

Declaration of Informed Consent for Videofluoroscopy (VFS)

Patient Name:

Date of Birth:

Date:

VFS

A VFS is a moving (dynamic) x-ray examination of swallowing. In the x-ray room there will be a radiologist or radiographer who operates the equipment and one or two speech and language therapists who will be responsible for analysing and interpreting the images and making decisions about your swallow safety. Firstly, the radiographer will sit you on a chair in a side on (lateral) position to the camera. It may take a few minutes to get you in the optimal position so the speech therapists get the best view of your anatomy.



During the VFS assessment, you will be asked to eat and drink different consistencies/textures whilst the dynamic x-ray is running. A contrast material, usually barium sulphate or omnipaque, is mixed with food and drink so that it will show up on the x-ray. The speech therapist/s will be watching the real time images to see exactly what happens when you are swallowing. We will be able to see if there is any residue collecting in the throat; food or drink going down the wrong way into the voice box and towards the lungs (penetration and/or aspiration); if you cough in response to penetration/aspiration, and if the cough is effective. VFS will therefore allow us to evaluate the presence, degree and type of swallow impairment (dysphagia) and ascertain if any positional techniques, manoeuvres or therapy exercises may help. We will then make safe recommendations about what you should be eating and drinking with the aim of preventing recurrent chest infections (aspiration pneumonia).

During VFS, you are being exposed to radiation and ingesting a contrast material, therefore certain consequences may occur:

- Dislike the taste on contrast
- Barium (white) in your stools for one to two days
- VFS assessment will be abandoned if you are or think you could be pregnant. This is a precaution to protect your unborn baby from unnecessary radiation.
 - We will find an alternative instrumental assessment such as FEES in this circumstance.

There is no preparation required and no recovery time needed after the procedure.

I, _____, senior specialist speech and language therapist, have discussed the VFS assessment in detail and have answered all questions asked by the patient.

Signature: _____

Date: _____

Print Name: _____

Consent for VFS Assessment/Recording

- ✓ I have been given a full explanation about the procedure, what it will entail and why it is necessary for the assessment and management of my swallowing problem.
- ✓ I understand the potential consequences/risks that can occur by participating in the VFS procedure.
- ✓ I understand that there will be video recordings of the VFS assessment and this will always be treated as confidential.
- ✓ I have made an informed decision and would like to voluntarily proceed with a VFS assessment.
- ✓ I give my consent to treatment.

Signature: _____

Date: _____

Swallow Matters UK provide education and training for speech therapists, as well as publish and present papers. We therefore ask for further consent regarding the use of video and/or audio recordings. You do **NOT** have to consent to the following to undergo treatment.

I consent to the use of video and/or audio recordings for the following purposes:

- Educational/Teaching purposes (e.g. students / staff training) locally.
- Educational/Teaching purposes nationally.
- For publication (e.g. information leaflets, journal articles, presentations, internet, other published media).

This consent can be withdrawn at any time by the signatory.

Signature: _____

Date: _____

Print Name: _____

Signature of SALT: _____

Date: _____

Print Name: _____