

**Declaration of Informed Consent for Phagenyx Treatment –
(pharyngeal electrical stimulation)**

Patient Name:

Date of Birth:

Date:

Phagenyx is a treatment for neurogenic swallowing disorders that has been shown to improve swallowing in up to 75% of people, often when other traditional methods of treatment have already been explored. The treatment involves passing a small/thin modified naso-gastric tube (NGT) through your nose, into your throat and down to your stomach. This tube is called the Phagenyx catheter.



The catheter is then used to deliver electrical stimulation to the pharynx (throat) to reinnervate the swallowing muscles and improve the brain’s control of swallowing based on principles of neuroplasticity.

PLEASE REFER TO YOUR COMPEHENSIVE PHAGENYX INFORMATION SHEET FOR MORE DETAILS.

Before treatment is commenced, thorough assessment must take place to establish whether Phagenyx is safe and appropriate for you. A speech and language therapist will undertake a comprehensive swallowing assessment using nasendoscopy known as a FEES (fiberoptic endoscopic evaluation of swallowing). *FEES information/consent available.*

As Phagenyx Treatment involves nasendoscopy and the placement of a modified NGT, 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)
- Allergic reaction to the catheter causing swelling and difficulty breathing

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 Phagenyx Treatment in detail and have answered all questions asked by the patient.

Signature: _____

Date: _____

Print Name: _____



Consent for Phagenyx Treatment/Recording

- ✓ I have been given a full explanation about the procedure, what it will entail and why it is potentially suitable for the management of my swallowing problem.
- ✓ I understand the FEES result will determine if Phagenyx is appropriate for me. If not, I understand that treatment will cease at this point and I will be charged for the cost of the FEES assessment only.
- ✓ I understand the risks/complications that can occur (albeit very small) due to the endoscopic procedure and placement of the Phagenyx catheter.
- ✓ I understand that there is the possibility, that despite multiple attempts, that the Phagenyx catheter cannot be placed (i.e. due to anatomy). I understand that in this circumstance I will be charged for the cost of the catheter and FEES assessment only. *Every effort will be made to place the catheter, including contacting a specialist nutrition nurse to attempt placement.*
- ✓ I understand that should the Phagenyx catheter fall out during treatment a new catheter will not be provided and treatment will therefore have to be terminated. I understand that in this circumstance I will be charged for the cost of the catheter and FEES assessment only. *Will try to replace your catheter in this circumstance.*
- ✓ I understand that Phagenyx Treatment may NOT improve my swallowing. I am undertaking and paying in full knowing that there is the possibility my swallow will be exactly the same as it was pre-treatment.
- ✓ 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 Phagenyx Treatment.
- ✓ 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: _____