

### **Explanation of Endoscopic 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 the possible risks of the procedures.

At the time of your examination, the lining of your digestive tract will be inspected thoroughly and photographed. If an abnormality is seen or suspected, a small portion of tissue may be removed by taking a biopsy. The samples are sent for pathology study to determine if abnormal cells are present. Small growths called polyps, if seen, may be removed.

### **Anesthesia:**

You will be receiving a form of anesthesia described as MAC (Monitored Anesthesia Care). It is given to minimize pain and discomfort and reduce anxiety during the procedure. It is delivered through a small catheter into a vein by an anesthesia care provider. Your blood pressure, heart rate, breathing and oxygen level will be monitored during the procedure.

### **Principal Risks and Complications of the Procedure:**

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

### **Possible risks of this procedure include but are not limited to:**

**Perforation:** Passage of the instrument may result in an injury to the lining of the intestinal tract 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. Sometimes a portion of the colon must be removed, and a temporary colostomy performed.

**Bleeding:** Bleeding, if it occurs, is usually a complication of taking a biopsy, removing a growth through polypectomy or stretching of narrow areas in the colon or esophagus through dilation. Management of these complications may consist of careful observation, blood transfusion and/or surgical operation.

**Anesthesia:** Anesthesia involves risks, the most significant of which is the rare risk of death. That risk is extremely low and, during all the thousands of procedures performed at our facility has never occurred. The risks of Anesthesia include but are not limited to: bruising or inflammation of the vein, allergic reaction, nausea, vomiting, drowsiness, amnesia, increase/decrease in blood pressure, or breathing problems, (loss of cardiac and/or respiratory function requiring intervention). Despite our best efforts, some patients may experience more discomfort than others. The risks also include failure of adequate sedation which, if apparent to your physician, could result in the termination of the procedure.

**Missed Diagnosis:** Gastrointestinal endoscopy is an extremely effective means of examining the gastrointestinal tract. However, these methods are not 100% accurate in finding a diagnosis. In a small percentage of cases, a failure of a diagnosis or a misdiagnosis may result.

**Incomplete Procedure:** In some cases, the procedure cannot be completed because of poor preparation of the colon, because the stomach is full of food or because of extreme discomfort during the procedure. This may result in rescheduling the procedure or offering alternative methods of diagnosis.

**Infection & Infectious Disease:** With any medical procedure, there is the risk of infection. AEC takes reasonable precautions to prevent infection, but cannot completely eliminate the risk, the particularly during an epidemic or other period with increase occurrence of infectious disease. Providing accurate responses to any screening questions can help reduce the risk of infection to yourself and others.

**Other Risks:** Drug reactions and complications from diseases you may already have may cause unforeseen adverse reactions. Instrument failure is extremely rare but may occur. Death from the procedure is extremely rare but remains a remote possibility.

**Alternatives to Gastrointestinal Endoscopy:** Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, other diagnostic or therapeutic procedures are available. This is an elective procedure, so another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these alternatives with you.

**Alternatives to Anesthesia:** The purpose of providing anesthesia is to minimize patient pain and discomfort as well as to reduce anxiety. Anchorage Endoscopy Center will provide monitored anesthesia services, requiring an anesthesiologist or CRNA. There are few alternatives: These would include undergoing the procedure without anesthesia. Conscious sedation is administered by an RN and is available if you and your physician determine it's the best option for you. It is also possible to have Deep or general Anesthesia. General Anesthesia would require that the procedure be performed in a hospital. You and your physician can determine the best level of anesthesia care for you.

#### **Brief Description of Procedures:**

1. **EGD:** Examination of the esophagus, stomach, and a portion of the small intestine. If active bleeding is found measures will be taken to stop the bleeding with cautery, injections of medications or endoclip placement.
2. **DILATION:** Instruments are used to stretch narrow areas of the esophagus, stomach, small bowel or colon.
3. **ESI:** Injection of a chemical into bulging veins of the esophagus to harden the veins to prevent further bleeding. Injection is done with a small needle catheter inserted into the endoscope. Injection of a chemical to lift a polyp before polypectomy or to label a polyp or cancer for further diagnostic or therapeutic reference.
4. **VARICEAL BANDING:** The physician places a non-latex band around the varices (bulging veins) in order to reduce the blood flow to the vein thus preventing further bleeding.
5. **FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum, and left side of the colon usually up to 60cm.
6. **COLONOSCOPY:** Examination of all or a portion of the colon. The first portion of the small bowel that connects to the colon may also be examined. Rarely a perforation of the colon occurs. If polyps (growths) are found they will be removed by either biopsy with or without electric current or using a loop with or without electric current.

**I give consent to the physician to take pictures during the procedure. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications and been given the opportunity to ask questions.**

**I hereby authorize and permit my physician to perform the following procedure: \_\_\_\_\_**

If any unforeseen condition arises during the procedure additional procedure or treatments may be necessary and if any unforeseen conditions arise, I authorize the physician to do whatever he/she deems necessary. I am aware that the practice of medicine and surgery is not an exact science. **I acknowledge that no guarantees have been made to me concerning the result of this procedure.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

PATIENT LABEL