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## INFORMED CONSENT FOR GASTROINTESTINAL (GI) ENDOSCOPY

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### EXPLANATION OF PROCEDURE

Direct visualization of the digestive tract with lighted instruments is referred to as GI endoscopy. 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. If a polyp is seen, it may be removed. These samples are sent for laboratory study to determine if abnormal cells are present. If active bleeding is seen, treatment can include coagulation by heat or direct injection of medication into the bleeding site. If the lumen of the digestive tract is narrow, it may be dilated (stretched).

### PRINCIPAL RISKS AND COMPLICATIONS OF GI ENDOSCOPY

GI endoscopy is generally a low-risk procedure. However, some of the complications and risks of GI endoscopy include, but are not limited to:

- **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, hospitalization and surgery to close the leak and/or drain the region may be required.
- **BLEEDING:** Biopsy, polypectomy or dilation can cause bleeding. Management of the complication may consist of careful observation, hospitalization, transfusions, and/or possibly a surgical operation.
- **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This could cause a red, painful swelling of the vein and surrounding tissue. Discomfort in the area may persist for several weeks or months. Though rare, the area can become infected. You should contact our office for evaluation should this occur.
- **INFECTION:** Aspiration of stomach content to the lung may cause pneumonia or infection of the heart valve may occur on rare occasions.
- **MISSING** a polyp or significant neoplasm
- **DRUG REACTION** from medications received before, during or after your procedure: Reactions can include but are not limited to: nausea, vomiting, sensation of weakness, dizziness, lightheadedness and/or possible loss of consciousness, skin rash, itching, shallow breathing, decrease rate or absence of breathing, cardiac rhythm changes or cardiac arrest.
- **OTHER RISKS:** Include drug reactions and complications from 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.

### Brief Description of Endoscopy Procedures

- BRAVO PH monitor insertion: Attachment of a pH monitor device to the esophagus.
- COLONOSCOPY: Examination of all, or a portion of, the colon. Polypectomy (removal of small growths called polyps) may be performed, if necessary, by the use of a wire loop and electric current.
- EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach and duodenum.
- ESOPHAGEAL DILATION: Dilation tubes or balloons are used to stretch narrow areas of the esophagus.
- FECAL MATERIAL TRANSPLANT: The use of fecal material products to treat c. difficile is investigational.
- ILEOSCOPY/POUCHOSCOPY: Examination of the ileum through an ileostomy stoma or ileo pouch.
- SIGMOIDOSCOPY: Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
- ENTEROSCOPY: Examination the upper small intestine via the mouth.

**This information has been explained in an understandable fashion. I am aware that there may be alternative procedures or methods of treatment available. I am aware of the risks and possible complications of the procedures.**

**I have been asked if I want a more detailed description, and am satisfied with the explanation given. I do not want any additional information.**

**If any unforeseen condition arises during the procedure, calling for (in the physician's judgment) additional procedures, treatments or operations, I authorize him/her to do whatever he/she deems advisable. I am aware that no guarantees have been made to me concerning the result of the procedure.**

I give my permission and consent to Dr. \_\_\_\_\_ and whoever may be designated as an assistant, to perform the above.

Date \_\_\_\_\_ Time \_\_\_\_\_ Signed \_\_\_\_\_

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