

# The Endoscopy Center

## Informed Consent for Endoscopy

Patient Label

### 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 reason 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 any 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. Tumors (polyps), if seen, may be removed. I authorize my physician to take samples for diagnostic or research purposes.

The Endoscopy Center is dedicated to advancing medical knowledge and education through several training programs involving physicians, nurses, technicians, and other health care providers. Generally your doctor, a nurse assistant, a pre-procedure preparation nurse, and a recovery room nurse will be directly involved in your procedure at the Endoscopy Center.

Asheville Gastroenterology is committed to the education and training of the Mountain Area Health Education Center (MAHEC) family practice residents in flexible sigmoidoscopy. Periodically residents will observe and possibly participate in your procedure under the direct supervision of your doctor. If you do not wish for the residents to participate in your procedure please tell the pre-procedure preparation nurse and she will notify your doctor.

### Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the complications below are possible. YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

- 1. Perforation:** Passage of the instrument may result in any 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, but may require a blood transfusion, or possibly a surgical operation.
- 3. Medications:** 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 could become infected. Discomfort in the area may persist for several weeks to several months.

I UNDERSTAND THAT CONSCIOUS SEDATION WILL BE GIVEN TO ME BY MY PHYSICIAN. I UNDERSTAND THAT RECEIVING SEDATION FOR ANY PROCEDURE INVOLVES RISKS AS WELL AS BENEFITS, AND THAT NO GUARANTEES CAN BE MADE CONCERNING THE RESULTS OF SEDATION, RISKS AND COMPLICATIONS MAY INCLUDE BUT ARE NOT LIMITED TO: ADVERSE DRUG REACTION, INJURY TO VEINS, HEADACHE, NAUSEA AND VOMITING.

- 4. Other Risks:** Include pneumonia, phlebitis, 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.

You **WILL RECEIVE** sedation for your procedure.

**DO NOT** drive or operate machinery today

**DO NOT** consume any alcoholic beverages today

**AVOID** making critical decisions or signing legal documents within 24 hours

The above instructions have been explained to me. I understand them. I have signed this form prior to receiving sedation. I understand I will receive a copy of this form to take home.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Nurse Signature

**Informed Consent Continues on the Back Side of This Form**

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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> James R. Alexander, MD       | <input type="checkbox"/> Kenneth J. Clark, Jr., MD | <input type="checkbox"/> William R. Harlan, III, MD | <input type="checkbox"/> Rodney A. Perez, MD  |
| <input type="checkbox"/> Kimberly L. Beavers, MD, MPH | <input type="checkbox"/> Timothy B. Deering, MD    | <input type="checkbox"/> Brentley D. Jeffries, MD   | <input type="checkbox"/> Richard L. Smith, MD |
| <input type="checkbox"/> Thomas M. Bond, MD           | <input type="checkbox"/> John W. Garrett, MD       | <input type="checkbox"/> David Thomas May, MD       | <input type="checkbox"/> Matthew W. Wood, MD  |
| <input type="checkbox"/> Craig J. Cender, MD          | <input type="checkbox"/> Michael W. Grier, MD      | <input type="checkbox"/> Michael K. Newcomer, MD    |   |

and his/her assistant as designated to perform upon me the following:

- Colonoscopy:** Refers to examination of all or a portion of the colon (large intestine). In some instances, the last portion of small intestine (terminal ileum) can be visualized. Older patients, women who have had pelvic surgery and those with extensive diverticulosis are more prone to complications. Tumors (polyps), if seen, may be removed. Biopsies may be taken and polyps may be removed.
- Esophagogastroduodenoscopy (EGD):** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, treatment of the bleeding site may be performed. Biopsies may be taken and polyps may be removed.
- Dilation:** A dilating tube or balloon is used to stretch narrowed areas of the gastrointestinal tract.
- Treatment of Esophageal Varices:** A chemical is injected or a band applied onto abnormal blood vessels or veins to prevent bleeding.
- Flexible Sigmoidoscopy:** Refers to examination of the anus, rectum, sigmoid, and sometimes the left side of the colon, usually to a depth of approximately 60 cm. Biopsies may be taken and polyps may be removed.
- Gastrostomy Tube Placement:** Refers to the placement of a feeding tube through the abdominal wall and into the stomach (gastrostomy tube) for those patients who cannot take adequate nourishment by mouth. In some instances a small tube will be placed through the gastrostomy tube and advanced out into the small intestine (jejunostomy tube).

## Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal endoscopy is a low risk 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 a mis-diagnosis may result. Other diagnostic or therapeutic procedures, such as a medical treatment, x-ray and surgeries are available. Another option is to choose no diagnostic studies and/or treatment.

*Please note that your endoscopy can be performed at The Endoscopy Center or Mission + St. Joseph's Health System. The place of service is your choice.*

If any unforeseen condition arises during this procedure calling for (in the 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 is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

\_\_\_\_\_  
Date Signed (by patient or legally authorized person)

\_\_\_\_\_  
Date Time Witness

**(Informed Consent Information Begins on the Front of this Form)**