

# CONSENT FORM

Digestive Care Medical Center, Inc.  
1000A Laurel Street, San Carlos, CA

Patient Name: \_\_\_\_\_  
Doctor:  S. Levenson, MD  R. Kao, MD  A. Nguyen, MD  B. Ho, MD

Procedure:  Colonoscopy with possible biopsy, polypectomy, control of hemorrhage, photography  
 Esophagogastroduodenoscopy with possible biopsy, control of hemorrhage, photography  
 Other \_\_\_\_\_ and sedation and analgesia

**Explanation:** Gastrointestinal endoscopy is the passage of special instruments into various parts of the gastrointestinal tract (GIT), such as the stomach or colon. Through these instruments we can directly visualize the areas of the GIT into which they are passed. Also biopsies (samples of tissue) may be taken and polyps (abnormal growths) may be removed. Polyps may be removed using small forceps or a cutting wire loop. Sometimes a suspicious area may be marked with the injection of a small amount of ink. A narrowed area of the GIT may be dilated or stretched using a balloon catheter.

**Main Risks and Complications:** Gastrointestinal endoscopy is generally a safe procedure, but there are risks involved with any medical procedure. These risks include, but are not limited to:

**Intravenous line** – a catheter may be inserted into a vein in order to administer drugs to allow for sedation. Occasionally the site of the catheter may become inflamed, bruised, or infected.

**Medication Reactions** – the medications used for sedation may affect your breathing, swallowing, and cardiovascular system. Nausea, vomiting, headache, and other allergic reactions may occur.

**Bleeding** – bleeding may occur as a result of your procedure. If bleeding occurs you may require blood transfusion, repeat endoscopic procedure, or surgery to stop the bleeding.

**Perforation** – there is a possibility of damage to your intestine and internal organs as a result of your procedure. Hospitalization and surgery may be required.

**Incomplete Procedure/Missed Lesions** – there is always a possibility that pathology may be missed during the examination or that for various reasons the procedure could not be completed.

**Other Risks** – rare risks include damage to your teeth or dental work, regurgitation of stomach contents into your lungs (aspiration) and very rarely a complication may result in death, paralysis, or brain damage.

**Advance Directive:** If I have provided the facility with a copy of my Advance Directive then these wishes will be honored. If I do not have or have not provided such a document then the standard policies of the Center will be followed.

**Disclosure/Alternative Treatment:** I understand that my doctor has a financial interest in Digestive Care Medical Center, that I may choose to have my procedure done at another facility or by another doctor, or to not be done at all. Also other tests such as X-rays could be done instead of endoscopy.

**Other:** In the event of accidental exposure of my blood or body fluids to another person in the facility, then I consent to testing for HIV and Hepatitis. If necessary I also consent to transfer to Sequoia Hospital.

**Summary:** The procedures listed to be performed with moderate sedation and the advantages, disadvantages, risks, and possible complications as well as the alternatives have been explained to me by my physician. The physician satisfactorily answered my questions. I also am aware that I am not to drive, operate machinery, make important decisions, or sign legal documents for 24 hours after receiving sedation. Also I am to be transported home by a responsible adult known to me and I should have them remain with me for 24 hours.

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

Signature: \_\_\_\_\_

Time: \_\_\_\_\_

If signed by someone other than patient, indicate name/relationship

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