Patient Information

Patient information and consent to electrocochleography

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the Vestibular Audiologists on 01223 217797 if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
**About 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. The most common cause of endolymphatic hydrops is Meniere’s disease.

It is a simple test that takes 20 minutes to perform. A fine needle is passed through the eardrum to record the electrical activity of the inner ear to sound. It is performed under local anaesthetic and is usually well tolerated.

If the test is positive, it can support the diagnosis of Meniere’s disease.

**Intended benefits**

The benefit of this procedure is that the results obtained can support the diagnosis of Meniere’s disease, and enable the appropriate advice/treatment to be given.

**Who will perform my procedure?**

This procedure will be performed by a senior ENT specialist trained in the procedure.

**Before your procedure**

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

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

**During 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.
After the procedure

Special measures after 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.

Check-ups and results. We will write to you with a date for a clinic appointment to receive the results a few weeks after the procedure.

Significant, unavoidable or frequently occurring risks of this procedure

The procedure may involve some mild discomfort when the needle is passed through the eardrum.

Rarely, in fewer than 1% of cases, the procedure could leave you with a persistent hole in your eardrum. If this were to occur it could make you more prone to an ear infection. Typically however, the hole heals within one to two days of the procedure.

Alternative procedures that are available

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

Information and support

Vestibular Audiologists
Audiology Department
Box 94
Addenbrooke’s Hospital
Hills Road
Cambridge CB2 0QQ
http://www.cuh.org.uk/audiology
Tel: 01223 217797
Fax: 01223 586912
Minicom: 01223 274494

The Meniere’s Society
The Rookery
Surrey Hills Business Park
Wotton
Surrey RH5 6QT
http://www.menieres.org.uk/
Tel: 0845 120 2975 or 01306 876883
Email: info@menieres.org.uk
Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as an anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. This is known as ‘conscious sedation’, and may be used by other professionals as well as anaesthetists.
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient_information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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The results obtained can support the diagnosis of Meniere’s disease, and enable the appropriate advice/treatment to be given.

The procedure may involve some mild discomfort.

In fewer than 1% of cases, the procedure could leave you with a persistent hole in your eardrum.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

Electrocochleography

d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion  ☐ Other procedure (please state)

The following information leaflet has been provided:

Electrocochleography

Version, reference and date: CF396 Version 5 May 2017

or ☐ I have offered the patient information about the procedure but this has been declined.

This procedure will involve:

☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): date: D/M/Y
Name (PRINT): Time (24hr): H:M
Designation: Contact/bleep no:

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No
Consent Form

Electrocochleography

4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.
   b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): .................................................. Date: __/__/YY
Name of patient (PRINT): ..................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: .................................................. Date: __/__/YY
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): .................................................. Date: __/__/YY
Name of witness (PRINT): ..................................................
Address: ..................................................
Consent Form

Electrocochleography

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ............................................ Date: .........../.........../...........
Name (PRINT): ........................................................................... Job title: ..............................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

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

Signed (Interpreter): ............................................ Date: .........../.........../...........
Name (PRINT): ..............................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ............................................ Date: .........../.........../...........

Signed (Health professional): ............................................ Date: .........../.........../...........

Name (PRINT): ........................................................................... Job title: ..............................................................