

Sigmoidoscopy

Informed Consent for Gastrointestinal (GI) Procedure

I authorize Miguel Arenas, MD., (My "Physician") to perform the following procedure: **Flexible Sigmoidoscopy 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.

If you have sedation It will typically consist of one of the following:

Moderate also known as **Conscious Sedation** involves the injection of an anesthetic agent to reduce or eliminate pain. It is often a combination of a pain medication and or a sedative to relax and calm the patient. **Moderate/Conscious 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 the patient to physical stimulation or verbal commands (i.e., "open your eyes").
4. Moderate/Conscious sedation is not anesthesia.

Propofol is a very short acting ***anesthetic agent*** that is administered by your physician or CRNA. 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.

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) other abnormal growths 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 or a polypectomy 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. You must inform your physician of any bleeding disorder or tendencies you may have or 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, 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 CT, MRI, X-ray, ultrasound medical treatment, 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

SIGMOIDOSCOPY

Your doctor passes a flexible instrument into the rectum to allow examination of the *lower portion of the large intestine* (Rectum & sigmoid portion of Colon). Polypectomy, removal of small growths called polyps, is performed if necessary by the use of a wire loop with or without electrical current, or it may be removed with biopsy forceps. If a bleeding site is found, injection therapy or coagulation by heat may be done. Polypectomy dilation, 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 during my procedure. I certify that I understand the above information regarding my Procedure and Sedation. I have been fully informed of the risks and possible complication of my procedure. I hereby authorize and permit The Doctor 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 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 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.

I decline Sedation For this Procedure

I choose to Have Sedation for this Procedure

Patient or Guardian Signature

Patient or Guardian Signature

Witness Signature

Date: _____

Translator