

DAYTON GASTRO ENDOSCOPY

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Note: You will be asked to sign a procedure consent form at the time of your appointment. We have included this consent form for your review. Should you have any questions, please contact our office prior to your appointment. You do not need to bring this from with you.

It is very important to your physician and Dayton Gastro that you understand and consent to the treatment your doctor has planned. You should be involved in the decision to undergo an endoscopic procedure. Sign this form only after you understand the procedure, risks and alternatives, the risks associated with the alternatives and after all of your questions have been answered.

EXPLANATION OF PROCEDURE: Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. At the time of the 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. Frequently the abnormality may be removed (polypectomy) by the use of a wire loop and electric current (electrocautery).

1. **EGD (Esophagogastroduodenoscopy)** – Examination of the esophagus, stomach, duodenum (first portion of the small intestine). Biopsy, cytology, and dilation of strictures may be necessary. EGD with polypectomy is performed using a wire loop and electric current to remove small growths (polyps).
2. **COLONOSCOPY** – Examination of all or a portion of the colon (large intestine). Colonoscopy with polypectomy is performed using a wire loop and electric current to remove small growths (polyps) from the colon. Biopsy, cytology, destruction of small lesions, and dilation of strictures may be necessary.
3. **FLEXIBLE SIGMOIDOSCOPY** – Examination of the anus, rectum, and left side of the colon usually to a depth of 60 cm. Biopsy and or cytology may be required.
4. **ELECTROCAUTERY** – Heat/current can be directly applied to a bleeding area or tissue for destruction through a probe inserted through the endoscope under direct vision.
5. **DILATION** – The stretching of a narrowed area of the gastrointestinal tract by a dilator or balloon.
6. **pH CAPSULE** – A temporary implanted capsule used to measure the amount of acid in the esophagus.
7. **ARGON PLASMA COAGULATION** – A stream of argon gas/current can be used to destroy tissue or applied to a bleeding area using a probe inserted through the endoscope under direct vision.
8. **ENDOSCOPIC ULTRASOUND** - An endoscope with ultrasound uses high-frequency sound waves to produce images of the organs and structures inside the body. Biopsy may be required.

RISKS AND COMPLICATIONS: Although gastrointestinal endoscopy is considered a safe and effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. In a small percentage of cases, a failure to diagnose, or a misdiagnosis may result. Colonoscopy used as a screening examination for colon cancer is believed to be effective in preventing the majority of colon cancers but will not prevent all colon cancers. Colon cancer, if present at the time of procedure can be missed in 2-6% of cases. The miss rate for polyps is higher. Risks and complications of gastrointestinal endoscopy include but are not limited to the following. Risks of medication used for sedation or anesthesia include cardiopulmonary complications that range from mild vital sign changes to heart attack, impaired breathing and low blood pressure. If you have any medical problems such as heart disease, diabetes, high blood pressure, kidney disorders or lung disorders this increases your risk of complications associated with the medications used. Some of the medications when administered during pregnancy can cause harm to the fetus. The medication used for sedation may irritate the vein into which they are injected producing painful swelling of the vein and surrounding tissue. You may have a sore or scratchy throat after upper endoscopy. Additional risks of upper endoscopy include chest pain, aspiration and, reactions to local anesthetic spray used to numb the throat. If you are having a Bravo pH capsule for monitoring acid levels in your esophagus there is a risk the Bravo pH capsule may get stuck in the digestive tract and you may require surgery to remove the capsule. The Bravo pH capsule is not approved for use in patients with pacemakers or implanted cardiac defibrillators. The Bravo pH capsule has been used in some centers in these patients without complications related to the pacemaker or implanted defibrillator. If you are having a pancreatic biopsy or

aspiration there is a risk of pancreatitis which may require prolonged hospitalization with IV nutrition. Bleeding, if it occurs, is usually a complication of removal of a polyp, dilation of a narrowed area, biopsy, or treatment for a bleeding problem already present prior to the procedure. Management of this complication may require only careful observation, or may require transfusions or possibly a surgical operation to control. Blood or blood products carry a risk of transfusion reaction as well as the possibility of contracting HIV/AIDS, hepatitis, or other diseases. Performance of an endoscopic procedure may result in an injury to the gastrointestinal tract lining causing a hole or tear (perforation). If this happens, surgery may be required to correct this problem. Additional risks of the procedure include splenic injury, infection, blood clots, loss of or loss of use of a body part or other neurological injury, reaction to administered medications, and possible damage to teeth or dental work. There also could be complications from other associated diseases that you may have. Death, while extremely rare, remains a remote possibility. These complications are possible but occur with a very low frequency. If additional or emergency treatment is required you may be transferred to another facility for that care. If you desire, your physician will discuss with you the frequency of these complications with particular reference for your indications for gastrointestinal endoscopy.

ALTERNATIVE PROCEDURE: There are other diagnostic or therapeutic procedures available to evaluate the gastrointestinal tract, which would include imaging studies (x-ray studies, barium x-rays, CAT scans and magnetic resonance (MRI) scans) and surgery. While the risk from these x-ray studies may be somewhat less, they do not provide as much detail as endoscopy, are not as accurate in diagnosis, and do not permit biopsy of abnormalities or treatment of abnormalities with endoscopy procedures. Surgery is another alternative to gastrointestinal endoscopy, but the risk is generally higher and in most cases is not necessary.

ANESTHESIA: You may receive sedation during your procedure. Anesthesia services will be administered by a qualified Certified Registered Nurse Anesthetist (CRNA) and/or Anesthesiologist. Conscious sedation may be administered by the physician, or under the direction of the physician, by a qualified licensed professional. It is not unusual for patients to have little or no recollection of their discussion with the physician after the examination. Driving, operating heavy equipment, exercising vigorously and consuming alcohol before your doctor advises may cause serious injury to yourself and others. If you have questions about the sedation planned, please discuss them with your physician or anesthesia provider.

Deep Sedation is a controlled, drug induced state of depressed consciousness from which the patient is not easily aroused, which may be accompanied by a partial loss of protective reflexes, including the ability to maintain an open airway independently and/or respond purposefully to physical stimulation or verbal commands.

VI. DO NOT RESUSCITATE (DNR) ORDERS: If you have a *Do Not Resuscitate (DNR)* order, it will be suspended while under our care at this facility. If your condition warrants, medical treatment including life sustaining emergency medical treatment will be initiated as deemed appropriate by the attending providers and staff of this facility.

**PLEASE INFORM YOUR PHYSICIAN OF ALL ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.
PLEASE ASK YOUR PHYSICIAN ANY QUESTIONS ABOUT YOUR TESTS, RISKS AND ALTERNATIVES.**

I am aware that the practice of medicine is not an exact science and I acknowledge guarantees have not been made to me concerning the results of the procedures performed. By signing I certify that I have read this Consent Form, understand the information regarding procedures, its risks, possible complications and alternatives and have had the opportunity to ask the physician all questions concerning risks, alternatives and the risks of those alternatives to my satisfaction and do hereby consent to the procedure(s) specified above.

The benefits, alternative options, risks and potential complications of anesthesia and/or procedural sedation have been discussed with me. I, for myself or on behalf of the patient, consent to the gastrointestinal endoscopic procedures specified by my physician and such assistants as may be designated by him / her. If during the performance of the specified procedures any unforeseen condition arises, which in the physician's judgment calls for any additional procedures, operations or medications, I further authorize the physician to take other or different actions under the circumstances.

I consent to the administration of such anesthetics and/or sedation agents as may be considered necessary by the physician. I understand the types of anesthesia used for my procedure may include, but are not limited to, Monitored Anesthesia Care (MAC), conscious sedation and deep sedation. I understand the anesthetic technique is determined by many factors including my physical condition, the procedure performed, the physician preference, and anesthesia provider plan of care or my own desires. I understand and agree that my Advance Directive / Do Not Resuscitate order will be suspended while I am at this facility. I consent to the admittance of students, authorized equipment representatives or other authorized personnel to the procedure room for the purposes of advancing medical education, obtaining important product or equipment information or facility licensure or accreditation. I understand my personal information will be kept confidential. I understand that I have the right to refuse.