

Informed consent of the patient (patient's legal representative) to X-ray Examination of the Gastrointestinal Tract

Patient – Name and surname:	Birth number: (insurance number):
Date of birth: (if no birth certificate number exists)	Insurance provider code:
Height:	Weight:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth Certificate Number:

Name of the procedure

X-ray Examination of the Gastrointestinal Tract

Purpose of the procedure

This is a specialized X-ray examination using a contrast substance to clarify your gastrointestinal disease (if any).

Nature of the procedure

The following is necessary before the examination!

- Do not eat, drink, smoke or chew gum 6 hours before the examination.
- A solution for evacuating the large intestine (the procedure will be explained to you by the doctor who recommended you for this examination) or cleansing enema of the large intestine will be used in this examination.
- Specialized examinations may require certain preparation whose extent and performance will be explained to you by the doctor who recommended you for this examination.

Procedure:

The examination is conducted on a “tilting wall”, allowing the positioning of the patient to visualize the required organ in an optimum manner.

The upper gastrointestinal tract is examined by gradually drinking a barium suspension or appropriate iodine contrast substance. A contrast barium enema, usually applied in combination with air, is used for examining the large intestine.

Delicate introductory probes or drains are used in specialized examinations.

Over the course of the administration of contrast substance, or afterwards, the doctor will visualize the organ under examination in the necessary imaging projections.

In some cases, medication reducing the tension of the gastrointestinal tract is administered intravenously over the course of the examination.

The following is necessary after the examination!

- In the case of the examination of the large intestine, and in some cases the small intestine, you are required to evacuate sufficiently at the toilet.

Should you have any problems, inform the attending physician immediately!!!

Expected benefits of the procedure

Acquisition of information about the condition of the digestive canal decisive for the commencement of treatment.

Alternative procedures

Endoscopic examination; diagnostic ultrasound, CT or MR if appropriate.

Possible risks of the selected procedure

Possible complications:

Complications related with the examination are rare. Their number has considerably decreased as a result of the development of new technologies leading to an improvement in the instrumentation and contrast substances. Most frequent complications include:

- In the examination with barium suspension, complications are infrequent; however, nausea, flatulence, vomiting, diarrhoea or constipation may appear.
- Allergic reaction to the contrast substance – these reactions are rare, mostly of a mild nature (such as nausea, urticaria, dyspnoea, and oedema); it is absolutely exceptional that a severe reaction occurs or a patient's life is jeopardized.

The examination you are undergoing requires the use of X-rays. However, your X-ray examination is necessary. The risk associated with the use of X-rays is much lower than the risk of consequences associated with not performing this examination. The technical conditions of each X-ray examination are set to minimize your exposure.

Consequences of the procedure

No consequences unless there is a severe reaction to the contrast substance.

In order to reduce the risk of complications and, above all, that of an allergic reaction, to a minimum, we kindly ask you to answer the following questions:

note Circle your answer:

1. Did you have an allergic reaction during the previous intravenous administration of an iodine contrast substance?	YES	NO
2. Are you pregnant?	YES	NO
3. Do you suffer from serious kidney disease?	YES	NO

If anything is not clear to you and you want to ask questions, we are prepared to answer the.

Consent:

I have been informed in a comprehensible manner of alternative procedures performed at University Hospital Olomouc, from which I may choose.	YES	NO
I have been informed of possible limitations in my normal life and work ability following the procedure concerned and, in the case of a possible or expected change in my medical condition, also of the changes in my medical condition.	YES	NO
I have been informed of the treatment regime and appropriate preventive measures and of the performance of control medical procedures.	YES	NO
I understand all these explanations and instructions communicated and provided by the healthcare worker and I have had the opportunity to ask additional questions which have been answered by the healthcare worker.	YES	NO

Following the above-mentioned familiarization, I hereby declare:

- to consent to the treatment proposed and to the performance of the procedure; in the case of the occurrence of unexpected complications requiring urgent performance of further procedures necessary to save my life or health, I also consent to the performance of any such necessary and urgent procedures.	YES	NO
- that I have not concealed from the doctor(s) any information about a medical condition that I am aware of and which could negatively affect my treatment or endanger my surroundings, especially by spreading a contagious disease.	YES	NO
- that, if needed, I consent to the sampling of biological material (blood, urine, etc.) for necessary examinations, especially in order to exclude a contagious disease.	YES	NO
I agree that students and trainees access my medical records only to the necessary extent and on the basis of a mandate provided by a medical professional.	YES	NO

I agree with the presence of students and trainees during the provision of health care services.	YES	NO
- that I agree to the use of the results of my examinations as part of routine diagnostic and treatment procedures for scientific and educational purposes on the condition that these data will be presented and published only in anonymous form.	YES	NO
As a legal representative (guardian), I want to be present at the X-ray examination in the examination room. I am aware that X-rays are used for this examination. I will have to sign the informed consent form for non-medical radiation exposure.	YES	NO

I request that the following individual(s) is (are) informed about my medical condition:		YES	NO
First name and surname:	Address:	Tel:	
I request that the above-mentioned individual(s) has (have) the right to:			
a) Inspect my medical records		YES	NO
b) Make abstracts, duplicates or copies of my medical records.		YES	NO

Date:	Hour	Signature of the patient or (patient's legal representative)

Name, surname of the authorized healthcare worker who instructed the patient	Signature of the authorized healthcare worker who instructed the patient

Name and surname of the doctor performing the procedure	Signature of the doctor performing the procedure	Date	Hour

If the patient cannot sign, indicate the reasons for this limitation:			
The way the patient showed his/her will:			
Name and surname of the medical professional / witness	Signature of the medical professional / witness	Date	Time