

PATIENT NAME:

Tick appropriate box

| | | |
|--|----------------------------|----------------------------|
| Pregnancy | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Unexplained Bleeding disorder | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Megacolon | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Palpable potentially cancerous rectal tumour— <i>refer patient for further investigation before eXroid treatment</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Strictures— <i>refer patient for further investigation before eXroid treatment</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Lower abdominal / quadrant transplant patients | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Patient is connected to another Medical Electrical (ME) device | <input type="checkbox"/> Y | <input type="checkbox"/> N |

POTENTIAL CONTRAINDICATIONS

| | | |
|--|----------------------------|----------------------------|
| Pacemaker or implantable defibrillator (ICD): eXroid treatment should not be given unless the patient's cardiologist has provided written assurance that eXroid electrotherapy can be safely carried out | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Active inflammatory bowel disease | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Anticoagulation with Warfarin where the INR is greater than 3.0 | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| External thrombosed haemorrhoid— <i>if examination can be comfortably carried out, eXroid treatment can be given</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Paediatric patients, <i>but children aged 16-17 might be considered for treatment if all safeguarding principles are followed</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |

Notes