

## Endoscopy Center of Oak Ridge, LLC

Physicians Plaza, Suite 220  
988 Oak Ridge Turnpike  
Oak Ridge, Tennessee 37830

865-483-4366

Kenneth F. Luckmann,  
M.D.  
Phillip M. Ricks, M.D.  
Clement H. Block, M.D.  
Ronald K. Wray, M.D.  
Mark D. Prince, M.D.  
Charles F. Gholson, M.D.

# Consent Form for Gastrointestinal Endoscopy

Direct visualization of the digestive tract with a lighted instrument is referred to as Gastrointestinal Endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside lining of the digestive tract will be inspected and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and / or washed with a solution, which can be sent for a special study for abnormal cells (cytology). Small growths can frequently be completely removed with a snare wire and electrocautery; e.g. polypectomy. Occasionally during the examination a section of the esophagus that has become narrowed (stricture) may have to be stretched to a more normal size (dilation). Sedation, using intravenous medication (IV), will be given to make you more comfortable during the procedure. Every effort will be made to facilitate your comfort. It is not always possible or safe to medicate you into a complete sleep. Unscheduled procedures can be done in special circumstances.

#### ■ THE PRINCIPAL RISKS OF THESE PROCEDURES ARE:

1. A sedation medication reaction may occur and could cause problems related to heart or lung function. An allergic reaction to the medication could cause itching associated with rash or hives. In more severe cases an allergic reaction could cause a significant drop in blood pressure; e.g. shock. Although serious, reactions are not common.
2. During the examination, there is a possibility that injury could occur which may result in perforation of the esophagus, stomach, or bowel wall. A perforation could result in leakage of intestinal juices into body cavities. If this occurs, surgery to repair and drain the region is usually necessary. Incidence of this complication is 1 :1000.
3. Bleeding can be a complication of biopsy, polypectomy, or dilation. Management of this complication may consist of careful observation, coagulation treatment using an endoscope, or may require blood transfusions or possibly a surgical intervention for control. Incidence of this complication is 1:100 when polyps are removed.
4. Phlebitis, or inflammation of a vein, sometimes occurs following the use of intravenous medication, which is given in order to sedate the patient so that the endoscopic procedure itself is well tolerated. The phlebitis can result in infection in and around the vein where the sedation was injected. This is a complication that has the potential to be serious, however is usually minor.
5. Endoscopy is considered a very accurate method of finding gastrointestinal abnormalities however, significant lesions can be missed. On rare occasions the procedure will not be completed due to various safety and / or comfort issues.

#### ■ ALTERNATIVES

1. Certain radiological procedures (x-rays) can be performed as an alternative to endoscopic procedures. Please ask your physician if this applies to your specific condition.

Additional risks include drug interactions or aggravation of other medical conditions (previous history of heart, lung, kidney or other serious medical problems), which you may have. You should inform your physician of all your allergic tendencies and medical conditions. All of the complications are possible, but occur with very low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your own indication for gastrointestinal endoscopy.

■ A BRIEF DESCRIPTION OF EACH ENDOSCOPIC PROCEDURE FOLLOWS:

1. Esophagoscopy – examination of the esophagus from the throat to the entrance of the stomach. Biopsy, cytology specimen collection, and dilation of strictures may be necessary.
2. Gastroscopy – examination of the stomach pouch usually combined with esophagoscopy and/or duodenoscopy.
3. Duodenoscopy – examination of the small intestine just beyond the stomach (site of most ulcers) and is frequently done at the same time as esophagoscopy and gastroscopy.
4. Fiberoptic Sigmoidoscopy – examination of the anus, rectum, and lower colon. Biopsy and/or polypectomy may be necessary.
5. Colonoscopy – examination of all or a portion to the colon requiring preparation with diet and medication. A biopsy and/or polypectomy may be necessary. Older patients, those with previous pelvic surgery, and those with extensive diverticulosis possibly are more prone to complications.
6. Colonoscopy with polypectomy – performed as in NO. 5 above using wire loop and electric current to remove small growths, which can protrude into the colon.
7. Non-endoscopic studies:
  - A. Paracentesis – removal of fluid from the abdominal cavity by needle insertion of a small catheter through the skin. There is a risk of bleeding, infection, and damage to the internal organs by the catheter.
  - B. Feeding tubes – removal or repositioning of feeding tubes with or without guidance from endoscopy or fluoroscopy (X-ray).
8. X- ray risks – rarely fluoroscopy (x-ray) is needed to guide other procedures. X-rays could be damaging (especially if pregnant). Inform us if you are or may be pregnant.

I certify that I understand the procedure and that I have been fully informed of the risks, benefits, and alternatives to the procedure. I hereby authorize and permit:

\_\_\_\_\_ M.D.

and whomever he may designate as his assistants to perform upon me the following procedure, (s).

If any unforeseen condition arises during this procedure calling, in his judgment, for additional procedures, operations, or medication (including anesthesia and blood transfusion), I further request and authorize him to do whatever he deems advisable.

I give my permission for my procedure(s) to be photographed by my physician. I understand that my physician is solely responsible for disposition of such photographs.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(By patient or person legally authorized to consent for patient.)

WITNESS: \_\_\_\_\_