



INFORMED CONSENT

Principal Risks and Complications of Gastrointestinal Endoscopy

GI endoscopy is generally a low risk procedure, however, complications are possible no matter how careful one is. Your physician will discuss their frequency with you, if you desire, with particular reference to your own procedure.

- **Perforation:** The procedure may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs hospital admission and surgery may be required.
- **Bleeding:** Bleeding may occur. Management of this may consist only of careful observation but may require transfusions, endoscopic cautery, or possible surgery.
- **Risks of Sedation:** For your safety your heart rhythm, pulse, BP and oxygen measurement will be monitored. Possible complications of sedation include, but are not limited to, respiratory depression, disturbances of heart rhythm, decreased blood pressure, nausea and vomiting.
- **Medication Phlebitis:** Medications used for sedation may occasionally irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissues, which may persist for several weeks.
- **Other Risks:** Include but are not limited to: drug reactions and complications from other diseases you may already have. Instrument failure, infection and death are extremely rare, but remain remote possibilities.

YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.

Alternative means of therapy include but are not limited to x-ray studies and virtual examinations or surgery. Another option is to choose no diagnostic studies and/or treatment.

DIAGNOSTIC/THERAPEUTIC PROCEDURES

Endoscopic examination and possible biopsy/polypectomy, cautery, injections, and/or dilatation if indicated.

- UPPER GI ENDOSCOPY (EGD): Examination of the esophagus, stomach, and duodenum.
COLONOSCOPY: Examination of all or the major portion of the colon.
FLEXIBLE SIGMOIDOSCOPY: Examination of the anus, rectum, and last part of the colon.
ESOPHAGEAL pH CAPSULE: Attachment of capsule to esophageal wall to monitor pH level over 48 hours.
OTHER: _____

I certify that I have discussed with my physician and understand the information regarding these procedures. I have been fully informed of the risks and possible complications. I consent to the taking of biopsies and reproduction of any photographs taken in the course of this procedure for professional purposes. The proposed anesthetic plan has been discussed with me by an RN and/or Anesthesia Provider and my attending physician. I understand the procedures involved with their attendant risks, and consent to undergo the proposed anesthetic. I also understand that in the course of the procedure the anesthetic plan may need to be changed.

I hereby authorize and permit: _____ M.D. and his assistant(s) to perform the above procedures and to administer anesthesia as necessary during my procedure(s). If unforeseen condition(s) arise during my procedure(s) calling for additional procedures or medications (including anesthesia and blood transfusions), admission to the hospital or surgery, I further request and authorize him/her to do whatever he/she deems advisable in my interest. 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 results of the procedure(s). There is a possibility of missed lesions, an incomplete procedure, and development of future lesions can occur. The policy of the EndoCentre regarding Advance Directives if an untoward event happens, is to stabilize all patients regardless of Advance Directives. Patients will then be transported to the hospital with a copy, if available, of Advance Directives that will be honored there.

I also understand that The EndoCentre is not responsible for any valuables that I chose to bring with me and I release them from any responsibility for loss or damage of any such valuables or belongings.

Date

Signature of Patient or Legal Guardian

Signature of Physician

Signature of Witness to Patient Signature

Signature of Anesthesia Provider

- The Patient/Legal Guardian has read this form or had it read to him/her.
- The Patient/Legal Guardian states that he/she understands this information.
- The Patient/Legal Guardian has no further questions.