Endoscopy Center of
WESTERN NEW YORK

60 Maple Road | Williamsville, NY 14221 | 716-332-1000

Patient Name: **<Patient name>**
MRN: **<Patient ID>**
DOB: **<Birthdate> (<Age>)**
Gender: **<Gender>**
Date: **<Today's Date>**
Physician: **<Performing MD>**
Procedure: **<Scheduled Procedures>**

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

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.
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. Small growths (polyps), if seen, may be removed. These samples are sent for laboratory study to determine if abnormal cells are present. If active bleeding is found, coagulation control by heat, medication, or mechanical clips may be performed.
Monitored Anesthesia Care: See separate consent form.
Moderate (Conscious) Sedation: Medications to keep you comfortable during the procedure may be given in the vein by the physician or a registered nurse directed by the physician to achieve conscious (or moderate) sedation. The medication could cause vein irritation, allergic reaction, cardiorespiratory depression or possible arrest.

BRIEF DESCRIPTION OF ENDOSCOPIC PROCEDURES

1. EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach, and duodenum.
2. Esophageal Dilation: Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. EIS (Endoscopic Injection Sclerotherapy): Injection of a 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 latex (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 a 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.
7. Enteroscopy: Examination of the upper parts of the small intestine.
8. Ileoscopy: Examination of the lowest part of the small intestine.
9. Pouchoscopy: Examination of the ileo-anal pouch.

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 may cause a red, painful swelling of the vein and surrounding tissue and the area could become infected. Discomfort in the area may persist for several weeks to several months.
4. **Missed Lesions (Polyps and Cancer):** During your colonoscopy the physician will carefully attempt to identify all polyps and cancer, and remove all polyps if possible. Although colonoscopy is the best test to find and remove these lesions, there is a small chance that one or more may be missed.
5. **Splenic Tear**: As the scope passes through the splenic flexure in the colon, there is a rare possibility that an injury can occur to a patient's spleen. A splenic tear is an abrasion on the spleen that could result in hospitalization, the need for blood transfusion, and may even require surgery to treat.
6. **Damage to Teeth**: Capped, loose, or false teeth or teeth in poor condition may be damaged during an endoscopy. Even normal teeth may rarely be affected during safety or protective procedures related to the anesthetic. Although we make every effort to protect your teeth, such damage is a recognized and accepted hazard of endoscopy. We cannot accept responsibility for injury to teeth, dental caps, crowns and bridges.
7. **Other risks include but are not limited to**: Include drug reactions, Post-Polypectomy Burn Syndrome, chemical colitis, infection 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.

I consent to the taking and publication of any photographs during my procedure to assist in my care and for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy and moderate (conscious) sedation. I have been fully informed of the risks, benefits, limitations, alternatives and possible complications of my procedure/anesthesia.

I understand that I have been advised that I should not drive following my procedure for the rest of the day. I also understand that in the event of cardiac or respiratory arrest or other life threatening situation during my admission, the Center will perform necessary life saving measures until transferred to a hospital should such methods become necessary and that my Advance Directives will not be honored at the Endoscopy Center of WNY. I give my consent for any medical treatment deemed necessary including transfer to a higher level of care.

I consent to the drawing and testing of my 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 medical care.

I have read this document and understand it. I have been given the opportunity to ask my physician questions, and my questions have been answered to my satisfaction. I am aware that I have the right to secure a second medical opinion.

I hereby authorize and permit, **<Performing MD>** and whomever he/she may designate as his/her

assistant to perform the following: **<Scheduled Procedures>**

The procedure may require additional diagnostic/therapeutic measures such as biopsy, polypectomy, electro coagulation, dilation, sclerotherapy and/or variceal banding. If any unforeseen conditions arise during the procedure calling for, in the physician's judgment, additional therapeutic measures or treatments, I consent to these additional procedures as deemed necessary by my physician. If I am scheduled for a flexible sigmoidoscopy and the physician finds it necessary to examine my entire colon, I consent to the additional procedure. 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. If there is any question that I might be pregnant, I will allow a urine pregnancy test to be performed prior to my procedure.

Exceptions / Additions to any of the above: <None>

<Patient_Sig> <Witness_Sig>
Patient Name: <Patient name>

<Physician_Sig>
Version 1 JAN2014

Rev. 10/20