Gastrointestinal Endoscopy is the direct visualization of the digestive tract and abdominal cavity with a lighted instrument. The inside lining of your digestive tract or abdominal cavity will be examined as carefully as possible and may be photographed. If abnormalities are seen or suspected, the following procedures may also occur:

Removal of a small portion of tissue for microscopic study (biopsy); brushing and washing of the lining with a solution that will be sent for abnormal cell analysis (cytology); removal of small growths (polypectomy); or stretching of narrowed portions (stricture dilation).

The risks of Gastrointestinal Endoscopy are:
1. Damage to the gastrointestinal lining by the instrument, which may result in a tear and/or leakage of digestive fluid into other body cavities causing infection or other damage to tissue. A surgical operation may be required to close the leaks and/or drain the area.
2. Bleeding may occur after biopsy, polypectomy or stricture dilation. Treatment for this may involve observation, blood transfusions or a surgical operation.
3. Drug reaction - frequently sedatives are given before and during the procedure. It is important that you inform your physician of your medication sensitivities and allergies, as well as all medication that you are currently taking.
4. Other complications may arise because of medical conditions that you already have. It is important that you inform your physician of all of your current medical conditions and medical history.

I have read this form and understand the Gastrointestinal Endoscopy procedure I will undergo. I have been informed of the usual risks, possible complications and alternatives to this procedure. I have been given the opportunity to ask questions about my procedure and my questions regarding the procedure have been answered to my satisfaction. I have been given no guarantees concerning the result of this procedure.

I consent to the taking and reproduction of any photographs during the course of this procedure for research and educational purposes only.

I authorize and permit Dr. _____________________________________________ and whomever he designates to assist him, to perform the following procedure(s):

___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

If any urgent or emergent condition arises during this procedure, calling for additional procedures, medications (including anesthesia and blood transfusions) or surgery, the physician is authorized to act to resolve the situation.

Date and Time: ___________________________________________ Signed: _______________________________________________

(Patient or legally authorized person)

Witness to patient's signature
Title: _____________________________________________________

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GASTROINTESTINAL ENDOSCOPIC PROCEDURES

Below is a list of all gastrointestinal endoscopic procedures and a brief explanation of each. Some of these tests must be and frequently are performed in combination with one another.

Your physician will explain more fully the tests he/she would like you to have as indicated below:

1. **Colonoscopy**: Examination of all or a portion of the colon requiring careful preparation with diet and medication (including laxatives and/or enemas). Patients with previous pelvic surgery and those with extensive diverticulosis may be more prone to complications.

2. **Colonoscopy with Polypectomy**: Removal of small growths that protrude into the colon during colonoscopy; performed by using a wire loop and electric current.

3. **Dilation**: Mechanical stretching of a narrowing (stricture). May be done either in the upper or lower GI tract. Rubber, metal or balloon type dilators may be used.

4. **Duodenoscopy**: Examination of the small intestine just beyond the stomach (site of most ulcers).

5. **Electrocoagulation**: Cauterization of a bleeding point anywhere in the GI tract.

6. **Endoscopic Retrograde Cholangiopancreatography (ERCP)**: Examination of the duodenum with placement of a small tube through the instrument and into the entrance of the bile and pancreatic ducts. This allows injection of a contrast material and x-ray examination of an otherwise frequently inaccessible area. Abdominal pain and inflammation of the pancreas are additional recognized risks.

7. **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.

8. **Esophageal Motility Manometry**: Insertion of a small tube through the mouth or nose and into the esophagus to measure the pressure waves when swallowing.

9. **Gastroscopy**: Examination of the stomach.

10. **Flexible Sigmoidoscopy**: Examination to the left colon usually to a depth of 24 inches.

11. **Nasal Biliary Drainage**: Placement of a small drainage tube into the bile duct. After placement of the tube, the end will exit through the nose. Done to facilitate drainage or to instill medication.

12. **Papillotomy and/or Sphincterotomy**: Enlargement of the papilla of Vater (valve from bile duct and pancreas to the small intestine) to promote drainage or to remove stones from the bile duct.

13. **Percutaneous Endoscopic Gastrostomy (PEG)**: Placement of a feeding tube in the stomach through the abdominal wall.

14. **Proctoscopy or Sigmoidoscopy**: Examination of the anus, rectum and lower colon (large intestine), usually to a depth of 10 inches.

15. **Sclerotherapy**: Injection of medication into a varicose vein in the esophagus or stomach to either stop or prevent bleeding.

16. **Stent Placement (Biliary-Pancreatic-Esophageal)**: Placement of a short drainage tube in the bile duct, pancreas or esophagus to bypass an obstruction.
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