

Endoscopy Center at Robinwood, L.L.C.

Informed Consent for Gastrointestinal Endoscopy with I.V. Conscious Sedation or Intravenous Anesthesia

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, below are more of the potential complications. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTION ABOUT YOUR TEST.**

- PERFORATION:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required. Perforation in EGD/Upper Endoscopy has been reported in up to 0.1% of cases. Perforation in Colonoscopy has been reported in up to 0.42% of cases.
- BLEEDING:** Bleeding if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation, may require transfusions or possible surgical operation. Bleeding in EGD/Upper Endoscopy has been reported in up to 0.1% of cases. Bleeding in Colonoscopy has been reported in up to 2.24% of cases.
- MEDICATION PHLEBITIS:** Medication used for sedation may irritate the vein in which they are injected. This causes red, painful swelling if the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
- OTHER RISKS:** Include drug reactions and complications from other diseases you may already have. Use of sedation may cause problems with the heart, lungs, as well as other systems of the body. Instrument failure and death are extremely rare, but remain remote possibilities. You must inform your physician of all your allergic tendencies and medical problems.

Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a mis-diagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

Brief Description of Endoscopic Procedures

- EGD (Esophagogastroduodenoscopy):** Examination of the esophagus, stomach, and duodenum with a small endoscope. If active bleeding is found, coagulation by heat may be performed.
- DILATION:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus or bowel.

- FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
- COLONOSCOPY:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complication. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop, electric current, or biopsy forcep.

I consent to have appropriate photographs taken during the medical/surgical procedure. These may be placed in my medical record and/or sent to my primary care physician in conjunction with dictation of the procedure(s) performed. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. The nature and purpose of the procedure(s), the expected results, possible alternative methods of treatment, the risks involved, and the possibility of complications particular to the above procedure(s) have been explained to me by my physician. I understand that the explanations and answers that I have received are not necessarily exhaustive and that other, more remote risks, complications or consequences may arise. I understand that a more detailed and complete explanation of any of the matters will be given to me by the physician, if I so desire. I hereby authorize and permit:

- | | |
|--|--|
| <input type="checkbox"/> C.P. Choudari, M.D., MRCP | <input type="checkbox"/> R. Hanif, M.D. |
| <input type="checkbox"/> J. Cremins, M.D. | <input type="checkbox"/> C. Lewis, M.D. |
| <input type="checkbox"/> P. Enam, M.D. | <input type="checkbox"/> J. Tayler, M.D. |
| <input type="checkbox"/> N. Ferreira, M.D. | |

and whomever he/she may designate as his/her assistant to perform upon me the following:

- | | |
|--|---|
| <input type="checkbox"/> Upper Endoscopy | <input type="checkbox"/> Flexible Sigmoidoscopy |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Other _____ |

If any unforeseen condition arises during this procedure calling for (in the physician's judgement) additional procedures, treatments or operations, I authorize him/her to do whatever he/she deems advisable. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure. If, in the preparation for, during, or following the contemplated procedure above, other conditions are discovered, which in the best judgement of the doctor(s) makes an extension of the original contemplated procedure(s) or different procedure(s) necessary or advisable, I hereby authorize and request that the above-named doctor(s) and/or assistants perform such procedure(s) as necessary or advisable.

I am aware that in the event of a life-threatening emergency, the Center will perform any necessary emergency procedures and transfer me to an acute care facility.

I consent to the administration of such medications related to sedation as may be deemed advisable in the judgement of the physician.

With strict confidentiality being maintained, I consent to testing for HIV and Hepatitis, in the event of an accidental exposure of my blood or body fluids to a physician, contractor or employee of this facility. All required counseling will be provided, to me, upon my recovery from anesthesia.

The physicians at Gastroenterology Associates and Digestive Disorders Consultants retain part ownership in the Endoscopy Center at Robinwood, L.L.C.

SIGNATURE – SIGNED (by patient or legally authorized person)

DATE

WITNESS

DATE

I have advised the above named patient of the risk(s) associated with the procedure(s) described above as the alternative methods of treatment.

Physician Signature _____

Date _____