

INFORMED CONSENT

Explanation of Procedure:

Visualization of the digestive tract with flexible lighted instrument is referred to as gastrointestinal Endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and the possible risk of, these procedures.

At the time of your examination, the lining of the digestive tract will be inspected 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. Dilatation with dilating tubes or balloons to stretch narrow areas. Cauterization with electrocautery unit or injection of medication to control bleeding.

Principle Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal Endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal Endoscopy.

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

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 hospital admission and surgery may be required.

Bleeding: bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation but may require transfusions, endoscopic cautery or possible surgery.

Risks of IV Conscious Sedation: Cardiac arrhythmia may occur. For your safety your heart rate will be monitored and a slightly longer recovery may be necessary. Possible complications of IV conscious sedation include, but are not limited to: respiratory depression and cardiac arrhythmia.

Medication Phlebitis: Medication used for sedation may irritate the vein in which they are injected. This causes a red, painful, swelling of the vein and surrounding tissue. Discomforting the area may persist for several weeks.

Other risks: Include but are not limited to: 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 ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.

Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal Endoscopy is an extremely 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 mis-diagnosis 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.

GREENBELT ENDOSCOPY CENTER

Diagnostic / Therapeutic Procedures

UPPER ENDOSCOPY (EGD) An examination of the esophagus, stomach and duodenum and possible biopsy/polypectomy.

COLONOSCOPY: Examination of all or the major portion of the colon and possible biopsy/polypectomy.

FLEXIBLE SIGMOIDOSCOPY (FS): Examination of the anus, rectum, and last part of the colon and possible biopsy/polypectomy.

CAUTERIZATIN / INJECTION THERAPY / Banding ligation: Use of heat or chemical agents / material applied to a bleeding source / vessel.

DILATION: dilating tubes or balloons are used to stretch narrow areas of the esophagus, stomach, and intestine.

PEG/PEJ/ replacement/removal gastrostomy tube (Percutaneous Endoscopic Gastrostomy or Jujunostomy) Placement or removal of a feeding tube in the stomach/intestine.

PARACENTESIS: Removal of intra-abdominal fluid via a needle or catheter.

PERCUTANEOUS LIVER BIOPSY: Needle aspiration of liver tissue.

Risk for Pregnancy

I certify that I am not pregnant, and that I do understand the risks associated with receiving any IV sedation including Midazolam, Versed, Valium and Demerol during pregnancy (such as spontaneous abortion or fetal malformation), and that these risks have been explained to me. I will not hold Greenbelt Endoscopy Center or my physician responsible or liable for any such risks associated with having sedation while pregnant or any unexpected or unknown pregnancy. I state that this is my decision to have this procedure and receiving the IV sedation without taking a pregnancy blood test.

Driving Risk

I understand the procedure I will receive today may cause conditions that render driving unsafe. The staff of Greenbelt Endoscopy Center has informed me that I should not drive until the next day after receiving the procedure and that I should not attempt to drive until my symptoms have resolved. I have signed this form prior for the acknowledgment of driving risk and I have arranged a responsible adult to drive myself home after the procedure.

VALUABLE RELEASE: I agree that GEC is not responsible for any valuables that I have elected to bring.

Greenbelt Endoscopy Center

I certify that I understand the information regarding these procedures, and I am not pregnant, that I have been fully informed of the risks and possible complications thereof. I consent to the taking of biopsies and reproduction of any photographs taken in the course of this procedure for professional purposes. I also understand the risk of driving under the influence of sedation and I have arranged a responsible adult to drive myself home after the procedure.

I hereby authorize and permit the following physicians or his partner / assistant (s) to perform the procedure as listed from below. I also agree to receive the anesthesia as necessary during my procedure (s). If any unforeseen condition arises during the procedure (s) calling for additional procedures or medications (including anesthesia and blood transfusions), admission to the hospital, or surgery, I further request and authorize him/her to do whatever he/she deems advisable in my interest. 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.

Procedure (s)

M.D and his assistant (s) to perform the procedure

Signature of patient

Witness signature

Signature of physician

Date