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**INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY**

**Explanation of Procedure**

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

**Principal Risks and Complications 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. If this occurs, surgery to close the leak and/or drain the region is usually required.
- BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation. 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 a 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:** Include missing polyp/neoplasm due to poor prep, drug reactions, aspiration, or complications from other diseases you may already have. 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 Gastrointestinal Endoscopy**

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% 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**

- EGD (Esophagogastroduodenoscopy)** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.
- ESOPHAGEAL DILATION:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
- FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum, and left side of the colon, usually to a depth of 60 cm.

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- COLONOSCOPY:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complication. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

**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 and sedation. We are not responsible for dental injuries. I am aware of my physician's ownership in the surgery center and am aware that I may have surgery performed at any other facility where my physician has privileges. I am further aware that, during the course of this admission, an Advance Directive "Living Will" will not be honored.**

I have been fully informed of the risks and possible complications of my procedure and sedation. I hereby authorize and permit:

- |   |  |
|---|--|
| <input type="checkbox"/> Nick Sharma, M.D.      | <input type="checkbox"/> Brian Feiock, M.D.  |
| <input type="checkbox"/> Brian Longendyke, D.O. | <input type="checkbox"/> Michael Weiss, M.D. |
| <input type="checkbox"/> Michael Bays, D.O.     | <input type="checkbox"/> Ramesh Koka, M.D.   |
| <input type="checkbox"/> Srinivas Raju, M.D.    | <input type="checkbox"/> Tal Hazan, M.D.     |
| <input type="checkbox"/> Julián Pérez, M.D.     | <input type="checkbox"/> Stacey Zavala, M.D. |
| <input type="checkbox"/> _____ M.D./D.O.        |  |

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

- Upper Endoscopy with or without biopsy/polypectomy
- Possible Esophageal Dilatation
- Colonoscopy with or without biopsy/polypectomy
- Flexible Sigmoidoscopy with or without biopsy/polypectomy
- Gastrostomy Tube Change
- Gastrostomy Tube Removal
- Percutaneous Endoscopic Gastrostomy Tube Placement
- Removal of skin tag/skin lesions
- Rubberband Ligation of Hemorrhoids
- Ultraviolet Hemorrhoidectomy
- Other \_\_\_\_\_

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.

Signature: \_\_\_\_\_  
 Signed (by patient or legally authorized person)

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

MED RECORDS 300B – Admission Packet

<b>Patient Number:</b> «PatientNumber»	<b>Patient Name:</b> «PatientFullName»	<b>Date:</b>
<b>DOB:</b> «PatientDOB»	<b>Physician:</b> «ApptProviderName»	<b>«ApptDate»</b>