

## EDG/GASTROSCOPY INFORMATION AND CONSENT FORM

Direct visualization of the digestive tract with a lighted instrument is referred to as gastrointestinal endoscopy. Your physician, S. Radi Shamsi, M.D., has advised you of the need to have this type of examination. The following information is presented to explain the procedure and review the possible risks of the procedure.

Gastroscopy is considered the best method for detecting abnormalities of the upper gastrointestinal tract. No test is 100% accurate, and rarely polyps, cancers or other abnormalities of the upper GI tract can be missed by gastroscopy.

You will be sedated using intravenous medication. A lighted tube will be inserted into the mouth and the inside lining of your esophagus, stomach, and duodenum will be carefully inspected. A small piece of tissue (a "biopsy") may be removed for examination under the microscope. Growths ("polyps") that may develop in the intestinal tract will be removed using biopsy or electrocautery. Electrocautery may also be used to coagulate any bleeding lesions. If there is a narrowed area in the GI tract, it may need to be dilated.

You will be placed on your left side on the examining table. An IV will be started and the intravenous sedation will be given. A flexible endoscope will be inserted into your mouth and passed through the upper GI tract while the doctor looks for abnormalities.

Minor side-effects include pain or redness at the IV site, gas or bloating, nausea, vomiting, or drowsiness after the procedure. Rarely, discomfort may be felt in the abdomen or throat. These sensations pass and are of a minor nature.

The following are rare risks of these procedures but could be potentially life threatening:

1. Injury to the lining of the digestive tract resulting in perforation of the upper GI tract and leakage into body cavities. If this occurs, surgical operation to close the leak and drain the region may be necessary.
2. Bleeding, if it occurs, usually is a complication of biopsy, polyp removal (polypectomy), dilation, or electrocoagulation. Management of this complication may consist only of careful observation or may require hospitalization, transfusion, or, rarely, surgical operation for control.
3. Heart or lung complications.
4. Adverse reaction to medications.

Preparation instructions have been reviewed in detail with me and I am in receipt of these instructions.

I certify that I have read the above and understand the possible risks and complications noted. (The doctor has also discussed the possible alternative examinations with me.) I consent to the taking of photographs of my intestinal tract for my record. I hereby authorize Dr. S. Radi Shamsi, M.D., and whomever are designated as assistants to perform on me the following procedure: gastroscopy, possible biopsy, polypectomy, or cauterization.

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Signature of Patient

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Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date