

MARYLAND ENDOSCOPY

C E N T E R

100 West Road, Suite 115
Towson, Maryland 21204

Phone: 410-494-0144

Fax: 410-494-0147

AUTHORIZATION AND INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Explanation - The following information should help you understand the reasons for the procedure and explain the possible risks of the procedure. Direct visualization of the digestive tract is referred to as gastrointestinal endoscopy. During the examination the lining will be thoroughly inspected and possibly photographed. If any abnormality is seen or suspected, a small portion of the tissue may be removed (biopsy) for microscopic study. Polyps may be removed (polypectomy) by the use of a wire loop and electric current. Injection of medication may be necessary to assist the doctor with the removal of polyps or to stop bleeding. Cautery or other methods may also be used to control bleeding. Occasionally a suspicious area may be marked for future examination with the injection of a small amount of ink (tattoo). A narrowed portion of the digestive tract may be stretched or dilated.

___ **EGD (Esophagogastroduodenoscopy):** Direct examination of the esophagus, stomach and duodenum with a lighted instrument.

___ **Enteroscopy:** Direct examination of a portion of the small intestine beyond the duodenum with a lighted instrument.

___ **Colonoscopy:** Direct examination of the colon with a lighted instrument.

___ **Flexible Sigmoidoscopy:** Direct examination of the left side of the colon with a lighted instrument.

___ **Sedation and Analgesia:** Administration of intravenous anesthesia to achieve a state of relaxation and increase your comfort during the procedure.

___ **Hemorrhoidal Banding:** A tiny rubber band is placed to cut off the blood supply, it then shrinks and falls off.

___ Other _____

Principal Risks and Complications

Gastrointestinal endoscopy is generally a safe, low risk procedure. However, all of the following complications are possible.

Risks include, but are not limited to:

Medication Reactions: There are risks involved with the administration of any medication. These risks may include mild inflammation of the vein at the injection site, nausea and/or vomiting, allergic reactions to the medications being given, or rarely, breathing or heart complications.

Bleeding: Bleeding, if it occurs, is usually a complication of biopsy, polyp removal or dilation. Management may consist only of careful observation, or may require blood transfusion, repeat endoscopic procedures or surgery to stop the bleeding.

Perforation: Passage of the instrument or interventions performed during the procedure can result in an injury to the gastrointestinal tract with possible leakage of the gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak may be necessary.

Damage to teeth or dental work: This may occur when instruments are inserted through the mouth; this rarely occurs.

Missed Lesions or Incomplete Procedures: During your procedure your doctor will do everything possible to identify all polyps, lesions and cancers. There is always a small chance that one or more small polyps may be missed by hiding behind a fold or underneath residual stool. Your doctor will make every effort to complete your exam but occasionally this is not possible due to your anatomy or discomfort.

Other Risks: These include complications resulting from other diseases you may have.

YOU MUST INFORM YOUR DOCTOR OF ALL YOUR MEDICAL PROBLEMS AND ALLERGIES.

Alternatives to Endoscopy – 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 the benefits and limitations of these options with you.

I certify that I have been informed of and understand the nature and purpose of the procedure, sedation and anesthesia, alternative methods and treatment and the risks involved. The possible complications have been explained to me by my doctor. I understand that the practice of medicine is not an exact science and that no guarantees have been made about the success or results of this procedure.

I understand that even though the physicians and staff of the Maryland Endoscopy Center respect my right to participate in decisions regarding my healthcare, the policy of the Center is that all patients undergoing endoscopy procedures will be considered eligible for life sustaining treatment, thus we do not honor Advanced Directives.

I hereby authorize and permit Dr. _____ to perform the above procedure(s). I understand that upon my authorization and consent, this procedure, together with any different procedures, which in the opinion of my physician may be indicated due to an emergency, will be performed. In the course of treatment, if transfer to a hospital becomes necessary, I give my permission for Maryland Endoscopy Center to arrange for my transfer to St. Joseph Medical Center in Towson, Maryland.

By my signature below I acknowledge that I have had a chance to ask questions and that I have received all the information that I desire.

Patient/Authorized Signature: _____

Date/Time: _____

Relationship if signed by other than pt: _____

Witness: _____

I certify that I have explained to the patient/responsible adult the risks, benefits and alternatives of the surgery/procedure and have allowed the patient/responsible adult to ask questions.

Physician Signature

Date/Time