INFORMED CONSENT FOR GASTROINTESTINAL 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.

Principal Risks and Complications of Gastrointestinal Endoscopy
Gastrointestinal endoscopy is generally a low risk procedure. However, all of the below 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.

1. 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.

2. 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.

3. MEDICATION PHLEBITIS: Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area may become infected. Discomfort in the area may persist for several weeks to several months.

4. ACCURACY: Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. Lesions, including cancer, can be missed. In a small percentage of cases, a failure of diagnosis or a misdiagnosis may result. Other diagnostic or therapeutic procedures are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

5. OTHER RISKS: Include drug reactions, sedation related complications, aspiration, infection, laceration and/or rupture of the spleen or other vital organs and complications from other diseases you may already have. Instrument failure, permanent or partial disability and death are extremely rare, but can occur. You must warn your physician of all your allergic tendencies and medical problems.

In the event of an emergency, I understand that SDDC will resuscitate and transfer me to a higher level of care. My completed Advance Directive will be transferred with me if this becomes necessary.

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DATE:__________________________

WITNESS: ____________________________

M.D.

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