

## **INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY (English)**

### **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.

As 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.

To keep you comfortable during the procedure, your physician or Registered Nurse directed by the physician will administer medication defined as Moderate (Conscious), Deep Sedation.

### **Brief Description of Endoscopic Procedures:**

1. EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. Esophageal Dilatation: Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. EIS (Endoscopic Injection Sclerotherapy): Injection of chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.
4. Variceal Banding: The physician places a rubber band around the varices to reduce the flow of blood to the vein, thus preventing further bleeding.
5. Flexible Sigmoidoscopy: Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
6. Colonoscopy: Examination of all or portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current. Colonoscopy, like any other test is not perfect and polyps and tumors can be missed. The accuracy of the test varies with the quality of the preparation and the size of any polyp or tumor that can be present. The smaller the polyp the more likely it is to be missed. Therefore, after your colonoscopy, if you develop any recurring or new symptoms referable to the lower gastrointestinal tract, such as lower GI bleeding, you should bring them to the attention of your physician immediately
7. Hemorrhoidal Banding: Ligation of hemorrhoids using rubber bands or bipolar energy to decrease blood flow to the hemorrhoids

### **Principal Risks and Complications of Gastrointestinal Endoscopy:**

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the following 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, or may require transfusions, repeat endoscopy to stop the bleeding or possibly a 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 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.

4. Other Risks Include post-polypectomy burn syndrome, drug reactions 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.

**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 of diagnosis or misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

**Physician explaining procedure:** \_\_\_\_\_

I consent to the taking and publication of any photographs made during my procedure to assist in my care, and for use in the advancement of medical educational. I understand the information regarding gastrointestinal endoscopy and moderate (conscious), deep sedation. I have been fully informed of the risks and possible complications of my procedure/anesthesia. I have been informed by my physician and the staff of Advanced Endoscopy Center (AEC) that I should not drive today. I give consent for any medical treatment deemed necessary including transfer to a higher level of care.

I consent to the drawing and testing of blood in the event that an individual is accidentally exposed to my body fluids. The results of these tests will remain strictly confidential, except as specified by law.  
I consent to having a peer physician review my medical record to obtain information about the delivery of care.

I hereby authorize and permit and whomever he/she may designate as his/her assistant to perform upon me the following:

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

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 the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure.

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**Signatures**

Patient or Legal Guardian Signature: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_