

McLaren Flint
 Flint, Michigan 48532
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 presented 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. The samples are sent for laboratory study to determine if abnormal cells are present.

To keep you comfortable during the procedure, an Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA), or a Registered Nurse directed by the physician will administer medication for monitored anesthesia care, conscious sedation or general anesthesia. I understand that anesthesia bears some risk of injury, allergic reaction or rarely death.

Brief Description of Endoscopic Procedures

1. EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. Esophageal Dilation: Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. Flexible Sigmoidoscopy: Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications.
5. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

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 indication for Gastrointestinal Endoscopy. You must ask your physician if you have any unanswered questions about your test.

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 infection can develop, and/or surgery to close the leak and/or drain the region is usually required.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation, or may require transfusions or possibly 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. The area could become infected. Discomfort in the area may persist for several weeks to several months.
4. **Conscious Sedation Medication and Pregnancy:** I understand that there are risks involved with sedation medication and to my knowledge I am not pregnant. I will allow a urine pregnancy test to be performed prior to my procedure.
5. **Other Risks:** Include drug reactions and 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 percent accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or 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.

For the purpose of advancing medical education, I consent to the admittance of approved observers to the Operating Room. I consent to the photographing or video taping of the procedure, for medical scientific or educational purposes, provided my identity is not revealed by the pictures or descriptive text accompanying them. I consent to the disposal of any tissue which is removed in accordance with the medical staff rules and regulations. I certify that I understand the information regarding Gastrointestinal Endoscopy and sedation. I have been fully informed of the risks and possible complications of my procedure.

I hereby authorize / permit:

<input type="checkbox"/> Haitham AlMidani, MD	<input type="checkbox"/> Balvant Ganatra, MD	<input type="checkbox"/> Nathan Landesman, DO	<input type="checkbox"/> Mark Minaudo, DO	<input type="checkbox"/> Mamoon Elbedawi, MD
<input type="checkbox"/> Ghanem Almounajed, MD	<input type="checkbox"/> Abdelmajid Jondy, MD	<input type="checkbox"/> John Macksood, DO	<input type="checkbox"/> Michael Mueller, MD	<input type="checkbox"/> Mustafa Alnounou, MD
<input type="checkbox"/> Dilip Desai, MD	<input type="checkbox"/> Sunil Kaushal, MD	<input type="checkbox"/> Sreenivas Mannam, MD	<input type="checkbox"/> Michael Neumann, DO	
<input type="checkbox"/> Zouheir Fares, DO	<input type="checkbox"/> Michael Kia, DO	<input type="checkbox"/> Mark Mattingly, MD	<input type="checkbox"/> Rabbi Salimi, MD	
<input type="checkbox"/> Jamal Farhan, MD	<input type="checkbox"/> Derek Korte, DO	<input type="checkbox"/> Justin Miller, DO	<input type="checkbox"/> Derek Thigpin, DO	

and whomever he/she may designate as his/her assistant, residents, medical students or designee to perform upon me the following:

- Upper Endoscopy Esophagogastroduodenoscopy (EGD) with possible dilation, possible biopsy
- Colonoscopy with possible biopsy, possible polypectomy
- Flexible/rigid sigmoidoscopy

If any unforeseen condition arises during the procedure calling for, in the physician's judgment, additional procedures, treatments, or operations, I authorize him to do whatever he deems advisable. I consent to transfer to McLAREN FLINT in the event my condition warrants such a transfer. I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure

Patient / Legally Authorized Representative Signature (check one)

Representative's Relationship to Patient

Date: _____ Time: _____

 Physician Signature

Date/Time

 Anesthesia Provider Signature

Date/Time



PT.

MR./RM.

DR.