

Patient agreement to investigation or treatment

Botulinum toxin injection for blepharospasm (spasm of the eyelids)

Authors: Eye Department (Ophthalmology)

Brief description:

- Botulinum toxin is a chemical produced by bacteria, which can be used in minute quantities to reduce 'stiffness' or spasm in individual muscles.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. 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>
- 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)

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.....

About botulinum toxin injection for blepharospasm

Blepharospasm is a condition in which the eyelid(s) go into spasm. The spasm can last from a few seconds up to several minutes and may make it difficult to see during this time. The spasm may be made worse by bright lighting conditions. These symptoms are often temporarily relieved by injecting small doses of botulinum toxin just under the skin of the upper and lower eyelids. The effect of the injection lasts for two to three months only, and repeated injections are necessary for continued relief.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet an ophthalmologist (eye doctor) who will discuss the planned procedure and decide on the site and number of injections required. Botulinum toxin injection is usually performed as a minor procedure in the Outpatients Department.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. Please inform the doctor if you have had any recent health problems, and discuss any questions regarding the injections that you might have.
- 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 pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you). For instance, if you are taking anti-coagulants such as warfarin, you might **not** be suitable for treatment.
- This procedure does not involve the use of an anaesthetic before the injections.
- You **do not** need to fast before your botulinum toxin injections.
- Botulinum toxin injection is not a suitable treatment if you are pregnant or 'trying' for a baby.
- If, to your knowledge, the answer to any of the following is **yes**, it is important that you tell us. Have you ever
 - received Human Growth Hormone
 - had brain surgery prior to 1992
 - or has anyone in your family been diagnosed with CJD

A positive answer will not stop any treatment, it will however allow us to plan your treatment so as to minimise any risks.

During the procedure itself

- You will be seated in a comfortable reclining chair. Depending on the severity of the eyelid spasm, small doses of botulinum toxin are injected just under the skin at two to six different sites around the eyelids. The exact dose and the site of injection may be varied depending on your response to previous treatments. After three to four days, the injections cause temporary weakness in the muscles of the lids. This relieves the symptoms of blepharospasm for approximately two to three months.

After the procedure

- **When you can leave hospital:** After the procedure, which takes 5 to 10 minutes, you will be able to return home.
- The toxin takes three to four days to act.
- **When you can resume normal activities including work:** Most people who have had this procedure can resume normal activities straight away. You might need to wait a little longer before resuming more vigorous activity.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us, for example: outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- Botulinum toxin injection is an effective way to control the symptoms caused by eyelid spasm and works well in the majority of affected individuals. Its effect is, however, temporary and not a cure. For continued relief from symptoms, you will need repeated injections.

Who will perform my procedure?

- The initial set of injections will be given by an ophthalmologist. Once the response to the injections is apparent subsequent injections will be given by a trained ophthalmic nurse practitioner.

Alternative procedures that are available

- No other treatments are available for the treatment of eyelid spasm.

Serious or frequently occurring risks

- Following this procedure, the majority of individuals with eyelid spasm experience relief from their symptoms.
- However, occasionally, some bruising develops around one or more of the injection sites. If some bruising is noticed in the first few hours after injection, applying pressure to the area with a cold compress (such as a bag of frozen peas) can reduce the swelling.
- Sometimes, the muscles of the eyelids can become weaker than expected following the injection and can cause drooping of the upper eyelid. Occasionally you will experience 'double vision'. Because the effects of the toxin injection are temporary, this excessive weakness will resolve with time, but might last two to three months. If you experience these problems, please contact the eye clinic for advice and be sure to inform the ophthalmologist and nurse at your next appointment, so that the dose and site of the injection can be modified in future.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.
- Further information about eyelid spasm is available from The Dystonia Society: Tel: 0207 490 5672 or website: www.dystonia.org.uk.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document History

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For staff use only:

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

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

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

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

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.

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: