

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you of your need to have this type of examination. The following information is present to help you understand the reasons for and possible risks of, these procedures.

At the time of your examination, the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) will be removed for microscopic study, or the lining may be brushed and washed with a solution that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally, during the examination a narrowed portion (stricture) will be stretched to a more normal size (dilation).

**The following are the principal risks for these procedures:**

- (1) Injury to the lining of the digestive tract by an instrument which may result in perforation of the wall and leakage into body cavities. If this occurs, surgical operation to close the leak and drainage of the region is often necessary.
- (2) **Bleeding**, if it occurs, usually is a complication of a biopsy, polypectomy, or dilation. Management of this complication may consist only in careful observation or may require blood transfusion or possibly a surgical operation for control.

Other risks include drug reactions and complications incidental to other diseases you may have. You should inform your physician of all your allergic tendencies and medical problems. All of these complications are possible, but occur with a very low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your own indications for gastrointestinal endoscopy.

**A brief description of each endoscopic procedure follows:**

Checked procedures were ordered for you today by Dr. \_\_\_\_\_

- Esophogogastroduodenoscopy with possible biopsy or polypectomy: Examination of the esophagus, stomach and small intestines just beyond the stomach. A small piece of tissue may be taken and sent to the laboratory for closer examination. Dilation of the esophagus may be done to stretch the narrowed portion to a more normal size.
- Colonoscopy with possible biopsy or polypectomy: Examination of the anus, rectum and all or a part of the colon requiring careful preparation with diet, enemas and medication. A small piece of tissue called a biopsy or a growth called a polyp may be removed and sent to the laboratory for closer examination.
- Flexible Sigmoidoscopy with possible biopsy: Examination of the anus, rectum and lower colon usually to the depth of 60 centimeters (24 inches). A small piece of tissue may be taken and sent to the laboratory for closer examination.
- Other procedures \_\_\_\_\_

The above information has been provided to me by the physician performing these procedures. I certify that I understand the information regarding gastrointestinal endoscopy and that I have been fully informed of the indications for the procedure, alternatives to the procedure and the risks and possible complications thereof. I consent to the taking and reproduction of any photographs in the course of this procedure for professional purposes. I consent to the administration and maintenance of anesthesia, as considered necessary or advisable by the professional responsible for such services. I hereby authorize and permit my physician and Pacific Endo-Surgical Center and whomever my physician may designate as assistant to perform upon me the procedure(s) indicated above. If any unforeseen condition arises during this procedure or medication administration (including anesthesia), at a time when I am unable to consent, I further request and authorize the above named physician to use such reasonable measures, including transfer to a hospital, as my condition may warrant until I am able to provide further consent and authorization. I understand that my medical record may be used in the quality improvement practices of the center, always maintaining my privacy and anonymity.

*I certify that I have read and fully understand the above consent statement, that the explanations herein referred to are understood by me, that all my questions have been answered, that all blanks or statements requiring insertion or completion were filled in prior to the time of my signature, and that this consent is given freely, voluntarily and without reservation and I understand that I am required to have a companion accompany me to the Center, be available during and after my procedure, and that I will be discharged to that person's custody and must rely on him or her for my return home. I understand that I have the right to refuse any medical and surgical procedure and treatment. 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 am also aware that no diagnostic exam is 100 per cent accurate, and that there is a chance of a missed diagnosis during my procedure.*

Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
Patient / Other Legally Responsible Person's Signature

\_\_\_\_\_  
Relationship of Legally Responsible Person to Patient

\_\_\_\_\_  
Witness' Signature

**PACIFIC ENDO-SURGICAL  
CENTER**

**AUTHORIZATION FOR ENDOSCOPY**