Informed Consent For Gastrointestinal Endoscopy

It is very important to your doctor that you understand and consent to the treatment your doctor is rendering and any treatment your doctor may perform. You should be involved in any and all decisions concerning the procedures you may need to have. Sign this form only after you understand the procedure, the benefits, the risks, the alternatives, and risks associated with the alternatives and all of your questions have been answered. Please initial and date directly below this paragraph indicating your understanding of this paragraph.

X _____ _____

Patient or Authorized Individual's Initials — Date

I hereby authorize and permit:

☐ John F. Altomare M.D. ☐ Nina Bandyopadhyay, D.O. ☐ Daniel Blecker M.D. ☐ Bruce J. Caruana M.D. ☐ Philip Elbaum, D.O.
☐ Ravi K. Ghanta M.D. ☐ Kevin C. Gordon M.D. ☐ Christopher B. Ibrahim M.D. ☐ Paul Kim D.O. ☐ Louis La Luna M.D.
☐ Anirudh Masand-Rai M.D. ☐ Aparna M. Mele M.D ☐ Carl D. Mele M.D. ☐ Farid Razavi M.D. ☐ Seth E. Rosenzweig M.D.
☐ Nirav R. Shah M.D. ☐ Adam J. Spiegel D.O.

And any associate the doctor deems appropriate, to perform upon me the following:

☐ Upper Endoscopy (EGD) ☐ Flexible Sigmoidoscopy ☐ Esophageal Dilation ☐ Enteroscopy ☐ Colonoscopy
☐ Variceal Banding ☐ Endoscopic Injection Therapy ☐ Other_____

The benefits of gastrointestinal endoscopy have been explained to me. However, I understand there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of the procedure(s). I am aware that the practice of medicine and surgery are not an exact science. I also authorize the administration of sedation and/or anesthesia as may be deemed advisable or necessary for my comfort, well being, and safety.

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. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may also be removed.

Brief Description of Endoscopic Procedure:

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. Endoscopic Injection: Endoscopic injections may be performed. An injection is done with a small needle probe through the endoscope.
4. Variceal Banding: The physician places a latex (rubber) band around the varices to reduce the flow of blood to the vein, thereby preventing further bleeding.
5. Flexible Sigmoidoscopy: Examination of the anus, rectum, and lower portion of the colon, usually to a depth of 60 cm.
6. Colonoscopy: Examination of all or a portion of the colon. The procedure may involve collection of a specimen.
7. Enteroscopy: Small intestinal endoscopy beyond the second portion of the duodenum and not including the ileum. The procedure may involve collection of a specimen.

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 leak and/or drain the region is usually required. In some instances a colostomy (drain bag) may be necessary.
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 a surgical operation.
3. Medication Phlebitis: Medications used for sedation may irritate the vein into which they are injected. The irritation results in a red, painful swelling of the vein and surrounding tissue that can become infected. Discomfort may persist for several weeks or months.
4. Missed Lesions (Polyps and Cancer): During your colonoscopy the physician will carefully attempt to identify all polyps and cancer, and remove all polyps if possible. 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. Splenic Tear: As the scope passes through the splenic flexure in the colon, there is the rare possibility that an injury can occur to a patient's spleen. A splenic tear is an abrasion on the spleen that could result in hospitalization, 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 remain remote possibilities. YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS. In addition, older patients and those with extensive diverticulosis are more prone to complications.

In permitting my doctor to perform gastrointestinal endoscopy, I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure(s) or a different procedure (s) than those already explained to me. I therefore authorize and request that the above-named physician, his associates, or his designees perform such procedure(s) as necessary and desirable in the exercise of his/her professional judgement.

BERKS CENTER for DIGESTIVE HEALTH
1011 Reed Avenue • Suite 600 • Wyomissing, PA • 19610
Office 610-288-3229 • Fax 610-288-3336
www.ddaberks.com

Alternatives:
The reasonable alternative(s) to gastrointestinal endoscopy, as well as the risks to the alternatives, have been explained to me. Although gastrointestinal endoscopy is a 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 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.

- I hereby authorize the doctor to dispose of any removed tissues resulting from the procedure(s) authorized above.
- I consent to the taking and publication of photographs or videotapes of the procedure(s) made during my procedure, provided my identity is not revealed by the pictures or by descriptive text accompanying them.
- Any questions I had regarding gastrointestinal endoscopy that apply to my clinical circumstances have been answered to my satisfaction. The comparative risks, benefits and alternatives associated with performing the procedure in the ambulatory surgical facility instead of in the hospital have been discussed with me.

Date	Time	X Signature of Patient or Authorized Individual	Relationship of Authorized Individual

WITNESS:

Has the Patient/Authorized Individual read the form or had the form read to him or her?		☐ Yes	☐ No
Has the Patient/Authorized Individual expressed understanding of the form?		☐ Yes	☐ No
Does the Patient/Authorized Individual have any questions?		☐ Yes	☐ No
Were the Patient/Authorized Individual's questions answered?	☐ N/A	☐ Yes	☐ No

Date	Time	Signature of Witness

CERTIFICATION OF PHYSICIAN: I hereby certify that the Patient/Authorized Individual understands the facts, risks, and risks associated with the alternatives of the procedure (s) described in this Consent form.

Date	Time	Signature of Physician

USE OF INTERPRETER OR SPECIAL ASSISTANCE: An interpreter or special assistance was used to assist patient in completing this form as follows:

Foreign language (specify) Sign language Patient is blind, Form read to patient. Other (specify) _____

Interpretation provided by _____
(Fill in name of Interpreter and Title or relationship to Patient)

Signature (Individual Providing Assistance)	Date	Time

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