

McLaren Print System Order

Order No: 87998
Order Date: 2024-09-10
Order Request Date:
User: Diane Recker
Phone: 989-772-6732

Ship Location: McLaren Central Michigan - 1221 S Drive Attn: JESSICA LOSEY
1221 S Drive
Mt. Pleasant, MI 48858

Brochures
Quantity: 2
Paragon Dept No: 28550
Dept Name: JESSICA LOSEY - OPERATING ROOM - PAT
Company Number:

Order Total Price: 6.70

Item Number: CEN-005 (641-504)
Item Description: CONSENT FOR ENDOSCOPY Form
Revision Date: 03/2014
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 100/Pkg 8.5x11 SS Black

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

CONSENT FOR ENDOSCOPY



I, _____ (print or type name), the undersigned, hereby certify and understand the explanation that has been given to me, and I authorize and permit _____ and whatever agents may designate as her assistants, to perform upon me the following procedure(s):

Esophagoscopy, Gastroscopy, and Duodenoscopy (EGD). The examination of the esophagus, stomach, and duodenum to look for ulcers, tumors, inflammation, and areas of bleeding. Biopsy, stricture, spasm, obstruction, and dilation of strictures may be necessary.

Flexible Sigmoidoscopy or Colonoscopy with possible Polypectomy. Examination of all or a portion of the colon requiring careful preparation with diet, medication, and/or enemas. Polypectomies are done using a wire loop and electric current to remove small growths that protrude into the colon.

Percutaneous Endoscopic Gastrostomy (PEG) Placement. Placement of a feeding tube through the abdominal wall directly into the stomach, under endoscopic guidance or placement of the PEG tube without endoscopic guidance.

Other: _____

I understand my diagnosis is: _____

I agree that in addition to the physician and Endo staff, there may be observers in the Procedure room for educational purposes.

Yes No Exception _____

I have been informed and understand that anesthesia may be used in connection with the described procedure, including the risks, advantages, possible complications and consent to the administration of such anesthesia so may be considered necessary and advisable.

Any photographs taken during the procedure are for medical purposes and become part of the hospital or physician's office record.

Principal Risks and Complications:

I understand that there are risks and possible undesirable consequences associated with any procedure including, but not limited to:

1. **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 tear and/or drain the region is usually required. In some instances a colostomy (stomach bag) may be necessary.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation. Management of the complication may conceal any of useful observation, or may require transfusion or a surgical operation.
3. **Respiratory Problems:** Ventilators used for sedation may irritate the airway which they are inserted. The irritation results in a red, painful swelling of the airway and surrounding tissue that can become obstructed. Obstruction may persist for several weeks or months.
4. **Wound Careless (Pillulae and Carcins):** During your colonoscopy the physician will carefully attempt to identify all polyps and remove and remove all polyps. However, although colonoscopy is the best test to find and remove these lesions, there is a small chance that one or more may be missed.
5. **Systemic Reaction:** As the scope passes through the system, features in the colon, there is the rare possibility that an injury can occur to a patient's system. A systemic reaction is an abnormality in the system that could result in hypotension, the need for blood transfusion, and may even require surgery to treat.
6. **Other Risks:** Drug reactions and complications from other diseases are possible. Instrument failure and death are extremely rare but unique, remote possibilities. **YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.** In addition, older patients and those with extensive heart disease are more prone to complications.

If an unforeseen complication arises during the procedure calling for additional procedures, operations, or medications (including anesthesia and blood transfusion), I further request and authorize my doctor to do whatever she/he deems advisable in my interest.

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.

Attention may be administered by any member of the hospital's staff. The physician may discharge me when, in his/her opinion, my condition warrants discharge, arrangements for continued treatment and attention shall be my responsibility.

Signature of Patient _____ Date _____ Time _____

Signature of Parent or Guardian _____ Date _____ Time _____

Relationship to Patient _____

Signature of Surgeon/Physician _____ Date _____ Time _____

Spec Info: DELIVER TO JESSICA LOSEY

