



## INFORMED CONSENT FOR GASTROINTESTINAL (GI) ENDOSCOPY

Falguny Bhavan MD, Nabil Choueiri MD, Makkalearn Em MD,  
Katherine Hoda MD, Patricia Kao MD, Robert Ponec MD

### EXPLANATION OF PROCEDURE

Direct visualization of the digestive tract (GI 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 endoscopic clip placement, 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). Medications to keep you comfortable during the procedure may be given intravenously by a physician, registered nurse, or an anesthesia provider to achieve sedation.

### 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, allergic reaction, sensation of weakness, dizziness, lightheadedness and/or possible loss of consciousness, skin rash, itching, vein irritation, shallow breathing, decrease rate or absence of breathing, respiratory depression, cardiac rhythm changes or cardiac arrest.
- **DAMAGE TO TEETH:** Capped, loose, false teeth or teeth in poor condition may be damaged during an endoscopy. Even normal teeth may rarely be affected.
- **BOWEL OBSTRUCTION:** During capsule endoscopy the capsule may become stuck in your intestine rather than leaving your body. An obstruction may require immediate surgery.
- **OTHER RISKS:** Drug reactions and complications from diseases or other medical conditions you may already have. Instrument failure and death are extremely rare but remain remote possibilities. Intubation (placement of a breathing tube), resuscitation (CPR), and hospitalization may be necessary. **You must inform your physician of all your allergic tendencies and medical problems.** If you have a major change in your medical/surgical history (including pregnancy) after your time of scheduling, it is your responsibility to call our office prior to the procedure. Patients who are older, have had previous pelvic surgery, are medically ill, or have extensive diverticulitis are possibly more prone to complications during a colonoscopy or sigmoidoscopy.

### ALTERNATIVES TO GI ENDOSCOPY

Although GI endoscopy is generally a low-risk procedure and considered a safe and effective means of examining the GI tract, it is not one hundred percent accurate in diagnosis. Other diagnostic or therapeutic procedures, such as medical treatment, lab testing, x-ray type imaging, and surgery are sometimes available. Another option is to choose no diagnostic studies and/or treatment.



## Brief Description of Endoscopy Procedures

- ☐ COLONOSCOPY: Examination of all, or a portion of, the colon. Polypectomy (removal of small growths called polyps) may be performed, if necessary, using a wire loop and electric current.
- ☐ EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach and duodenum.
- ☒ POSSIBLE DILATION/POLYPECTOMY/BIOPSY: Dilation tubes or balloons are used to stretch narrow areas of the esophagus, small intestine or colon. Biopsy is removal of a tissue sample from the GI Tract. Polypectomy is the removal of a small growth of extra tissue from the GI Tract.
- ☐ BRAVO PH monitor insertion: Attachment of a pH monitor device to the esophagus.
- ☐ CAPSULE PLACEMENT: Placement of a tiny wireless camera to take pictures of your digestive tract.
- ☐ SIGMOIDOSCOPY: Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
- ☐ ILEOSCOPY/POUCHOSCOPY: Examination of the ileum through an ileostomy stoma or ileo pouch.
- ☐ ENTEROSCOPY: Examination the upper small intestine via the mouth.
- ☐ FECAL MATERIAL TRANSPLANT: The use of fecal material products to treat c. difficile is investigational.

**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.** I certify that information given by me as a patient regarding my history, problems, medications, food and fluid intake is correct.

I understand that, because of the sedation, I may not drive, operate machinery, enter into any legal contracts, or consume alcoholic beverages on the procedure day. I understand that if I do not have an able-bodied responsible adult to drive me or accompany me, I cannot walk or take a bus, taxi, or ride-share (e.g., Uber or Lyft) home and must pre-arrange transportation by an approved medical transportation company. If I arrive at Salem Endoscopy without an able-bodied responsible adult to accompany me or approved transportation pre-arranged, my procedure will be cancelled.

**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, including life sustaining measures and transfer to local hospital.** I understand that my advanced directive, if supplied to Salem Endoscopy, 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 the procedure.**

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

## Signatures

\_\_\_\_\_  
Patient or Authorized Consenter Printed Name Date/Time \_\_\_\_\_

\_\_\_\_\_  
Witness Printed Name Date/Time \_\_\_\_\_

☐ Mark this box if telephone consent – requires second witness.

\_\_\_\_\_  
Second Witness Printed Name Date/Time \_\_\_\_\_