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DEPARTMENT OF NUCLEAR MEDICINE

Patient's/legal representative's informed consent to radioiodine therapy

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth certificate number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth Registration No.

Name of the procedure

Radioiodine therapy

Purpose of the procedure

The aim of this treatment is either to suppress the performance of the thyroid gland or to destroy the thyroid gland tissue/pathological tissue associated with the thyroid gland.

Nature of the procedure

Radioactive iodine swallowed in the liquid form by the patient is captured by the thyroid gland tissue. Atoms of radioactive iodine emit intensely acting radiation having a reach of a few millimetres, thereby causing targeted impairment of the tissue in which the radioiodine is captured. The rest of the body is only minimally affected by the radiation. Radiotherapy is more targeted than therapy using external radiation. The patient is informed in writing about the radiation hygiene rules they should follow during and after the hospitalization.

Expected benefit from the procedure

The aim of this therapy is either to suppress current excessive performance of the thyroid gland or to remove thyroid gland tissue or tissue associated with thyroid gland by applying a non-surgical approach.

Alternative to the procedure

Enhanced performance of the thyroid gland can sometimes be suppressed by administration of specific drugs. However, if this fails to suppress the enhanced performance of the thyroid gland forever, the only available options are either surgery or administration of radioiodine.
Removal of the thyroid gland tissue as an alternative to radioiodine therapy is associated with the risks of voice impairment and reduced production of hormones affecting calcium metabolism.
Administration of radioiodine is sometimes used to complete total thyroid gland removal procedures.

Potential risks of the procedure

Radioiodine therapy is also associated with the irradiation of other tissues adjacent to the thyroid gland. There is no risk of any allergic reaction – the treatment may be administered also in persons allergic to iodine.

Consequences of the procedure

The performance of the thyroid gland is reduced after the treatment. Therapies aimed to destroy the thyroid gland tissue rarely bring about impairment of the salivary glands (prevention consists in promotion of saliva production during the period after radioiodine administration).

Information on discharge after administration of the radiopharmaceutical

Restricted contact with children and pregnant women during 10 days after administration of the therapeutic activity is recommended on discharge. The patient should also follow radiation hygiene rules. If the patient is incontinent, vomiting, etc., the dirty diapers or other materials must be stored in a plastic bag outside the residential areas (e.g. in a cellar or garage) for 8 hours and then either disposed of or washed.

Consent:

Note: Circle your answer

Are you pregnant?	YES	NO
Are you breastfeeding?	YES	NO

I have been clearly informed about the alternatives available to me at the University Hospital Olomouc.	YES	NO
I have been informed about the potential limitations to my usual way of living and to my working ability after the medical procedure, as well as about potential changes in my medical fitness in the event of a potential or expected change in my health.	YES	NO
I have been informed about the treatment regimen and appropriate preventive measures as well as about the follow-up medical procedures.	YES	NO
I have understood all of the explanations and information that were provided and explained to me by a healthcare professional. I had the opportunity to ask additional questions and these were answered to my satisfaction.	YES	NO

After obtaining the aforementioned information, I declare that:		
- I agree to the medical care and procedure proposed. I also agree to any additional interventions that may be immediately required to save my life or health in the event of any unexpected complications.	YES	NO
- I did not withhold any facts about my medical condition that are known to me and which might have an adverse impact on my treatment or endanger people around me, particularly by transmission of an infectious disease.	YES	NO
- I give my consent to the collection of my biological material (blood, urine…) for the appropriate analyses, particularly in order to rule out the presence of any infectious disease.	YES	NO
- I agree to the presence of students and/or interns during medical services provision.	YES	NO
- I agree to it that the students and interns may view my medical documentation, but only to the necessary extent and based on permission granted to them by an authorised healthcare professional.	YES	NO

Date	Time	**Signature of the patient** or his/her legal representative (guardian)

Name and surname of the authorised healthcare professional who informed the patient about the preparatory activities and the procedure itself	**Signature** of the authorised healthcare professional who informed the patient about the preparatory activities and the procedure itself

Name and surname of the physician who informed the patient about the indications and contraindications of the procedure	**Signature** of the physician who informed the patient about the indications and contraindications of the procedure	Date	Time

If the patient is unable to sign, explain the reasons for this:			
Described how the patient expressed his/her will:			
Name and surname of the healthcare professional/a witness who was present:	**Signature of the healthcare professional/a witness who was present:**	**Date**	**Time**