

## Patient agreement to investigation or treatment

# Botulinum Toxin injection for cervical Dystonia (Spasmodic Torticollis)

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### Brief description:

- Botulinum toxin is a chemical produced by bacteria, which can be used in minute quantities to reduce 'stiffness' or spasm in individual neck muscles.
- The botulinum toxin is given by an injection into the muscles of the neck.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (treatment). We want you to be informed about your choices to help you to be fully involved in making any 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)

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## About botulinum toxin injection for cervical dystonia

Cervical dystonia is a condition in which the muscles of the neck go into spasm; the spasm can last from a few seconds to several minutes. This can make it difficult to stop your head from turning to the side, tipping forward or backwards. These symptoms are often temporarily relieved by injecting small doses of botulinum toxin into the selected muscles of the neck. The effect of the injection lasts for two to three months only, and repeated injections are often necessary for continued relief.

### Before your procedure

- Most patients attend an outpatient clinic, when you will meet a Neurologist who will discuss the planned procedure and decide on the site and number of injections that are required.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure does **not** involve the use of a local or general anaesthetic before the injections, and you do **not** need to fast.
- Botulinum toxin is **not** a suitable treatment if you are pregnant or 'trying' for a baby.
- This procedure is done in the clinic and takes approximately five to ten minutes.

### During the procedure (operation/treatment) itself

- You will be seated in a chair during the injection to your neck muscles. The Doctor/nurse will examine your neck and select the most prominent muscles to inject with botulinum toxin. The exact dose may be varied dependent on your response to previous treatments. After three to four days the injection causes temporary weakness to the neck muscles, this should help to relieve pain and neck spasm.

### After the procedure (operation/treatment)

- **When can you leave hospital:** After the procedure which takes five to ten minutes you will be able to return home.
- **When can you resume normal activities including work?** Most people who have had this procedure can resume normal working activities after their injections.
- **Special measures you need to take after the procedure:** None, but try to avoid touching or rubbing the sight that has been treated.
- **Check-ups and results:** Before you leave the clinic you will be given details of when you need to return and see us. At this appointment we will check your progress and discuss with you any further treatment.

**Intended benefits of the procedure**

- Botulinum toxin is an effective way to control the symptoms caused by neck spasm and works well in the majority of affected individuals. The effect is only temporary and not a cure. For continued relief from symptoms you will need repeated injections.

**Who will perform my procedure?**

- The initial set of injections will be given by the Consultant Neurologist. Once the response to the injections is apparent the Dr may refer you to the Nurse specialist for all further injections.

**Alternative procedures that are available**

- No other treatments are available for neck spasm. However the doctor may prescribe medication if the dystonia is complex.

**Serious or frequently occurring risks**

- Following this procedure, the majority of individuals with cervical dystonia experience relief from their symptoms.
- However occasional bruising may develop around the injection site, this can be resolved by a cold compresses.
- Sometimes patients may have swallowing problems due to the muscles being weakened in the area of the throat. If this occurs eating a soft diet until the muscle is stronger and drinking fluids through a straw is all that is necessary.

If you experience these problems and are at all concerned then please contact the clinic nurse for further advice, and inform the doctor or nurse at your next appointment

**Information and support**

- You might be given some additional patient information before or after the procedure for example, leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of the medical staff including the nurse specialist.
- Further information is available from the Dystonia Society : Tel 0845 158 6322 or the website [www.dystoniasociety.com](http://www.dystoniasociety.com)

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

### Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

### Cantonese

तमने आ माळिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

### Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

### Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براۓ مہربانی اس کیلئے درخواست کریں۔

### Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.  
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

### Document history

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# Consent Form (Adults)

Patient agreement to  
investigation or treatment

<b>For staff use only:</b> Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)
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Responsible health professional/job title

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

**Name of proposed procedure or course of treatment**

Botulinum toxin injection 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 .....
  - Any serious or frequently occurring risks from the procedures including those specific to the patient .....
  - 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: .....  
Version/Date/Ref: .....

This procedure will involve:

- General and/or regional anaesthesia     Local anaesthesia     Sedation

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 (eg Jehovah's Witness form)

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: .....

