



COMPREHENSIVE GASTROINTESTINAL HEALTH  
ENDOSCOPY CONSENT FORM

NAME: \_\_\_\_\_

PROCEDURE DATE: \_\_\_\_\_ PROCEDURE TIME: \_\_\_\_\_

INITIAL  
HERE

1. I, \_\_\_\_\_ (patient or guardian) give consent for Dr. \_\_\_\_\_ or his/her associates to perform an endoscopy with possible biopsy, dilation, removal of polyp(s) with possible coagulation/injection therapy of blood vessels or tissue, and control of bleeding if necessary. \_\_\_\_\_
2. I understand this procedure involves the passage of a digital optic instrument through the mouth to allow the physician to visualize the interior of the esophagus, stomach, and part of the small intestine. Sedation and pain-relieving medications may be given to minimize discomfort and relax me for the procedure. These medications may cause localized irritation and/or a drug reaction. I understand that with anesthesia/sedation for this procedure I will not be able to drive the remainder of the day and I should not have plans after the procedure. I understand that I MUST HAVE A DRIVER take me home. \_\_\_\_\_
3. I understand the reasons for the procedure which have been adequately explained to me by my physician. I understand I may call the office where I see my physician with any questions about the preparation or procedure. I have had ample opportunity to ask questions before signing this consent. \_\_\_\_\_
4. There are some RISKS that are related to this procedure and they include, but are not limited to: \_\_\_\_\_
  - a. Allergic or adverse reaction to the sedative or other medications administered.
  - b. Infection or irritation at the IV site.
  - c. Perforation or tearing of the wall of the esophagus, stomach, or small intestine is a known, but rare, complication which can occur at a rate of 1 per every 5,000-10,000 endoscopies.
  - d. Bleeding, usually after a polyp removal, can occur at a rate of 1 per 1,000 endoscopies and continues up to four weeks after a polyp is removed.
  - e. Other extremely rare, but serious or possibly fatal risks include: difficulty breathing, aspiration (to swallow vomit into the lungs), heart attack, arrhythmia (change in heart rhythm), and stroke.
  - f. These complications, should they occur, may require surgery, hospitalization, repeat endoscopy, and/or a blood transfusion.
  - g. Polyps, especially small ones, can be missed, and in rare cases, a cancer can be missed. Endoscopy does not guarantee that you will not develop a cancer of the esophagus, stomach, or small intestine. However, endoscopy is the best test to look for these findings.
5. I understand that there are no guarantees regarding the results of this procedure. Alternative options as deemed medically relevant have been discussed and may include radiologic imaging tests. I understand that these tests have their own limitations and benefits. \_\_\_\_\_
6. I have read and fully understand this consent form and understand that I should not sign if all of my questions have not been answered to my satisfaction or if I do not understand any of the words or terms used in this form. \_\_\_\_\_

If you have any questions as to the risks or hazards of the proposed procedure or treatment, ask your physician now, before signing this consent form. **Do not sign unless you have thoroughly read and thoroughly understand this form.**

PATIENT/LEGAL REPRESENTATIVE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_