CONSENT FOR UPPER GASTROINTESTINAL ENDOSCOPY

This document helps us inform you about this procedure. Please read it carefully and address any questions or concerns you may have personally with the doctor prior to signing it.

Dr. Patrick D. Gerstenberger, Dr. Steven R. Christensen, or Dr. Stuart B. Saslow and his assistants, including a certified nurse anesthetist (CRNA), are authorized to perform:

Upper Gastrointestinal Endoscopy - Examination of the esophagus, stomach and duodenum with a flexible tube passed through the mouth.
Biopsy - Remove small pieces of tissue for analysis
Polypectomy - Remove small growths
Dilation - Enlarge a narrowed area
Cautery/injection/sclerotherapy/band ligation/clip application - Use specialized instruments to apply heat, medication, small rubber bands or metal clips applied internally to stop or prevent bleeding
Removal of foreign body
Placement of tubes or stents
Procedural sedation/anesthesia (with monitored anesthesia care) – Administration of medication into a vein, by a certified registered nurse anesthetist (CRNA), prior to and during the procedure, to make the procedure comfortable by relieving anxiety, discomfort, and pain. Most patients experience partial or total amnesia for their procedure with this form of sedation/anesthesia.

Upper gastrointestinal endoscopy is frequently performed for: evaluation of symptoms (such as heartburn, swallowing problems, abdominal pain, bleeding, diarrhea and weight loss), screening for and follow-up of Barrett's esophagus, treatment of a narrowing (stricture), follow-up of gastric ulcer, evaluation of anemia, placement of tubes or stents and removal of foreign bodies.

ALTERNATIVES: Imaging tests ("upper GI series," CT scan, MRI, ultrasound, nuclear scans) are sometimes recommended as alternatives. Imaging tests are less likely to cause a complication, but are less accurate for diagnosis of some conditions, and do not allow treatment, such as dilation of a narrowing. No test at all is an alternative, but no testing carries risks of failing to diagnose a problem at an early and more treatable stage. In most cases we perform upper endoscopy using moderate-deep propofol-based procedural sedation. It is possible to perform this procedure in some cases without sedation. Anesthesia care provided by an anesthesiologist is a sedation alternative that is available at Mercy Regional Medical Center.

RISKS: These procedures involve some risks. Major complications include: **perforation** (<1/3000 without dilation, though higher if dilation is performed), **bleeding** requiring blood transfusion or surgery (<1/3000), **heart or lung problems** (such as **inhalation of fluid)** occur infrequently but major problems are rare, vasovagal symptoms (fainting, sweating, nausea and vomiting), infection (rare), damage to internal organs (rare), allergic reactions (rare), nerve injury (rare) and death (rare). Minor complications (needle site irritation, dental injury, internal burns or bruises, minor medication reactions, temporary bowel distention or prolonged sleepiness) occur infrequently. Complications occur more frequently when polyps are removed, bleeding is treated, or foreign bodies are removed. These are highly accurate procedures, but with any medical test there is a small chance of missing something. **Complications may occur even when a procedure is properly performed.** Symptoms following a procedure may require evaluation in a hospital emergency department or other hospital care (1/50 Medicare cases nationally during the week after an endoscopic procedure). Treatment of major complications may require hospitalization, surgery, and blood transfusion. Hospital treatment may require endoscopy by another physician (rather than your established Digestive Health gastroenterologist) at Mercy Regional Medical Center or another hospital.

SEDATION/ANESTHESIA: Sedation/anesthesia involves a risk of heart, lung, allergic or other drug reaction problems (<1/200), which rarely (<1/160,000) can be fatal. Sedation/anesthesia is administered and monitored by a CRNA.

MEDICATIONS THAT AFFECT BLOOD CLOTTING: Your doctor may recommend that these drugs be discontinued before upper endoscopy to reduce possible bleeding risk. Stopping and restarting these drugs however carries some risk of blood clot related problems, including stroke and heart attack. In some cases we may advise you to undergo endoscopy without stopping these medications, in the belief that possible bleeding is less of a risk to your long-term health than the risk of possible heart attack or stroke.

RECUPERATION: Recuperation from endoscopy is generally complete within a few hours following the procedure. Most individuals can return to typical activities and diet at that time. Because the effects of sedation on memory, coordination and judgment may linger however, activities such as driving, operation of machinery, vigorous physical exertion or activities requiring full mental attention, coordination or recall should not be resumed until the following day. **Increasing throat, chest or abdominal pain, bleeding, fever, chills or other signs of illness could be signs of complication of endoscopy or of your sedation, and should be reported promptly to the covering Digestive Health physician.** You will be provided with written instructions on discharge telling you how to contact us in the event of a problem after the procedure.

TRANSFUSION: Blood transfusions are not administered at the Southwest Endoscopy Center. Transfusions are occasionally necessary during the hospital management of endoscopy-related bleeding. A separate written consent prior to transfusion is obtained if transfusion is needed.

SUCCESS: Complete examination of the upper gastrointestinal tract is nearly always achieved. Most areas of narrowing (strictures) we detect are dilated at the time of the examination. Some strictures may require additional endoscopy procedures or surgery to allow complete dilation. Most swallowed foreign bodies can be removed successfully, though surgery may occasionally be necessary.

ASSISTANTS: Registered nurses and/or technicians who are employees of the facility providing your procedure will assist the physician. Students, industry representatives or other observers will not be permitted to be present without your permission. CRNA services at this facility are provided by Animas Anesthesia Associates, LLC. Other physicians or assistants are rarely necessary during endoscopy, though occasionally the physician may request an opinion regarding a finding or technique from another physician during a procedure.

PATIENT CONSENT

I have had sufficient opportunity to discuss my condition and treatment with my physicians and/or their associates, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure. I have read and fully understand this form and I voluntarily authorize and consent to this procedure. I understand that I should not sign this form until all my questions have been answered to my satisfaction and until I understand all the words or terms on this form. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure. I have been advised that the proposed procedure may not improve my condition and may, in fact, worsen it.

*X*_____ *Date:* _____ *Time:* _____

Signature of Patient or Authorized Agent

_____

Printed Patient Name

PHYSICIAN/PROVIDER DECLARATION

I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

_____ *Date:* _____ *Time:* _____

Physician Assistant or Nurse Practitioner (if applicable)

_____ *Date:* _____ *Time:* _____

Physician performing procedure

_____ *Date:* _____ *Time:* _____

CRNA (declaration limited to matters pertinent to anesthesia consent)