

New York GI Center, LLC
Informed Consent

Patient Name:
Patient DOB:
Patient MR #:

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as Endoscopy. At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. Most procedures require conscious sedation administered IV by an RN under the supervision of your physician or moderate sedation given by an anesthesiologist.

If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths called polyps, if seen, may be removed (polypectomy) and sent for analysis.

Risks and Complications of Endoscopy

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

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

1. **PERFORATION:** Passage of any instrument may result in an injury to the tract wall with possible leakage of contents into the body cavity. These contents could cause an infection in the abdominal cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.
2. **BLEEDING:** Bleeding is a rare complication of a biopsy, polypectomy or dilatation. Management of this complication may consist of careful observation, blood transfusions, or a surgical operation.
3. **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue and could become infected. Discomfort in the area may persist for several weeks to several months.
4. **OTHER RISKS:** Include drug reactions and complications from other diseases you may already have. Cardiopulmonary arrest and death are extremely rare, but remain remote possibilities. If you receive moderate sedation for your procedure, your risk is slightly increased. You must inform your physician of all your allergic tendencies, present medications, or health problems.

Alternatives to Endoscopy

Although GI endoscopy is an extremely safe and effective means of examining the GI tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a misdiagnosis 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.

Brief Description of Endoscopic Procedures

1. **ESOPHAGOGASTRODUODENOSCOPY (EGD) / Push Enteroscopy:** After spraying the throat with a local anesthetic, a video gastroscope is passed through the mouth to allow examination of the esophagus, stomach, and duodenum. Small bowel is also included when performing a push enteroscopy.
2. **ESOPHAGEAL DILATATION:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus. This usually results in improvement with swallowing, though accompanied by a slightly greater risk of bleeding or perforation.
3. **FLEXIBLE SIGMOIDOSCOPY:** A flexible sigmoidoscope is passed into the rectum to allow examination of the anus, rectum, and left side of the colon usually to a depth of 60 cm. Some discomfort may accompany the procedure as well as bloating of the abdomen in that air is passed through the instrument to allow visualization.
4. **COLONOSCOPY:** A flexible video colonoscope is passed into the rectum to allow examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications.

If staff or employees should sustain an exposure from my blood or body fluids while I am a patient at the New York GI center,

I _____ consent

- To have blood drawn for HIV and Hepatitis studies. The results will be kept confidential.
- I am aware that my physician has a financial interest in The New York GI Center Not Applicable
- I am aware that if I have an advance directive, it is temporarily suspended while I am a patient at the New York GI Center.
- I am aware that I might receive a separate bill for Pathology.
- I acknowledge that I have been provided a copy of New York GI Centers' privacy Notice
- I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical

education. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit: _____ MD.

and whomever he may designate as his assistant to perform upon me the following:

with possible biopsy, polypectomy, cautery, dilataion and control of bleeding.

If any unforeseen condition arises during this procedure calling for (in the physician's judgment) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. 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 result of this procedure.

Signed by patient or legally authorized person

Date

Time

Witness

MD Signature