



**Procedure Information - VFSS**

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:  
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

**Introduction**

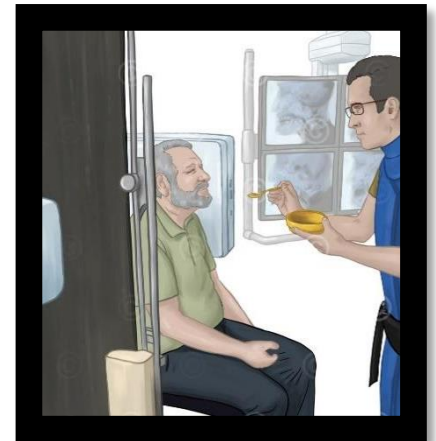
1. It is a video X-ray study used to investigate swallowing function of the patient.
2. The procedure will generally be performed by a speech therapist in the Radiology Department under fluoroscopic x-ray guidance.

**Contraindication**

1. This examination is contraindicated in patients with suspected perforation of the upper gastrointestinal tract.

**Procedure**

1. The examination requires fasting for 6 hours before the study.
2. In the study, patient will be asked to swallow different barium-coated food or liquids.
3. The speech therapist will take a series of x-rays for observation and analysis.



**After examination**

1. Patient is recommended to drink more water after the examination.
2. Patient may have white or grey stools for a few days.
3. Go to the nearest Accident & Emergency Department if you feel unwell.

**Potential Risks and Complications**

1. Rare complications include allergy to barium, aspiration of contrast medium into the lung especially in broncho-esophageal fistula and bowel peritonitis from unsuspected perforation.
2. Uncommon but serious complications include barium appendicitis, conversion of an incomplete large bowel obstruction into complete obstruction.

**Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

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Jul 2023



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**Reference**

ACR Manual on Contrast Media (2023)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

\_\_\_\_\_  
Name of Patient / Relative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (If any)

\_\_\_\_\_  
Date