CONSENT FOR GASTROINTESTINAL ENDOSCOPY

I, _________________________________________ request and give my consent to _______________________________________
(Type or print patient’s name)                (Type or print Doctor or Practitioner Name(s))
to perform the following procedure(s) by checking and initialing each procedure to be performed, as indicated below:

☐ □ Esophagogastroduodenoscopy (EGD): Examination of the esophagus, stomach, and duodenum with possible biopsy, specimen collection and if necessary, dilation of strictures with dilating tubes or balloon, injection therapy or cauterization.

☐ □ Colonoscopy with possible biopsy and/or polypectomy: Examination of all or the portion of the colon with or without biopsy/polypectomy, and if necessary injection therapy or cauterization. A biopsy/polypectomy is a removal of tissue or growth for microscopic examination (by using a wire loop or forceps with or without an electrical current).

☐ □ Dilation: Dilating tubes or balloons are used to stretch narrow areas of the esophagus, stomach, or intestine.

☐ □ Percutaneous endoscopic gastroscopy or jejunostomy tube insertion/removal (PEG/PEJ): Examination of esophagus, stomach, duodenum followed by insertion of a feeding tube into the stomach.

☐ □ Flexible Sigmoidoscopy: Examination of the anus, rectum, and lower portion of the colon.

☐ □ Other: __________________________________________________________________________

EXPLANATION OF PROCEDURE

Your doctor has advised you of your need to have a Gastrointestinal Endoscopy examination. The following information is presented to help you understand the reasons for and the possible risks of the procedure. A Gastrointestinal Endoscopy allows your doctor to visualize the digestive tract using flexible lighted instruments. During your examination, the lining of the digestive tract will be examined thoroughly and possibly photographed. If any abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with solution which can be sent for special study of abnormal cells (cytology). Small growths may be removed (polypectomy) for microscopic examination. Your doctor may also stretch narrow areas of your esophagus, stomach, or intestine.

PRINCIPAL RISKS & COMPLICATIONS OF GASTROINTESTINAL ENDOSCOPY

Gastrointestinal Endoscopy is generally a low risk procedure; however, complications are possible. Your doctor will discuss these complications with you and tell you how they occur. Your doctor will explain this information as it applies to you and the medical condition that caused you to have Gastrointestinal Endoscopy. Some complications include:

■ Perforation: Passage of the endoscopy instrument may result in an injury to the wall of your gastrointestinal tract with possible leakage of gastrointestinal contents into your abdomen. If this occurs, hospital admission and surgery may be required.

■ Bleeding: Bleeding, if it occurs can be a complication of biopsy, polypectomy, or dilation. Management of this complication may consist only of careful observation, but require endoscopic cautery (an electric current to stop the bleeding) blood transfusions or possibly surgery.

■ Risks of Anesthesia: I understand that anesthesia involves risks that are in addition to those resulting from the procedure itself, including but not limited to dental injury, hoarseness, vocal cord injury, infection, nerve injury, corneal abrasion, seizures, heart attack, stroke and even death.

■ Medication Phlebitis: Medications used for anesthesia may irritate the vein in which injected. This causes a red, painful swelling of the vein and surrounding tissue. Discomfort in the area may persist for several weeks.

■ Pancreatitis: Inflammation of the pancreas sometimes occurs after Gastrointestinal Endoscopy is performed. If Pancreatitis develops, you may experience severe abdominal pain.

■ Other risks include but are not limited to drug reactions, complications from other diseases you may already have, failure of the endoscopy instruments, and death. These and other complications are extremely rare but your doctor wants you to be aware that they are possible, but not very likely.

ALTERNATIVES TO GASTROINTESTINAL ENDOSCOPY

Although Gastrointestinal Endoscopy is a safe and effective means of examining the gastrointestinal tract, no test is 100% accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or a misdiagnosis may result. You may choose other diagnostic or therapeutic procedures, such as medical treatment, x-ray studies or surgery. You have the option to choose not to have diagnostic studies and/or treatment.

I have been informed of the nature and purpose of the Endoscopy procedure(s) to be performed on me, and the risks and possible complications. 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 results of the procedure.
I hereby authorize and permit him/her to perform upon me the initialed procedures (on reverse side). I consent to the taking of biopsies and photographs in the course of the procedures, administration of medications (including but not limited to anesthesia), blood transfusions, admission to the hospital, and/or emergency surgery/treatment. I further request and authorize my doctor to do whatever, in his/her medical judgment, is deemed advisable and in my best interest. I request and consent to full resuscitation, if necessary, notwithstanding any Advance Directive that I have completed.

Please initial one of the following statements (females only)

________ To the best of my knowledge, I am not pregnant ________ I believe I am pregnant

Signature of Patient/Authorized Representative Date/Time Witness Date/Time

Relationship to patient

I have discussed with the above-named patient or his/her legally authorized representative the nature and purpose of the endoscopic procedures, alternatives, benefits and significant risks and possible complications described above. I have answered all questions asked by such person(s).

, M.D. /D.O. Date

Signature of Physician

Signature of Anesthesiologist Date

PATIENT ID AND SIDE/SITE VERIFICATION SECTION

Admissions Pre-Procedure Confirmation of Patient ID and Endoscopy Procedure

- Patient/parent/designee verbally confirmed patient identification, ID bracelet, planned procedure and site. Yes ___ No ___
- Procedure(s) are consistent on H&P, Informed Consent form and OR Schedule. Yes ___ No ___

Pre-Procedure R.N. Signature Date Time

Procedure Room Pre-Procedure Confirmation of Patient ID, Endoscopy Procedure and Site

In room patient confirmation:

Upon entering the procedure room, RN and CRNA performed the independent patient ID verification with patient ID band and chart. Initials/time: ______________

Final Endoscopy Procedure Confirmation

**Confirmation of patient ID and Endoscopy Procedure(s) must occur prior to the start of procedure(s)**

**THE CORE SURGICAL TEAM MUST BE PRESENT**

- Procedure/sites(s) are consistent on H&P, consent form and OR Schedule. Yes ___ No ___
- The correct equipment and or special devices are available (if applicable). Yes ___ No ___

Fire Risk Assessment

- If alcohol based prep used, did solution have sufficient time to dry and fumes dissipate □ N/A □ No □ Yes (as per manufactures recommendation) No Yes
- Procedure/surgical site ≤ 30cm from oxygen source or above xiphoid process 0 1
- Open oxygen source (pt receiving supplement oxygen via face mask or nasal cannula) 0 1
- Available ignition source but not limited to (i.e. ESU, laser, and fiberoptic light source) 0 1
  □ high risk fire protocol initiated □ N/A

Scoring: 3 = high risk; 2 = low risk w/potential to convert high risk; 1 = low risk Total Score: ___ ___

Complete this section if Risk score increases to “3” during procedure: □ high risk fire protocol initiated Initial/Time ________

I certify that prior to the procedure(s), the core surgical team verbally agreed that the patient and endoscopic procedures (s) and fire risk score was correctly identified. Yes ___ No ___

If no, or have additional comments please explain: _________________________________________________________________

RN Signature: __________________________________________ Date/Time: __________________

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