

Carnegie Hill Endoscopy Center, LLC Informed Consent for Endoscopy

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.

To keep you comfortable during the procedure, medication, defined as Deep Sedation, will be administered by an anesthesia provider (Anesthesiologist or CRNA) as defined in the anesthesia consent.

In the event an anesthesia provider is not utilized, your physician may administer medication defined as Conscious/Moderate Sedation.

Brief Description of Endoscopic Procedures

- EGD (Esophagogastroduodenoscopy):** Examination of the esophagus, stomach, and duodenum. Tissue samples (biopsies) may be removed if the physician deems necessary. If active bleeding is found, coagulation control by heat, medication, or mechanical clips may be performed.
- Esophageal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
- 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 complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current. If active bleeding is found, coagulation control by heat, medication, or mechanical clips may be performed.

Physician explaining procedure: _____ M.D.

Signature: _____ Date: _____

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the following complications are possible. 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 QUESTIONS 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.
- Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation, or may require transfusions, repeat endoscopy to stop the bleeding or possibly a surgical operation.
- Medication Phlebitis:** Medications used for sedation may irritate the vein in which they are injected. This may cause a red, painful swelling of the vein and surrounding tissue and the area could become infected. Discomfort in the area may persist for several weeks to several months.
- Other Risks include but are not limited to:** Post-Polypectomy Burn Syndrome, Drug reactions, and complications from other diseases you may already have. 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 misdiagnosis 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.

I consent to the taking of any photographs during my procedure to assist in my care and for use in the advancement of medical education; for the presence of an observer during the procedure to provide assistance or consultation services to the physician. I certify that I understand the information regarding gastrointestinal endoscopy and moderate (conscious) sedation. I have been fully informed of the risks, benefits, alternatives and possible complications of my procedure/anesthesia.

I understand that I have been advised that should not drive for twenty four (24) hours following my procedure. I also understand that in the event of cardiac or respiratory arrest or other life threatening situation during my admission, the Center will perform necessary life saving measures until transferred to a hospital should such methods become necessary and that my Advance Directives will not be honored at CHE. I give my consent for any medical treatment deemed necessary including transfer to a higher level of care.

I consent to the drawing and testing of my blood in the event that an individual is accidentally exposed to my body fluids. The results of these tests will remain strictly confidential, except as specified by law.

I consent to having a peer physician review my medical record to obtain information about the delivery of medical care.

I hereby authorize and permit _____, M.D., and whomever he/she may designate as his/her assistant to perform the following:

Upper Endoscopy (EGD), with possible biopsy or polypectomy

Flexible Sigmoidoscopy Esophageal Dilation

Colonoscopy, with possible biopsy or polypectomy

Other _____

If any unforeseen condition arises during the procedure calling for, in the physician's judgment, 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. I acknowledge that no guarantees have been made to me concerning the result of this procedure. If there is any question that I might be pregnant, I will allow a urine pregnancy test to be performed prior to my procedure.

Patient / Legally Authorized Representative (check one)

Relationship to Patient _____

Date: _____ Time: _____

Witness of Signature only: _____