

**INFORMED CONSENT FOR
GASTROINTESTINAL ENDOSCOPY**

DIGESTIVE DISEASE CLINIC
2400 Miccosukee Road
Tallahassee, Florida 32308

Patient Name: _____ D.O.B.: _____ Acct. #: _____

EXPLANATION OF PROCEDURE AND RISKS

Visualization of the digestive tract with a lighted instrument is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of this procedure. At the time of your examination, the 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) 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 (polyps), or foreign bodies, if seen, may be removed.

**PRINCIPAL RISKS AND COMPLICATION 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 TEST.**

- 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.
- BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Bleeding post-polypectomy may occur up to 10-14 days following your procedure. Management of this complication may consist only of careful observation, may require transfusions or possibly a surgical operation.
- MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This causes red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
- OTHER RISKS:** Includes drug reactions and complications from other disease you may already have, such as cardiac or pulmonary illnesses. Also sore throat or rectal irritation. 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 ENDOSCOPY

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate. In a small percentage of cases 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 PROCEDURES

- FLEXIBLE SIGMOIDOSCOPY** is the examination of the anus, rectum, and left side of the colon, usually to a depth of 60cm.
- COLONOSCOPY** is the examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.
- POLYPECTOMY** is the removal of small growths, called polyps, with the use of a wire loop and electric current.
- UPPER PANENDOSCOPY** is the examination of the esophagus, stomach and duodenum.
- DILATION** is the stretching of a narrowed portion of the esophagus with a dilator.
- SCLEROTHERAPY** is the injecting of a chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.
- ERCP (Endoscopic Retrograde Cholangiopancreatogram):** is the examination of the bile ducts, gallbladder, liver and pancreas. Areas are visualized through an endoscope with the aid of dye and x-ray. A sphincterotomy (widening of narrow areas) may be done or a stent (tube for drainage) may be inserted.
- EUS (Endoscopic Ultrasound)** is the internal examination of the gastrointestinal tract, and the internal organs that lie next to the gastrointestinal tract with the ultrasound attachment to the scope.

I certify that I understand the information regarding Gastrointestinal Endoscopy and that I have been fully informed of the risks, benefits, complications, and alternatives. I understand that studies have shown that a colonoscopy finds 95% of colon cancers and 75% of colon polyps. I consent to the taking or 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 complication of my procedure. I hereby authorize and permit:

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|---|---|--|--|--|
| <input type="checkbox"/> Terence N. Reisman, M.D. | <input type="checkbox"/> H. Timothy Paulk, Jr. M.D. | <input type="checkbox"/> Joshua Somerset, M.D. | <input type="checkbox"/> Amulya P. Konda, M.D. | <input type="checkbox"/> Michael J. Mangan, M.D. |
| <input type="checkbox"/> Larry D. Taylor, M.D. | <input type="checkbox"/> Hardeep Singh, M.D. | <input type="checkbox"/> Andres F. Rodriguez, M.D. | <input type="checkbox"/> C. Raymond Cottrell, M.D. | |

to perform the planned endoscopy procedure.

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.

I acknowledge that my doctor has explained that I will receive intravenous conscious sedation so that my doctor can perform the procedure. It has been explained to me that all forms of sedation and anesthesia involve some risks. I understand that no guarantees or promises can be made concerning the results of my procedure or sedation technique administered. Complications with intravenous conscious sedation can occur and include the possibility of infection, bleeding, drug reactions, injury to blood vessels, loss of sensation, paralysis, stroke, brain damage, heart attack, or death. I hereby consent to administration of intravenous conscious sedation.

DATE _____

TIME _____

DDC-003

SIGNED _____

WITNESS _____

DIGESTIVE DISEASE CLINIC

Diagnosis and Treatment of Gastrointestinal Disorders

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Please be advised that H. Timothy Paulk, Jr., M.D., Terence N. Reisman, M.D., Larry D. Taylor, M.D., Hardeep Singh, M.D., Andres F. Rodriguez, M.D., Joshua Somerset, M.D., C. Raymond Cottrell, M.D., Micheal J. Mangan, M.D., and Amulya P. Konda, M.D. own an interest in: the Tallahassee Endoscopy Center, 2400 Miccosukee Road, Tallahassee, Florida 32308.

YOU ARE ENTITLED TO OBTAIN THE SERVICES OR ITEMS FOR WHICH YOU HAVE BEEN REFERRED TO TALLAHASSEE ENDOSCOPY CENTER AT THE LOCATION OF YOUR CHOICE.

Alternative sources of the services or items for which you have been referred are as follows:

Tallahassee Memorial Regional Medical Center
Magnolia at Miccosukee Road
Tallahassee, Florida 32308
(850) 431-1155

ACKNOWLEDGEMENT BY PATIENT

I acknowledge disclosure to me by my doctor of the information set forth above.

Date

PATIENT

WITNESS