

Gastroenterology Specialists, Inc.

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ENDOSCOPY INFORMATION

Your physician, _____, has advised you of your need for a gastrointestinal endoscopy; a procedure for visualizing the digestive system with lighted instruments. The following information is presented to explain the procedure(s) and possible risks.

- Colonoscopy:** An examination of all or the major portions of the colon with possible polyp removal and/or biopsy.
- Flexible Sigmoidoscopy:** An examination of the anus, rectum, and last part of the colon with possible polyp removal and/or biopsy.
- Upper Endoscopy (EGD):** An examination of the esophagus, stomach, and duodenum with possible polyp removal and/or biopsy.
- Capsule Placement via EGD:** The use of an EGD to place a camera pill into the esophagus for patients unable to ingest the pill via swallowing.
- EGD Esophageal Dilation:** The use of an EGD to stretch narrow areas of the esophagus using dilating tubes and/or balloons.

After you complete the necessary procedure preparations, you will be placed on your left side on the examining table. An IV will be started and intravenous sedation will be given. A flexible lighted tube (colonoscope or gastroscope) will be inserted into the rectum or into the throat to conduct the examination. A small piece of tissue may be removed for examination under the microscope (“biopsy”). Growths (“polyps”) found in the intestinal tract may be removed using forceps or electrocautery. Electrocautery may also be used to coagulate any bleeding lesions. If there is a narrowed area in the gastrointestinal tract, it may be dilated.

Principle Risks and Complications of Gastrointestinal Endoscopy Procedures and Anesthesia

Gastrointestinal Endoscopy Procedures are generally low risk. However, all of the below complications are possible. Please ask your physician if you have any concerns or unanswered questions about your procedure.

Perforation: Passage of the scope instrument may result in an injury to the colon or gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, hospital admission and surgery may be required.

Bleeding: Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation. Management of this complication may consist only of careful observation but may require transfusions, endoscopic cautery, hospital admission, or surgery.

Risks of IV Sedation and/or General Anesthesia: Dental injury, cardiac arrhythmia, respiratory depression, brain or nerve injury, stroke, seizure, heart attack, and even death. For your safety, your vital signs will be monitored throughout your procedure(s).

Medication Phlebitis: Medication used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. Discomfort in the area may persist for several weeks.

Accidental Introduction of Camera Capsule into the Lung: The camera capsule may be aspirated during the process of placing the camera capsule into the digestive system using the gastroscope.

Minor side-effects include: Pain or redness at the IV site; sore or scratchy throat; hoarse voice; gas or bloating; injury to mouth, lips, or teeth; nausea, vomiting, or drowsiness.

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the colon and gastrointestinal tract, no test is 100% accurate in diagnosis. During your colonoscopy the physician will carefully attempt to identify all polyps, lesions, and cancer and remove these if possible. However, a failure of diagnosis or a misdiagnosis in a small percentage of cases is possible. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray, and surgery are available. You may decline gastrointestinal endoscopy and treatment.

CONSENT TO PROCEDURE(S) & ANESTHESIA

I have been asked to read and sign this consent before any treatment or the administration of any anesthetic. I certify that the necessity for the procedure(s), the potential risks and complications, the alternative treatments, and the risk of no treatment have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the procedure(s). I consent to the taking of biopsies and the reproduction of any photographs taken in the course of this procedure for treatment purposes. I further request and authorize my physician to do whatever he deems advisable in my interest if any unforeseen problems arise during my procedure(s) calling for additional treatment which may include procedures, medications, or admission to the hospital.

I consent to receive anesthesia as necessary during my procedure(s). I understand and agree that if I have received any form of anesthesia or sedation, I should restrict activities requiring alertness until the effects of the medication have completely worn off; customarily twenty-four (24) hours. I also understand that I am responsible for providing an adult to remain in the waiting area during my procedure(s) and to transport me home. I understand I will not be sedated and my procedure(s) may be cancelled / rescheduled if this arrangement has not been made.

No personal electronic devices (cellular phones, cameras, recorders, music devise, etc.) are permitted in the endoscopy facilities. All such devices must remain in the waiting area with the driver.

I, _____, give consent for Dr. _____, his assistant(s), and an anesthetist to perform the following procedure(s) with possible biopsy, removal of polyp(s), and control of bleeding if necessary:

Procedure Name(s)

_____	___/___/___		___:	___
Signature of Patient	Date		Time	
_____	___/___/___		___:	___
Signature of Physician	Date		Time	
_____	___/___/___		___:	___
Signature of APRN-CRNA	Date		Time	
_____	___/___/___		___:	___
Signature of Witness	Date		Time	