

**So. Brooklyn Endo/Digestive Diseases Diagnostic & Treatment Center**  
214 Avenue P, Brooklyn, NY 11204 718-339-5678

**INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Scheduled Procedure(s): Colonoscopy/Upper GI Endoscopy

Performing Physician: \_\_\_\_\_

**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 presented to help you understand the reasons for and the 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 the 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.

To keep you comfortable during the procedure, an Anesthesia provider (Anesthesiologist or CRNA) will administer medication defined as Moderate or Deep Sedation.

**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. **Esophageal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
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. **Variceal Banding:** The physician places a (latex free) rubber band around the varices to reduce the flow of blood to the vein, thus preventing further bleeding.
5. **Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
6. **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. Colonoscopy, like any other tests, is not perfect and polyps and tumors can be missed. Therefore, after your Colonoscopy, if you develop any recurring or new symptoms referable to the lower gastrointestinal tract, such as lower GI bleeding, you should bring them to the attention of your physician immediately.
7. **Hemorrhoid banding:** Placement of small rubber bands internally around the tissue

just above the swollen hemorrhoid, causing it to necrose until it falls off in

approximately 2 weeks.

8. **Anoscopy:** Examination of the anal canal and lower rectum with a finger-sized instrument.

9. **Hemorrhoid ligation using HET Bipolar System:** The treatment occurs in a pain free zone and uses low radiofrequency, bipolar energy to occlude the superior hemorrhoidal blood supply resulting in the reduction of the blood flow to the corresponding hemorrhoid.

10. **Excision of internal and/or external hemorrhoids:** transanal surgical excision of hemorrhoids

11. **Fissurectomy:** transanal excision of an anal ulcer.

12. **Repair of prolapsed rectal mucosa:** transanal surgical excision of redundant rectal mucosa.

### **Principal Risks and Complications of Gastrointestinal Endoscopy**

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, or may require transfusions, repeat endoscopy to stop the bleeding or possibly a surgical operation.

3. **Medication Phlebitis:** Medications 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.

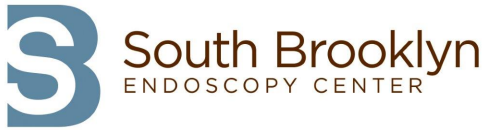
4. **Other Risks:** Include drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare but remain remote possibilities. YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLEGERIC TENDENCIES AND MEDICAL PROBLEMS.

5. **For surgical hemorrhoid treatment:** all of the above and possible involvement of the anal sphincter, injury, and anal incontinence.

### **Alternative 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 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.

I consent to the taking and publication of any photographs made during my procedure to assist my care, and for use in 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 have been informed by my physician and staff of the Endoscopy Center that I should not drive today.



I hereby authorize and permit \_\_\_\_\_ M.D. and whomever he/she may designate as his/her assistant to perform upon me the following: **Colonoscopy/Upper GI Endoscopy**

If any unforeseen condition arises during the procedure calling for, in the physician's judgment, additional procedures, treatments, or operations, I authorize him/her to do whatever he/she deems advisable. I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure.

Any variations to the above consent will be documented and signed separately.

**Patient's Signature** \_\_\_\_\_

**Patient's Name** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Physician** \_\_\_\_\_