Informed Consent for Gastrointestinal (GI) Procedure

I authorize Dr. ____________________________ (the "Doctor") to perform the following procedure: Colonoscopy with possible biopsy, polypectomy, injection therapy, cautery and/or dilation of narrowed areas.

The following information is presented to help you understand the reasons for and the possible risks of these procedures.

**Procedural Sedation**

**Moderate Sedation** involves the injection of an anesthetic agent to reduce or eliminate pain. It is often combined with a pain medication and or sedative to relax and calm the patient. Moderate sedation is a medically controlled state of depressed consciousness that:

1. Allows protective reflexes to be maintained.
2. Retains the patient's ability to maintain a patent airway independently and continuously.
3. Permits appropriate response by a patient to physical stimulation or verbal commands (i.e. “open your eyes”)  
4. Moderate sedation is not anesthesia.

**Propofol** is a very short acting anesthetic agent that is administered by your physician. Propofol causes you to fall into a deep sleep which is maintained throughout the procedure. After your procedure, you will awaken within a few minutes. 
Desired effects include:
1. Cooperation 
2. Relaxation 
3. Minimal vital sign and oxygen saturation variation 
Undesired effects include:
1. Unarousable sleep 
2. Hypotension 
3. Agitation, combativeness 
4. Respiratory depression/apnea 
5. Cardiac arrhythmia or arrest 

**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 be removed (polypectomy).

**Principal Risks and Complications of Gastrointestinal Endoscopy:**

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the complications listed below are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.**

1. **PERFORATION:** Passage of the instrument or polypectomy may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, emergency surgery to close the leak and/or drain the region is usually required.
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 blood transfusions or possibly a surgical operation. You must inform your doctor of any bleeding disorders or tendencies you may have.

3. MEDICATION PHLEBITIS: Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.

4. OTHER RISKS: Include drug reactions, aspiration, and complication from other diseases you may already have. Cardiopulmonary arrest and death are extremely rare, but remain remote possibilities. You must inform your physician of all your allergic tendencies, present medication, health or dental problems. Although gastrointestinal endoscopy is an extremely 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.

Alternatives to Gastrointestinal Endoscopy
Other diagnostic or therapeutic procedures such as CT, MRI, x-ray, ultrasound, and surgery are available as well as medical treatments. Another option is to choose no diagnostic study and/or treatments. Your physician will be happy to discuss these issues with you.

Brief Description of Endoscopic Procedure
After administering IV sedation your physician passes a flexible instrument into the rectum to allow examination of all or a portion of the colon. Polypectomy, removal of small growths called polyps, is performed if necessary by the use of a wire loop and electrical current or biopsy forceps. If a bleeding site is found, coagulation by heat may be done. Biopsies may also be obtained. Polypectomy, coagulation, and biopsy are all accompanied by a higher risk of bleeding or perforation. Older patients and those with extensive diverticulosis are more prone to complications and perforation.

I consent to the taking of any photographs made during my procedure. I certify that I understand the above information regarding my sedation and procedure. I have been fully informed of the risks and possible complications. I hereby authorize and permit the Doctor, and whomever she/he may designate as his/her assistant to perform upon me the above noted procedure(s).

EMERGENCY CARE: If an emergency should arise, calling for additional procedures, operations, or medications, I authorize my physician and his/her designees to do whatever they deem advisable in my best interest. I authorize transfer to a hospital for inpatient care (including anesthesia and blood transfusions), if warranted by my condition.

ACKNOWLEDGEMENTS: I acknowledge that I am not to drive a motor vehicle or drink alcohol or make any critical decisions before tomorrow. No guarantees or warranties have been made concerning the procedure. I can expect to receive individualized discharge instructions after the procedure. I have had an opportunity to discuss the issues noted above with my physician and to have my questions answered.

Date

Patient or Guardian Signature

Witness

Translator