



INFORMED CONSENT FOR ENDOSCOPIC PROCEDURES

Gastrointestinal endoscopy is the direct visualization of the digestive tract with a flexible, lighted endoscope. It is usually done under sedation. During your procedure, the lining of the digestive tract will be thoroughly inspected and possibly photographed. If an abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed. Small growths (polyps), if seen, may be removed. These specimens are sent to a pathologist who determines if abnormal cells are present.

- UPPER GI ENDOSCOPY** - sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible, fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe) which carries food to the stomach.
- COLONOSCOPY** - is advised for all average-risk patients, age 50 and older, as a method of colon cancer screening. The procedure is performed using a colonoscope, a long flexible tube that permits visualization of the lining of the large bowel utilizing a video monitor. The instrument is inserted via the rectum and guided through the length of the colon. If the doctor sees a suspicious area, a biopsy can be done to make a diagnosis.
- FLEXIBLE SIGMOIDOSCOPY** – lets your doctor examine the lining of the rectum and a portion of the colon (large intestine) by inserting a flexible tube about the thickness of your finger into the anus and slowly advancing it into the rectum and lower part of the colon.

Gastrointestinal endoscopy is a very low risk procedure though the complications listed below may occur. Your doctor will discuss the possibility of complications with you. **YOU MUST ASK YOUR DOCTOR IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT THE PROCEDURE.**

1. BLEEDING: Bleeding can occur in 1: 500 cases. If it occurs, is usually a complication of biopsy, polypectomy, electrocoagulation or dilation. Management of this complication may consist only of careful observation. Blood transfusions and surgery are rarely needed.

2. PERFORATION: This can occur in less than 1 : 1000 (0.1 %) of cases. Passage of the endoscope may result in an injury or tear to the gastrointestinal tract wall or an internal organ, with possible leakage of gastrointestinal contents in the body cavity. If this occurs, surgery in hospital may be required.

3. OTHER RISKS: These include drug reactions, and complications from other diseases you may already have. Rarely, a failure of diagnosis may result due to poor bowel preparation (your colon is not sufficiently clean). Serious or fatal complications from endoscopy are extremely rare. There may be a risk of damage to dentures if not removed before the upper GI procedure.

I hereby authorize: Dr. _____ and whoever is designated as his/her assistant(s) to perform the following:

- UPPER GI ENDOSCOPY (EGD) FLEXIBLE SIGMOIDOSCOPY
- COLONOSCOPY (CY)



DRIVING AFTER SEDATION

The staff and Physicians of Advance Endoscopy and Specialist Centre have explained to me the possible dangers involved with driving after sedation.

I ACKNOWLEDGE that I understand the nature of the risks involved by driving myself and **will not drive after the procedure until the following morning**. I also agree not to operate machinery, make critical decisions, sign legal documents, or consume alcohol or recreational drugs for 24 hours following my procedure.

I HEREBY RELEASE and discharge Advance Endoscopy and Specialist Centre, their administrators, directors, agents, officers, volunteers and employees, from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by not following the instructions given by the clinic and insisting to drive myself despite the warnings received.

I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases, from any litigation’s expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

LEAVING THE CLINIC AFTER SEDATION

The staff of Advance Endoscopy and Specialist Centre have explained to me the possible dangers involved with leaving the clinic unaccompanied after sedation.

I ACKNOWLEDGE that I understand the nature of the risks involved with leaving the clinic on my own after sedation.

I HEARBY RELEASE and discharge Advance Endoscopy and Specialist Centre, their administrators, directors, officers, volunteers and employees, from all liability, claim, demands, losses or damages on my account caused or alleged to be caused in whole or in part by not following the instructions given by the clinic and insisting to leave the clinic by myself, despite the warnings received.

I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases, from any litigation’s expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I consent to the taking of any photographs made during my procedure for the purpose of treatment and medical education.

I acknowledge that I have read and fully understand the above consent, the explanations referred were made, and that all blanks or statements requiring insertion of completion were filled in before I affixed my signature.

Patient’s Signature

Date

Witness’s Signature

Date

I confirm that I have explained the procedure, its complications and answered all questions.

Physician’s Signature