NHS Humber Health Partnership

OESOPHAGEAL DILATATION

**INFORMATION CHECKLIST**

This leaflet contains important information about **oesophageal dilatation.**

It provides information to enable you to make decisions about whether you are in agreement with the planned procedure. **It is extremely important that you read this leaflet.**

In particular it provides information about the purpose and intended benefits, side effects, and risks of **oesophageal dilatation**. It also explains consent to undergo the procedure and where further information can be found and from whom.

Sources of further information and contacts are given at the end of this leaflet.

**THIS WILL FORM PART OF THE CONSENT FOR YOUR PROCEDURE**

**PLEASE COMPLETE AND SIGN THE CHECKLIST BELOW:**

I have read the Oesophageal Dilatation leaflet. Yes No

I understand the information it contains. Yes No

I understand why I am having the test and the

possible risks of bleeding, perforation (puncture, tear, hole)

or infection. Yes No

I have been given every opportunity to discuss this with my

consultant and/or the person performing the oesophageal

dilatation. Yes No

I understand the purpose of my oesophageal dilatation

intended benefits and alternative tests. Yes No

I understand and accept that biopsies (samples of tissue)

may be taken. Yes No

I feel I have had the opportunity to seek further

information, ask questions and have received information

and answers to my satisfaction. Yes No

Patient Name ……………………………………………………………………………..

Signature ………………………………………………………………………………….

Date ………………………………………………………………………………………..

**ANY QUESTIONS YOU MAY HAVE:**