

Stark Ambulatory Surgery Center, L.L.C.
Mercy Medical Center
Aultman Hospital

Consent Form and Information Regarding Gastrointestinal Endoscopy

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 that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination a narrow portion (stricture) will be stretched to a more normal size (dilatation).

The following are the principle risks of these procedures:

- 1) Injury to the lining of the digestive tract by the instrument which may result in perforation of the wall and leakage into body cavities; if this occurs, surgical operation to close the leak and drain the area is often necessary.
- 2) Bleeding, if it occurs, usually is a complication of biopsy, polypectomy, or dilation: management of this complication may consist only in careful observation or may require blood transfusion or possibly surgical operation for control.

Other risks include drug reactions and complications incident to other diseases you may have. You should inform your physician of all your allergic tendencies and medical problems. All of these complications are possible but occur with a very low frequency. You physician will discuss this frequency with you. If you wish, with particular reference to your indication for gastrointestinal endoscopy.

PLEASE READ CAREFULLY THE BRIEF DESCRIPTION OF THE ENDOSCOPIC PROCEDURE(S) CHECKED BELOW:

- 1.) Esophagoscopy: Examination of the esophagus from the throat to the entrance of the stomach. Biopsy, cytology, specimen collection, and dilatation of strictures may be necessary.
- 2.) Gastrosocopy: Examination of the stomach, usually combined with esophagoscopy and Duodenoscopy.
- 3.) Duodenoscopy: Examination of the small intestine just beyond the stomach (site of most ulcers), frequently done at the same time as esophagoscopy and gastrosocopy.

- 4.) Duodenoscopy with Endoscopic Retrograde Cannulation of the Common Bile Duct and \ Pancreatic ducts (ERCP):
Examination of the duodenum with placement of a small tube through the Instrument and into the duct entrances, allowing injection of contrast material and x-ray examination of an otherwise frequently inaccessible area; abdominal pain and inflammation of the pancreas are additional recognized risks.

- 5.) Proctoscopy or Sigmoidoscopy:
Examination of the anus, rectum, and lower colon (large intestine), usually to a depth of 40-60 cm.

- 6.) Colonoscopy and possible Polypectomy:
Examination of all or a portion of the colon requiring careful preparation with diet, enemas, and medication. Patients with previous pelvic surgery and those with extensive diverticulosis may be more prone to complications. If polypectomy is required; it will be performed using a wire loop and electric current to remove small growths that protrude into the colon.

- 7.) Percutaneous Endoscopic Gastrostomy (PEG):
Insertion of gastrostomy/jejunostomy tube (feeding tube) through a small incision in abdomen in combination with endoscopy above (1,2,3).

- 8.) Endoscopic Ultrasound (EUS):
Endoscopic ultrasound is a medical procedure in which an endoscopically directed ultrasound is used to obtain images of the internal organs in the chest and abdomen. A probe is inserted into the esophagus, stomach and duodenum via esophagogastroduodenoscopy. It allows screening for pancreatic, esophageal and gastric cancer as well as benign tumors of the upper GI tract. It allows for biopsy of lesions by inserting a needle through the stomach lining into the target area.

I certify that I understand the information regarding procedure to be performed and that I have been fully informed of the risks and possible complications thereof.

I hereby authorize Dr. _____ and his assistants to administer conscious sedation and perform the procedure(s) checked above. I further consent to the taking and reproduction of any photographs in the course of this procedure for professional purposes. Any tissues or parts surgically removed may be disposed of by the hospital in accordance with accustomed practice. The reasons why the above-named operation and/or procedures are considered necessary, their advantages and possible complications, if any, as well as possible alternative modes of treatment, were explained to me by Dr. _____.

I also certify that no guarantee or assurance has been made to me as to results that may be obtained.

Date/Time

Patient's Signature*

Signature of Witness

*The patient is unable to consent because _____.

I therefore consent for the patient.

Date/Time

Signature of Properly Authorized Representative

Signature of Witness

Relationship to Patient

I declare that I have personally explained the above information to the patient or the properly authorized representative and have obtained informed consent.

Date/Time

Translator or Reader

X _____
Doctor's Signature