If I am on blood thinning treatment (warfarin or aspirin) I must press ion the injection site for 5 minutes after the needle is removed to help prevent bruising.
- Allergic reactions to the dye are very rare. The most common allergic reaction is an itchy skin rash, which can appear several minutes after the injection. If this happens, I should tell the doctor, who can give me a tablet to control the itching. Staff will monitor me until the rash has settled.
- More severe allergic reactions to this dye are extremely rare, but occasional deaths have been reported.

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:

.....

CONSENT FORM FOR

FLUORESCEIN ANGIOGRAPHY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

DECLARATION BY PATIENT

- I acknowledge the ophthalmologist has informed me about the procedure, any alternatives and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the ophthalmologist any significant risks and complications **specific to my personal circumstances**, and I have considered these in deciding to have this test.
- I understand that a doctor other than the specialist ophthalmologist may perform the procedure.
- I have received a copy of this form to take home with me.
- I understand these tests may be recorded for student training purposes. However, any recordings made for teaching are only used after all identifying material has been removed.
- 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 test 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
(print name)