

# THE ENDOSCOPY CENTER AT BEL AIR

## 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 present to help you understand the reasons for and 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. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

### Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal Endoscopy is generally a low risk procedure. However, all of the below 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, may require transfusions or possibly a surgical operation.

**3. MEDICATION PHLEBITIS:** Medications are used for sedation may irritate the vein in which they are injected. This causes 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:** Include drug reactions and complications from other diseases you may already have. ERCP may result in pancreatitis. Instrument failure and death are extremely rare, but remain remote possibilities. You must inform your physician of all your allergic tendencies and medical problems.

**5. CONSCIOUS/MODERATE SEDATION:** Conscious / moderate sedation will be administered during the procedure. Complications are remote but may include the following: bradycardia (low heart rate), hypotension (decreased blood pressure), respiratory depression, dizziness, seizures, nausea, vomiting, and tachycardia (increased heart rate).

### 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 a 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.

### Brief Description of Endoscopic Procedures

**1. EGD (Esophagogastroduodenoscopy):** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.

**2. DILATION:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus, stomach, intestine, or colon.

**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. FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum, and left side of the colon, usually to a depth of 60 cm.

**5. 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.

**6. ERCP (Endoscopic Retrograde Cholangiopancreatogram):** Examination of the bile ducts, gallbladder, liver, and pancreas. Areas are visualized through an endoscope with the aid of dye and x-ray. A sphincterotomy (widening of narrow areas) may be done or a stent (tube for drainage) may be inserted.

**7. ENDOSCOPIC ULTRASOUND (EUS):** The combination of ultrasonography and endoscopy to image the gastrointestinal wall and adjacent structures with possible introduction of needle through the wall of the organ into lesion for sampling of tissue.

**8. STRETTA:** Minimally invasive state of the art endoscopic procedure performed for the correction of Gastro-Esophageal Reflux Disease or GERD.

**9. Percutaneous Endoscopic Gastrostomy (PEG):** Insertion of a tube into the stomach for the purpose of administering nutrition and medication.

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit:

\_\_\_\_\_ M.D.  
and whomever he may designate as his assistant to perform upon me the following:

If any unforeseen condition arises during this procedure calling for (in the physician's judgment) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. 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.

\_\_\_\_\_  
DATE SIGNED (by patient or legally authorized person)

\_\_\_\_\_  
TIME WITNESS

\_\_\_\_\_  
DATE PHYSICIAN