

Patient agreement to investigation or treatment

Iontophoresis (a mild electric current, to reduce sweating) to hands and /or feet, and/ or axillae using tap water

Authors: Dermatology Department

Brief description:

- You have been selected to have treatment for excess sweating by the use of a technique called Iontophoresis.
- The aim of treatment is to narrow the opening of the sweat gland and reduce sweating. This is achieved by passing a low electrical current through the skin using tap water.
- There are few side effects, you may experience mild irritation immediately after treatment, this can be relieved with the application of a mild steroid cream (hydrocortisone). Over dryness of the hands or feet can be relieved with a moisturiser.
- We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

About Iontophoresis

This simple and safe procedure uses a weak electric current to reduce sweating. It involves placing your hands and/or feet into trays containing tap water. Each treatment can last from 20 to 30 minutes. Treatment of the axillae involves placing a soaked sponge in each axillae and lasts 20 minutes.

Before your procedure

- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- Prior to treatment, all metallic jewellery must be removed and you must tell the nurse if you have any broken skin within the areas to be treated.
- If any of the following apply, you will not be able to receive or continue treatment:
 - Pregnancy
 - Cardiac Pacemaker
 - Cardiac Arrhythmia
 - Metal implants (orthopaedic/intra-uterine).

During the procedure (operation/treatment) itself

- Treatment sessions last for approx 30 minutes, depending on how many areas are to be treated. During this time you will have your hands and/or feet placed in shallow trays of tap water and a low electric current will be delivered through this. The current will be gradually increased until your limit is reached; this is when you are experiencing a tingling sensation in the hands and/or feet and/or axillae.
- The treatment sessions will be as follows:-
 - Week one - days 1, 2 and 4
 - Week two - days 7 and 10
 - Week three - day 15
 - Week four - day 22

After the procedure (operation/treatment)

- Normally a reduction in sweating can be achieved after the fourth or fifth session.
- The treatment is not a cure and further maintenance sessions may be needed at a later stage.
- **Special measures you need to take after the procedure:** Occasionally you may experience mild irritation of the treated areas after treatment. If this occurs the nurse can apply a mild steroid ointment to the effected area for you.

Appointments and follow-ups

It is important that once started the treatment course is kept to. Any disruption to the schedule could render the treatment invalid and the course would need to be started again. Once treatment is completed you will be given details of kits for home use and a telephone number for use should you require further help with the management of your hyperhidrosis.

Unfortunately the clinic staff can't take care of children while you have treatment. We suggest that either you make alternative arrangements for childcare on the day of your appointment or someone who is able to do this comes to the unit with you.

Intended benefits of the procedure

- The intended benefit of the procedure is to achieve a complete cessation of the sweating.

Who will perform my procedure?

- The procedure will be performed by a Dermatology nurse on clinic seven.

Alternative procedures that are available

At present there are no real alternative treatments to iontophoresis. Most patients will have tried aluminium salts either as a powder or antiperspirant prior to being offered iontophoresis. Although botulinum toxin is a recognised treatment for axillary hyperhidrosis it is not currently available in the department.

Risks associated with this procedure:

During treatment, a tingling sensation may be experienced in the palms/soles/axillae. Other passing problems which may appear but only for a short time are:

- Redness of the treated area
- Slight electric shock if the hands or feet are lifted out of the water during treatment – not harmful
- A small burn could result if the metal electrode is touched
- Redness or burning to an area if metal jewellery is worn
- If treatment is increased rapidly, minor burning or slight skin thickening can occur
- Discomfort if there is any broken skin within the treatment areas.

Information and support

- If you have any questions or anxieties you can contact a dermatology nurse on 01223 596245.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact

Patient Information: 01223 216032 or
patient.information@addenbrookes.nhs.uk



Document history

Authors	Dermatology Department
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 245151
Publish/Review date	December 2010/December 2013
File name	CF035_derm_ionto_tap_water.doc
Version number/Ref	4/CF035

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Patient agreement to investigation or treatment

(Procedures where consciousness not impaired and no tissue samples or photographs are to be taken)

Responsible health professional/job title

Special requirements.....
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Iontophoresis (mild electric current, to reduce sweating)

using tap water to **hands** **feet** **axilla** **other**

Statement of health professional

(To be filled in by a health professional with an appropriate knowledge of the proposed procedure, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: complete cessation of the sweating
- Any risks from the procedures including those specific to the patient

(Details are also found in the information leaflet provided CF035 Version 4, December 2010)

I have discussed what the treatment procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

Health professional's signature..... Date:

Name (PRINT): Job title:

Responsible health professional (if different from above) .. Job title.....

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

SignedDate: Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Statement of patient/person with parental responsibility for patient

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will not involve local anaesthesia.

- I have seen detailed written information and/or been given a verbal account of the above treatment. I understand the nature of the treatment, why and how it will be performed and the possibility of side effects.
- I have been invited to ask questions related to the treatment named above.
- I confirm that I have been assessed by a doctor / specialist nurse to ensure that I am eligible to receive the described treatment.

- I agree to follow the treatment instructions and will inform the nurse at once if I suffer any unexpected or unusual symptoms.
- I will remove all jewellery prior to treatment.
- I confirm that I have been given the name and telephone number of the person to contact if problems arise.

My signature below indicates my voluntary agreement to receive the treatment described.

Patient's signature: Date:

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title:

Copy accepted by patient: yes / no (please circle)