

Patient agreement to investigation or treatment

Electrocochleography

Authors: ENT and Audiology, Cambridge University Hospitals NHS Foundation Trust, Cambridge

Brief description:

- You have been recommended by your surgeon to have electrocochleography.
- Here we explain some of the aims, benefits, risks and alternatives and operations (procedure/treatment). We want you to be informed about your choices so that you can be fully involved in making 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 even after you have signed the form.

For staff use:

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

.....
.....

What is electrocochleography?

- In Meniere's disease there is too much fluid in one of the compartments of the inner ear. The condition of excess fluid is referred to as endolymphatic hydrops. Electrocochleography is a test for endolymphatic hydrops – and by far the most common cause of endolymphatic hydrops is Meniere's disease.
- It is a simple test that takes 20 minutes to perform, and although a fine needle is passed through the eardrum, local anaesthetic is used and it is usually well tolerated.
- If positive, the test results can support the diagnosis of Meniere's disease, so that appropriate advice/treatment can be given if indicated.

Before the procedure

- A member of the team will go through the procedure with you, ensuring time for any questions or concerns that you may have.

The procedure

- You will be asked to lie down on the examination bed.
- Your ear will be closely examined; any wax will be removed if required.
- A local anaesthetic will be applied to the eardrum.
- Stick-on pads will then be attached to your forehead and behind the ears.
- A fine needle connected to a recording wire is passed through the eardrum to rest on the wall of the inner ear. The needle is used to record the electrical activity from the inner ear in response to sound.
- A headphone is then placed over the ear and a series of clicks are applied to the ear for a few minutes.
- Once we have the information required, the needle is removed along with the headphone and stick-on pads.

Potential risks

- The procedure may involve some mild discomfort when the needle is passed through the eardrum.
- Rarely, in less than 1% of cases, the procedure could leave you with a persistent hole in your eardrum of more than two weeks in duration. If this were to occur it could make you more prone to an ear infection. Usually the hole heals within one to two days of the procedure.

Benefits of the procedure

- The benefit of this procedure is that the results obtained can support the diagnosis of Meniere's disease, so that appropriate advice/treatment can be given.

Advice following the procedure

- It is important that you keep the ear dry for two days. Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair.
- If the ear becomes more painful or swollen then you should consult the Ear, Nose and Throat Department on 01223 216561 or your General Practitioner.
- A letter will be sent to you to attend clinic to receive the results in a few weeks following the procedure.

Alternative treatments

- There are currently no alternative procedures to diagnose Meniere's disease.



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	ENT and Audiology Departments
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 348672
Publish/Review date	March 2011/March 2014
File name	Electrocochleography.doc
Version number/Ref	3/CF396

Patient agreement to investigation or treatment

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

Responsible health professional/job title

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

Name of proposed procedure or course of treatment

Electrocochleography **Side (left/right).....**

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: The benefit of this procedure is that it allows the diagnosis of Meniere's disease to be confirmed or ruled out, so that appropriate advice/treatment can be given.
 - Any serious or frequently occurring risks from the procedures including those specific to the patient: Following the procedure you may have mild discomfort, complain of tiredness and your balance may also be slightly affected. These risks are rare but you may consider them before giving consent. Other (please specify)
 - Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

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.

- The following information leaflet has been provided: Electrocochleography
 Version/Date/Ref: Version 2, March 2011, CF396

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- 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:

Interpreter's signature..... Date:

Name (PRINT):.....

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

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

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:**