



INFORMED CONSENT FOR ENDOSCOPIC PROCEDURES

Gastrointestinal endoscopy is the direct visualization of the digestive tract with a flexible, lighted endoscope. It is usually done under sedation. During your procedure, the lining of the digestive tract will be thoroughly inspected and possibly photographed. If an abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed. Small growths (polyps), if seen, may be removed. These specimens are sent to a pathologist who determines if abnormal cells are present.

UPPER GI ENDOSCOPY - sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible, fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe) which carries food to the stomach.

COLONOSCOPY - is advised for all average-risk patients, age 50 and older, as a method of colon cancer screening. The procedure is performed using a colonoscope, a long flexible tube that permits visualization of the lining of the large bowel utilizing a video monitor. The instrument is inserted via the rectum and guided through the length of the colon. If the doctor sees a suspicious area, a biopsy can be done to make a diagnosis. . "Colonoscopy is considered the standard of care for colorectal cancer screening and surveillance. Other alternatives, including sigmoidoscopy, barium enema and fecal occult blood test (FOBT) are available but may not be accurate. If you wish to consider alternatives, please discuss these with your gastroenterologist."

FLEXIBLE SIGMOIDOSCOPY - lets your doctor examine the lining of the rectum and a portion of the colon (large intestine) by inserting a flexible tube about the thickness of your finger into the anus and slowly advancing it into the rectum and lower part of the colon.

DILATION - Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus (swallowing tube). Doctors can use various techniques for this procedure. Your doctor might prefer on the procedure as part of a sedated endoscopy. Alternatively, your doctor might apply a local anesthetic spray to the back of your throat and then pass a weighted dilator through your mouth and into your esophagus.

Gastrointestinal endoscopy is a very low risk procedure though the complications listed below may occur. Your doctor will discuss the possibility of complications with you, if you desire. **YOU MUST ASK YOUR DOCTOR IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT THE PROCEDURE.**

1. **BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation. Blood transfusions and surgery are rarely needed.
2. **PERFORATION:** Passage of the endoscope may result in an injury or tear to the gastrointestinal tract wall or an internal organ such as the spleen, with possible leakage of gastrointestinal contents in the body cavity. If this occurs, surgery may be required.
3. **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This may cause 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:** These include drug reactions, and complications from other diseases you may already have. Although endoscopy is a fairly thorough examination of the gastrointestinal tract, it is not 100% accurate in diagnosis. Rarely, a failure of diagnosis or a misdiagnosis may result. Serious or fatal complications from endoscopy are extremely rare. You must inform your physician of all your allergies and medical conditions.

Alternatives to Gastrointestinal Endoscopy

Other diagnostic or therapeutic procedures, such as medication treatment, x-ray, and surgery may be available.

If any unforeseen condition arises during this procedure calling for (in my doctor's judgment) additional procedures, treatments, or surgeries, I authorize whatever is deemed advisable. I acknowledge that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me concerning the result of this procedure.

I am aware that in an event of a life-threatening emergency, Southwest Endoscopy personnel will perform any necessary emergency procedures and transfer me to an acute care facility.

I consent to the administration of moderate sedation as may be considered appropriate by my doctor. If sedation is used, I agree not to drive, operate machinery, make critical decisions, sign legal documents, or consume alcohol or recreational drugs for 24 hours following my procedure.

I consent to the taking of any photographs made during my procedure for the purpose of treatment and medical education.