



## INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

### Explanation of Procedure

Direct visualization of the digestive tract with a lighted instrument 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 risk of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly with a flexible endoscope (with or without biopsy, photography, removal of polyps or injection treatment). Tissue samples may be 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 the below complications are possible and may result in hospitalization and additional associated financial costs for which you (the patient) would be responsible. Your physician will discuss the frequency of these complications with you, if you desire, giving particular reference to your own indications for gastrointestinal endoscopy.

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

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 of observation, repeat of your procedure to control bleeding, transfusions, surgery, or a radiology procedure. If bleeding is noted during the procedure, methods to control bleeding may be used and include, but are not limited to coagulation by heat, placement of clips, injection of medications.
3. **SEDATION/MEDICATION REACTIONS:** There are risks involved with the administration of any medication. These risks may include mild inflammation of the vein at the injection site, nausea, and/or vomiting, allergic reactions to the medications being given, seizures or rarely, heart and/or breathing complications.
4. **MISSED LESIONS OR INCOMPLETE PROCEDURES:** Your doctor will do everything possible to identify all polyps, lesions and cancers. There is always a chance that one or more lesions may be missed by hiding under an intestinal fold or residual stool. Your doctor will make every effort to complete your exam, but occasionally that is not possible due to your anatomy or discomfort.
5. **OTHER:** Additional risks may include complications from other diseases you may already have or damage to teeth/dental work. Rarely, a splenic injury (abrasion or lacerations on the spleen) could occur as the scope passes through the bend of the colon next to the spleen and could result in hospitalization, the need for blood transfusion, and may even require surgery to treat. 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 to diagnose or a misdiagnosis may result. Other diagnostic or therapeutic procedures such as, lab testing, medical treatment, x-ray and surgery are sometimes available. You may also choose no diagnostic studies and/or treatment. Your physician can discuss these options with you.

## Brief Description of Endoscopic Procedures

1. **SEDATION AND ANALGESIA:** Administration of IV medications prior to and during the procedure to achieve a state of relaxation and comfort sufficient to improve tolerance for the procedure.
2. **EGD (esophagogastroduodenoscopy):** Examination of the esophagus, stomach and duodenum. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
3. **ESOPHAGEAL DILATION:** Dilation (using dilating tubes or balloon dilators) may be performed to stretch narrow areas of the esophagus.
4. **ENTEROSCOPY:** Examination of the small intestine. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
5. **FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum and the left side of the colon. Occasionally the entire colon may be examined (colonoscopy). Biopsies or polypectomy (removal of small growths called polyps) may be performed.
6. **COLONOSCOPY:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulitis are more prone to complications. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
7. **COLON DILATION:** Dilation (using dilating tubes) may be performed to stretch narrow areas of the colon.
8. **ILEOSCOPY:** Examination of the lower portion of the small intestine (the ileum) through a person's ileostomy. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
9. **POUCHOSCOPY:** Examination of the ileoanal pouch. Biopsies or polypectomy (removal of small growths called polyps) may be performed.

**Nondiscrimination Policy:** The Endoscopy Center [*GI Division Location*] does not discriminate against any person on the basis of race, gender, creed, color, national origin, handicap, age or sexual orientation in admission, treatment or participation in its programs, services or employment.

**Disclosure of Ownership:** The Endoscopy Center [*GI Division Location*] is owned entirely by the physicians who also perform the procedures. If you have any questions regarding this arrangement, please ask your physician or the administrator for further details.

**Consent:** I authorize the administration of medications as may be deemed advisable or necessary for my comfort, well-being, and safety. I consent to the taking and publication of any photographs made for the 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, and I have been given the opportunity to ask my physician any questions. I certify that information given by me as a patient regarding my history, problems, medications, food and fluid intake is correct. I also understand that a responsible adult must accompany me home when I am discharged from the Endoscopy Center. I understand that disregarding such advice could place me at risk if problems develop and go unreported. I hereby authorize and permit:

**Physician Name:** \_\_\_\_\_

**And whomever he/she may delegate as his/her assistant to perform upon me the following:**

**Procedure:** \_\_\_\_\_

**If any unforeseen conditions arise during this procedure that call for (in the physician's judgment) additional procedures, treatment or operations, I authorize him/her to do whatever he/she deems advisable, including cardiopulmonary resuscitation and transfer to local hospital. I understand my advanced directive, if supplied to the center, will be sent to the hospital if I am transferred. 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.**