

Flexible Endoscopic Evaluation of Swallowing (FEES) – Consent Form

FEES is a specialised swallowing assessment conducted by a qualified Speech Pathologist. A thin, flexible endoscope is passed through the nose to view swallowing structures in real time while food and fluids of different consistencies are consumed. The assessment helps determine swallowing safety, efficiency, and appropriate management recommendations.

Risks and Possible Complications

FEES has a very low risk of complications. The most common complication is epistaxis (nosebleed), reported in up to 1.2% of assessments and usually self-resolving. Less common risks include vasovagal episodes (up to 0.1%) and laryngospasm (up to 0.07%). The procedure will be stopped if significant discomfort or distress occurs.

Will Anaesthetic be used?

No, However, you are welcome to bring a nasal decongestant such as Otravine and/or an over the counter mouth gel such as SM-33

The following has been explained to me in general terms and I understand that:

1. The REASON for this procedure: To assess Swallowing.
2. The NATURE of this procedure: A procedure using a nasendoscope to examine swallowing
3. The PURPOSE of this procedure: Is to directly assess a person's swallowing function in real time.
4. The RISKS of this procedure: A small chance of gagging, nose bleeding, fainting or involuntary temporary closure of the vocal cords.

Please answer the following questions and return this to Hastings Macleay Speech Pathology reception prior to your appointment.

Cost of FEES assessment: \$470

Consent

I confirm that the FEES procedure has been explained to me, including its purpose, benefits, risks, and alternatives. I have had the opportunity to ask questions and understand that I may withdraw consent at any time. I consent to Hastings Macleay Speech Pathology conducting a FEES assessment.

Patient Name: _____ Date: _____

Signature: _____

Guardian / Substitute Decision Maker (if applicable): _____

Relationship: _____ Signature: _____

Clinician Name: _____ Signature: _____

GP Name & Phone Number:

Nex of Kin Name & Phone Number:

Do you have any financial assistance to support your appointment? (e.g. NDIS, Home Care Package, Private Health Fund). Please write details below:

Do you have any Allergies? If yes, please list:

Do you have any Medical conditions? Is yes, please list:

Circle if you have any of the following:

Acute cardiac issues Severe movement disorder (e.g Huntington's disease, Parkinsons's disease, tardive dyskinesia)
Agitation Oxygen requirements Vasovagal episodes Severe epistaxis (nosebleed)

Please list any medications you are on

Please indicate if you/the client is on any special diet or food texture modifications (e.g. soft diet, puree diet)

Please list any head/neck surgeries

Have you seen a Speech Pathologist, Ear Nose and Throat doctor or Gastroenterologist previously? If yes, please write details below

Advise of the nature of yours/clients swallowing difficulties? (examples could include, eating softer foods, coughing or choking when eating or drinking, food gets stuck in the chest, food gets stuck in the throat, you have lost weight unintentionally, you drink thickened liquids)