ENDOSCOPY
INFORMED CONSENT

ENDOSCOPY CENTER OF DAYTON [X] **ENDOSCOPY CENTER OF DAYTON NORTH** [ ]

Patient Name_____

I authorize Dr._____
and such assistants as may be selected by him/her to perform the procedure/s below.

Procedure_____

EXPLANATION
Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. At the time of your examination, the lining of the digestive tract will be thoroughly inspected and possibly photographed. If any abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study and/or the lining may be brushed or washed to collect cells for special study. Polyps may be removed (polypectomy) by the use of a wire loop and electric current. A narrow portion of the digestive tract can be stretched or dilated to a more normal size.

RISKS AND COMPLICATIONS
These procedures are very safe and complications are rare. You may have a sore or scratchy throat after upper endoscopy. The medication used for sedation may irritate the vein in which it is injected producing a reddened, painful swelling of the vein and surrounding tissue. Bleeding if it occurs is usually a complication of polypectomy, dilatation or biopsy. Management of this complication may involve only careful observation or may require transfusions or possibly a surgical operation for control. Passage of the endoscope may result in an injury to the gastrointestinal tract lining, causing a hole or tear (perforation). If this happens surgery may be required. Other risks include infection, drug reactions, possible allergic reactions, and complications from other associated diseases which you may have. Death, although extremely rare, remains a remote possibility. All of these complications are possible, but occur with very low frequency. If you desire, your physician will discuss with you the frequency of these complications with particular reference to your indications for gastrointestinal endoscopy.

ALTERNATIVES TO ENDOSCOPY
Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate. In a small percentage of cases 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.

REMOVAL OF BODY MATERIAL
If it is necessary to remove any body material, I hereby authorize the pathology department designated by the facility to use his/her discretion in its disposal.

MEDICAL EDUCATION/OBSERVATION
For the purposes of advancing medical education, facility licensure, certification or accreditation, I further consent to the following: (a) the admittance of observers (b) the taking of still, motion and/or television pictures in the course of the procedure (c) the publication of any such pictures without personal identification.

CONSCIOUS SEDATION
I have been clearly informed regarding the nature of conscious sedation. I consent to the administration of such sedating agents as may be considered necessary or advisable by the physician for the procedure. These medications are to induce sedation, relaxation and increase comfort. The side effects of these medications include decrease in blood pressure and respirations. These side effects are not common. Respiratory arrest has been very rarely reported. Other side effects include nausea, vomiting and soreness at intravenous site. **I am aware that by receiving conscious sedation I am not to drive, operate any machinery, or sign any legal papers for 24 hours and that I am unable to drive myself home.**

I have been informed of and understand the nature and purpose of the procedure, conscious sedation, alternative methods of treatment, and the risks involved. The possibility of complication has been fully explained to me by my physician. I acknowledge that no guarantee or assurance has been made as to results that may be obtained. There is small risk (2-5%) that the presence of colon cancer could be missed during a colonoscopy.

I understand that there is a risk that insertion of the endoscope and/or mouthpiece may unavoidably result in dental damage including fracture or loss of teeth, bridgework, dentures, crowns and fillings or laceration of the gums and lips

I understand that even though the physicians and staff respect my rights to participate in decisions regarding my healthcare, the policy of the Endoscopy Center of Dayton and the Endoscopy Center of Dayton North is that all patients undergoing endoscopy procedures will be considered eligible for life sustaining emergency treatment, thus we do not honor advanced directives.

_____
Signature of patient (or authorized representative) Date Time Witness

_____
Physician signature

Brief Description of Procedures
EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach, and duodenum.
Esophageal dilation is the stretching of a narrowed portion of the esophagus with a dilator.
pH Capsule placement – Endoscopic placement of a PH capsule in the esophagus to monitor and record acid reflux.
Colonoscopy is the examination of the entire colon.
Polypectomy is the removal of small growths, called polyps, with the use of a wire loop and with or without electric current.