

This is a sample of the informed consent you will be asked to sign before your endoscopy. Please take time to read over this consent and write down any questions that you may have. Bring these questions with you, as the doctor will answer them prior to your procedure.

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.

Brief Description of Endoscopic Procedures

1. UPPER ENDOSCOPY: Examination of the esophagus, stomach and duodenum. If active bleeding is found, coagulation by heat may be performed.

2. DILATION: Dilating tubes or balloons are used to stretch narrow areas of the digestive tract.

3. EIS (Endoscopic Injection Sclerotherapy): Injection of a chemical into varices (dilated varicose veins of the esophagus or rectum) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.

4. FLEXIBLE SIGMOIDOSCOPY: Examination of the anus, rectum and portions of the left side of the colon.

5. COLONOSCOPY: Examination of the entire colon unless restrictions prevent a complete examination. 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 and electric current.

I consent to:

A.) The administration of medication for the purpose of Sedation/Analgesia throughout the procedure. Conscious/Moderate Sedation is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands.

B.) The use of additional anesthetics administered by an anesthesiologist if my physician deems it necessary to facilitate the completion of the procedure.

C.) The taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit:

Steven W. Hong, M.D.

James S. Goff, M.D.

Michael F. Kestell, M.D.

Hamid Habibi, M.D.

Robert K. Durnford III, M.D.

Scott J. McShane, DO

Lee J. Stone, M.D.

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

UPPER ENDOSCOPY

DILATION

COLONOSCOPY

FLEXIBLE SIGMOIDOSCOPY

POLYPECTOMY

OTHER

If any unforeseen condition arises during this procedure calling for (in physician's judgment) additional procedures, treatments or operations, I authorize him to do whatever he 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.

Date

Time

Witness

Signed (by patient or legally authorized person)

M.D.