

Informed consent of a Child Patient's Legal Representative (Custodian) to X-ray Examination of the Gastrointestinal Tract Using a Contrast Substance

Child's first name and surname:	Personal ID No. (Policyholder No.):
Date of birth: (if different from Personal ID No.)	Medical Insurance Company No.:
Height:	Weight:
Patient's permanent address: (or other address)	
Legal representative's name and surname:	Personal ID No.:

Name of the procedure

X-ray Examination of the Gastrointestinal Tract Using a Contrast Substance – Swallowing Act (oesophagus examination), GIT Passage, Enteroclysis (small intestine examination), Irrigography (large intestine examination), Post-operative Examination (inserting a probe introduced into GIT)

Purpose of the procedure

The examination is to clarify gastrointestinal tract disease prior to further treatment.

Nature of the procedure

Procedure:

All examinations are conducted on a "tilting wall", allowing the positioning of the patient in order to visualize the required organ in an optimum manner. During the examination, the child must lie or stand still (small children are fixed in a special fixing device).

1. Swallowing act, GIT passage:

Preparation for the examination: The child must have an empty stomach; eating or drinking is not allowed prior to the examination.

Over the course of the gradual drinking of barium suspension or aqueous iodine contrast substance, the attending physician will visualize the organ under examination in the necessary imaging projections.

2. Enteroclysis:

Preparation for the examination: The child must be duly evacuated (this will be explained by the attending physician) and have an empty stomach; eating or drinking is not allowed prior to the examination.

A delicate probe is introduced into the patient's small intestine via the nasal cavity or mouth and is gradually filled with a small amount of barium suspension; a larger volume of aqueous solution is added afterwards. The attending physician visualizes the organ in the necessary imaging projections.

3. Irrigography:

Preparation for the examination: The child must be duly evacuated or he/she must proceed to evacuation by means of a cleansing enema of the large intestine; the child must have an empty stomach; eating or drinking is not allowed prior to the examination.

A catheter is introduced into the patient's rectum through which the attending physician fills the large intestine with barium suspension or aqueous contrast substance; if necessary, air filling may also be used. The large intestine is visualized on X-ray images in the required positions.

4. Post-operative examination by means of a catheter or probe introduced into GIT:

The catheter or probe is filled with barium suspension or aqueous contrast substance and X-ray images are taken in the required positions.

Following the examination of the large intestine, and in some cases also the small intestine, the child is required to evacuate sufficiently at the toilet.

The X-ray assistant or doctor must immediately be advised of any troubles following the examination!

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 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 your child have an allergic reaction during the previous intravenous administration of an iodine contrast substance?	YES	NO
2. Does he/she suffer from constitutional dermatitis?	YES	NO
3. Does he/she 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 them.

Consent:

I have been informed in a comprehensible manner of alternative procedures for the child whose legal representative (custodian) I am, performed at the University Hospital Olomouc, from which I may choose.	YES	NO
I have been informed of possible limitations in the child's normal life and work ability following the procedure concerned and, in the case of a possible or expected change in the medical condition of the child whose legal representative (custodian) I am, also of the change in the child's medical condition.	YES	NO
I have been informed of the treatment regime and preventive measures appropriate for the child whose legal representative (custodian) I am, 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 the urgent performance of further procedures necessary to save the life or health of the child whose legal representative I am, 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 of the child, whose legal representative (custodian) I am, which are known to me and which could negatively affect his/her treatment or endanger his/her surroundings, especially by spreading a contagious disease.	YES	NO
- that, if needed, I consent to the sampling of biological material (blood, urine, etc.) of the child whose legal representative I am 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 of the medical condition of the child whose legal representative (custodian) I am:		YES	NO
First name and surname:	Address:	Tel:	
I request that the above-mentioned individual(s) has (have) the right to:			
a) Inspect the medical records of the child whose legal representative (custodian) I am		YES	NO
b) Make abstracts, duplicates or copies from the medical records of the child whose legal representative (custodian) I am		YES	NO

Date	Hour	Legal representative's or custodian's signature

Name, surname of the authorized healthcare worker who instructed the legal representative	Signature of the authorized healthcare worker who instructed the legal representative

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