



A DIVISION OF UNITED MEDICAL DOCTORS

INFORMED CONSENT FOR ENDOSCOPY

My physician/ Physician Assistant/Nurse Practitioner has explained to me that an Endoscopy (Esophagogastroduodenoscopy) is necessary for the evaluation of my current medical problems. It is my understanding that this procedure where by a special flexible instrument, called an Endoscope is used to examine the Esophagus, Stomach and first portion of my small intestine.

The day before the procedure I will be instructed to make sure I have nothing to eat or drink after midnight. If I take medications that I must take, they need to be taken with a small sip of water, prior to arrival at the Endoscopy Center. Upon arrival to the Endoscopy Center, I will sign some paperwork and a nurse will escort me to the pre procedure area. I will change into a patient gown and my vital signs will be checked. I will have an IV placed for the administration of medication for my sedation. I will speak with my physician and CRNA (anesthesia) and I will be taken to the procedure room where I will be placed onto monitors that will monitor my blood pressure, heart rate and pulse oximetry, I will also be given supplemental oxygen.

Prior to the beginning of sedation a small bite block will be inserted between my teeth to protect my teeth and the endoscope should I try to bite down during the procedure. The endoscope will be gently passed to the back of my throat and into my esophagus, the physician will advance the endoscope until the first portion of my small intestine is reached. Careful visualization will be made, looking for any abnormalities. Should any abnormalities be detected or if warranted, a small sample will be taken of the tissue (biopsy) so that it may be viewed under a microscope by the pathologist. Upon completion of the procedure I will be taken to recovery and stay there until I awake and my vital signs are normal. Based upon finding, treatment may start that day. I will be asked to return to my physician to discuss the results of the procedure.

I understand that complications, including death are possible during this procedure. The medications given through my vein may cause redness/swelling (phlebitis), which can be treated with warm compresses. Major complications, which occur approximately 1% of the time, are perforation and bleeding. Perforation occurs when a small tear is made in the esophageal wall, hospitalization and possible surgery may be needed for this. If bleeding occurs, hospitalization or surgery may be needed until it resolves. Aspiration is also a risk where fluid could enter my lungs and cause respiratory issues or Pneumonia, should this occur, hospitalization may be needed. The medication used for sedation can lower my blood pressure, heart rate and breathing. Overall, complications occur about 1 out of 1000.

I have read the above statement, my physician/physician assistant or Nurse Practitioner have discussed it with me. I understand and accept the risk of the procedure and give my consent to proceed.

Patient Name _____ Patient Signature _____

Patient Representative (if applicable) _____ Date/Time _____

Witness _____

Physician Signature _____