

## GULF COAST ENDOSCOPY CENTER SOUTH, FT MYERS FLORIDA PROCEDURE CONSENT

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to as gastrointestinal Endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside 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 for microscopic study, or the lining may be brushed and washed with a solution, which can be sent for special study for abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination, a narrowed portion of intestine (stricture) will be stretched to a more normal size (dilation).

The principal risks of these procedures are:

- (1) Injury to the digestive tract by the instrument, which may result in perforation of the digestive tract with leakage of intestinal juices into body cavities; if this occurs, surgery to close the leak and/or drain the region is usually necessary.
- (2) Bleeding, which, if it occurs, is usually a complication of biopsy, polypectomy, dilation, banding, or infrared coagulation. Management of this complication may consist only in careful observation or may require transfusion or possibly a surgical operation for control.
- (3) Aspiration- While you are asleep it is possible to have saliva or other fluid flow into the trachea (windpipe). If this occurs, it may result in coughing and in some cases pneumonia.
- (4) Other risks include drug reactions and complications from other associated diseases, which you may have such as a stroke or heart attack. You should inform your physician of all your allergic tendencies and medical problems. All of these complications are possible, but occur with low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your own indications for 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.

A brief description of each endoscopic procedure follows:

- \*\* EGD (GASTROSCOPY) Examination of the esophagus from the throat to the entrance of the stomach, the stomach pouch, and the small intestine just beyond the stomach. Biopsy, cytology, dilation and/or use of equipment to apply heat or electric current to a bleeding site to stop bleeding may be necessary.
  - \*\* DILATION The passing of progressively larger rubber or balloon bougies, through the mouth down the esophagus stretching any narrow portions or strictures to a more normal size.
  - \*\* SCLEROTHERAPY Injection of medication into a bleeding site to stop bleeding.
  - \*\* FLEXIBLE SIGMOIDOSCOPY Examination of the anus, rectum, and lower part of the colon (large intestine). Biopsy, cytology, dilation, polypectomy, and/or use of equipment to apply heat or electric current to stop bleeding may be necessary.
  - \*\* COLONOSCOPY Examination of all or part of the large intestine requiring careful preparation with diet, enemas and/or medications. Biopsy, cytology, dilation, polypectomy and/or use of equipment to apply heat or electric current to stop bleeding may be necessary.
  - \*\* INFRARED COAGULATION OF HEMORRHOIDS Treatment of hemorrhoids with light energy causing tissue to shrink and recede.
  - \*\* PARACENTESIS Insertion of a needle or catheter into the abdomen to withdraw fluid.
  - \*\* PEG/PEJ (Percutaneous Endoscopic Gastrostomy/Jejunostomy) Used in conjunction with gastroscopy; insertion of a tube into the stomach/small intestine through a small incision in the abdomen for feeding or medication.
  - \*\* BANDING Application of elastics to enlarged rectal and/or esophageal veins. \*\*\*
  - \*\* BRAVO ESOPHAGEAL PH MONITORING SYSTEM. Placement of capsule to the lining of the esophagus with endoscope. The probe remains in the esophagus transmitting its information to a portable digital recorder worn around the waist and after a few days it should fall off and pass uneventfully through your gastrointestinal track.
- \*\*\* Additional risks associated with banding and infrared coagulation of hemorrhoids include the following: Difficulty urination, scarring of anal canal which can cause narrowing and difficulty passing stool, recurrent hemorrhoids, remaining hemorrhoids may become inflamed or, infection which on rare occasions can be very severe\*\*\*

I consent to the taking and publication of any photographs in the course of this procedure for the purpose of treatment and medical education. I certify that I understand the information regarding gastrointestinal Endoscopy and that I have been fully informed of the risks and possible complications thereof. I hereby authorize and permit Dr. «doctor» and whomever he may designate to perform upon me the following procedure **«procedure»**. If any unforeseen condition arises during this procedure calling for his/her judgment for additional procedures, operations, or medications (including anesthesia and blood transfusion), I further request and authorize him to do whatever he deems advisable, (including transfer to an acute care facility). 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 this procedure.

**\*\*THIS IS A COPY OF THE ORIGINAL FORM TO BE SIGNED THE DAY OF PROCEDURE\*\***