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Informed Consent for Gastrointestinal (GI) Procedure with Monitored Anesthesia Care (MAC)

I authorize Miguel Arenas, MD, (My "Physician") to perform the following procedure: **Esophagogastroduodenoscopy (EGD)**, and or **PUSH ENTEROSCOPY** with possible biopsy, polypectomy, injection therapy, cautery and/or dilation.

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

Your Sedation and anesthesia services will be administered and monitored by an Anesthesiologist. (MAC)

MAC with Propofol: Propofol is a very short acting *anesthetic agent* that is administered by an anesthesiologist. Propofol causes you to fall into a **deep sleep** which is maintained throughout your procedure. After the procedure most patients should awaken within a few minutes. Your anesthesiologist will remain with you throughout your procedure.

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 some of 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) or biopsied.

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 can 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 TEST or POTENTIAL COMPLICATIONS as the following is not inclusive, as any patient may have their own unique result or reaction.**

- 1. PERFORATION:** Passage of the instrument may result in an injury to the gastrointestinal tract wall 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.
- 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. If you are taking and have not stopped any **BLOOD THINNING Medications** such as: Aspirin, NSAIDS, Anticoagulants or any other blood thinner it is YOUR RESPONSIBILITY to let your physician know prior to your procedure. Failure to do so may increase your risk of complications and or bleeding.
- 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, IV infiltration, aspiration, possible breakage of teeth or gum, or mouth trauma 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 medications, or health 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 medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these issues with you.

Brief Description of Endoscopic Procedure

EGD (Esophagogastroduodenoscopy)

You may be asked to gargle with a local anesthetic. After administering IV sedation (MAC), your Physician passes a fiber optic instrument through the mouth and back of the throat to allow examination of the esophagus, stomach and duodenum. Biopsies, polypectomies, dilation, or coagulation by injection therapy or heat of an active bleeding site may be performed if indicated, though all are accompanied by a greater risk of bleeding or perforation.

PUSH ENTEROSCOPY: In addition to examination of the esophagus, stomach and duodenum a visualization of the small bowel is attempted to the proximal Jejunum to achieve this a longer endoscope is used.

ESOPHAGEAL DILATION: After passage of the Endoscope, dilating tubes are placed over a guidewire into the esophagus or dilating balloons may be used to stretch and dilate the esophagus if my symptoms and or findings indicate.

PYLORIC DILATION: Dilation of the pyloric sphincter (opening from the stomach to the small intestine). After passage of the endoscope dilating balloons are placed through the pyloric sphincter to enlarge the opening.

I consent to the taking of any photographs. I certify that I understand the information regarding my Procedural Sedation. I have been fully informed of the risks and possible complication of my procedure. I hereby authorize and permit my Physician and whomever he may designate as his 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 anesthesiologist and his/her designees to do whatever they deem advisable in my best interest. I authorize transfer to a hospital for in-patient care (including anesthesia and blood transfusions), if warranted by my condition.

ACKNOWLEDGEMENTS: I understand the importance of disclosing my complete medical history to my health care providers, including any/all medications that I am taking, both prescription and over the counter. I understand that my use of herbal remedies, alcohol, or any other type of illegal drug may give rise to serious complications and must be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

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 or practitioner and to have my questions answered.

Date

Patient Signature

Witness Signature

Translator if indicated