



Informed Consent for FEES Procedure

I am giving consent for David Ross, M.Sc. CCC-SLP, Speech-Language Pathologist and Endoscopist, to perform the Flexible Endoscopic Evaluation of Swallowing (FEES). The FEES procedure is a state-of-the-art evaluation utilizing a portable fiberoptic endoscopic camera with an internal light source. A scope is passed along the floor of the nose so that the larynx and surrounding structures may be directly viewed.

The scope does not pass through the vocal fold area. Various consistencies of food and liquid will be consumed by the patient or resident while the camera records the swallow; green food coloring may sometimes be used to provide a color contrast. This procedure is utilized to determine problems and possible solutions for safe swallowing and to potentially limit incidences of aspiration pneumonia.

As with any procedure, patients or residents must be informed of possible adverse reactions. Adverse reactions in the scientific literature are rare but include: nosebleed, fainting, discomfort, gagging, mucosal tear or laceration, and a tightening of the vocal folds (laryngospasm).

PATIENT or RESIDENT RESPONSIBLE PARTY

Resident or Health Care Proxy Signature

Please Print Name

Date

Witness Signature

Please Print Name

Date

Was this consent obtained orally via telephone? _____

Witness to Oral Consent:

Witness Signature

Please Print Name

Date

Witness Signature

Please Print Name

Date