

# Informed Consent for Gastrointestinal Endoscopy

## Brief Description of 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 also be removed. These specimens are sent to pathology to determine if abnormal cells are present.

- EGD (ESOPHAGOGASTRODUODENOSCOPY)** - Examination of the esophagus, stomach, and duodenum to look for ulcers, tumors, infections, inflammation, and areas of bleeding. Biopsy, polyp removal, stretching of a stricture, and coagulation by heat may be necessary.
- DILATION** - Stretching or dilation of a narrowed area or stricture using a dilating tube or balloon.
- COLONOSCOPY** - Examination of all or a portion of the colon or large intestine to look for bleeding, inflammation, polyps, or tumors. Biopsy, polyp removal, and coagulation by heat may be necessary.
- FLEXIBLE SIGMOIDOSCOPY** - Examination of the anus, rectum and lower colon usually to a depth of less than 60 cm (25 inches). Biopsies may be taken. Sedation is normally not given. The exam is stopped if and when discomfort occurs.

## Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is a very low risk procedure. However, all the complications listed below are possible. Your doctor will discuss their frequency with you, if you desire. **YOU MUST ASK YOUR DOCTOR IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.**

1. **BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation. Blood transfusions and surgery are rarely needed.
2. **PERFORATION:** Passage of the endoscope may result in an injury or tear to the gastrointestinal tract wall or an internal organ such as the spleen, with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery is usually required.
3. **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This may cause 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:** These include drug reactions, and complications from other diseases you may already have. Although endoscopy is an extremely effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. Rarely, a failure of diagnosis or a mis-diagnosis may result. Serious or fatal complications from endoscopy are extremely rare. *You must inform your physician of all your allergic tendencies and medical problems.*

## Alternatives to Gastrointestinal Endoscopy

Other diagnostic or therapeutic procedures, such as medication treatment, x-ray, and surgery may be available. Another option is to choose no diagnostic exam and/or treatment.

I hereby authorize:

- |                                                   |                                            |                                               |                                                     |
|---------------------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Dr. M. Radwan Al-Sabbagh | <input type="checkbox"/> Dr. Keith Fiman   | <input type="checkbox"/> Dr. Frank Lanza      | <input type="checkbox"/> Dr. Ayyam Raghuthaman      |
| <input type="checkbox"/> Dr. Robert Arkus         | <input type="checkbox"/> Dr. Ira Flax      | <input type="checkbox"/> Dr. Nasrullah Manji  | <input type="checkbox"/> Dr. Sreelatha Reddy        |
| <input type="checkbox"/> Dr. Robert Davis         | <input type="checkbox"/> Dr. Robert Herman | <input type="checkbox"/> Dr. P. Martin Mauk   | <input type="checkbox"/> Dr. Cole Thomson           |
| <input type="checkbox"/> Dr. Ernst Dorsch         | <input type="checkbox"/> Dr. Marc Kudisch  | <input type="checkbox"/> Dr. Katherine Nguyen | <input type="checkbox"/> Dr. J. Guillermo Trabanino |
| <input type="checkbox"/> Dr. Gerald Fanarof       | <input type="checkbox"/> Dr. Peter Lang    | <input type="checkbox"/> Dr. Thuan Nguyen     | <input type="checkbox"/> Dr. George Whalen          |

and whoever designated as his/her assistant(s) to perform the following:

- |                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> EGD (ESOPHAGOGASTRODUODENOSCOPY) | <input type="checkbox"/> COLONOSCOPY            |
| <input type="checkbox"/> DILATION                         | <input type="checkbox"/> FLEXIBLE SIGMOIDOSCOPY |

