

Declaration of Informed Consent for Fibreoptic Endoscopic Evaluation of Swallowing (FEES)

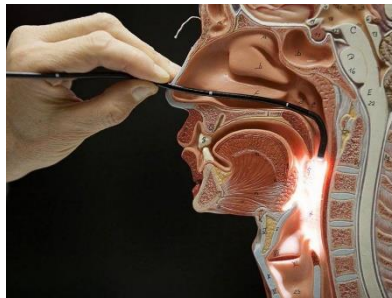
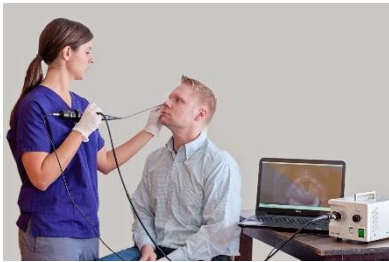
Patient Name:

Date of Birth:

Date:

FEES

FEES is an endoscopic examination carried out by two speech and language therapists. We will use a flexible tube (scope) with a camera on the end and pass it into your nose and along the bottom of the nasal cavity until we can visualise the pharynx (throat) and larynx (voice box). Once the scope is in place, we can view the pharyngo-laryngeal structures at rest and in function during swallowing.



With the scope in place, we will give you food and drink and watch 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. FEES 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).

As FEES is an endoscopic procedure, certain complications or consequences may occur:

- Discomfort (most frequent)
- Epistaxis (nose bleeding)
- Vasovagal episodes (brief episodes of fainting)
- Laryngospasm (closure of the vocal cords leading to acute breathing difficulty)

Apart from discomfort, these complications are very rare and occur in fewer than 1% of patients. There is no preparation or recovery time required.

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

Signature: _____

Date: _____

Print Name: _____



Consent for FEES 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 risks/complications that can occur (albeit very small) due to the endoscopic procedure.
- ✓ I understand that there will be both audio and video recordings of the FEES assessment and this will always be treated as confidential.
- ✓ I have made an informed decision and would like to voluntarily proceed with a FEES 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: _____