

Gulf Coast Endoscopy Center - South

7152 Coca Sabal Lane | Fort Myers, FL 33908 | 239-985-0215

Patient Name:

Patient ID:

DOB:

Gender:

Procedure(s):

DOS:

Physician:

CONSENT FOR ENDOSCOPY PROCEDURE(S)

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to as Gastrointestinal Endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside 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 for microscopic study, or the lining may be brushed and washed with a solution, which can be sent for special study for abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination, a narrowed portion of the esophagus or intestine (stricture) will be stretched to a more normal size (dilation).

A brief description of each endoscopic procedure follows:

- **EGD (GASTROSCOPY)** Examination of the esophagus from the throat to the entrance of the stomach, the stomach pouch, and the small intestine just beyond the stomach. Biopsy, cytology, dilation and/or use of equipment, such as clips, rubber bands or the application of heat or electric current to a bleeding site, (such as esophageal varices, enlarged veins) may be necessary to stop bleeding.
- **DILATION** The passing of progressively larger rubber tube (bougies) or inflatable balloon through the mouth down the esophagus stretching any narrow portions or strictures to a more normal size.
- **SCLEROTHERAPY** Injection of medication into a bleeding site to stop bleeding.
- **FLEXIBLE SIGMOIDOSCOPY** Examination of the anus, rectum, and lower part of the colon (large intestine). Biopsy, cytology, dilation, polypectomy, and/or use of equipment to apply heat or electric current to stop bleeding may be necessary.
- **COLONOSCOPY** Examination of all or part of the large intestine requiring careful preparation with diet, enemas and/or medications. Biopsy, cytology, dilation, polypectomy and/or use of equipment to apply heat or electric current to stop bleeding may be necessary.
- **INFRARED COAGULATION OF HEMORRHOIDS** Treatment of hemorrhoids with light energy causing tissue to shrink and recede.
- **PEG/PEJ** (Percutaneous Endoscopic Gastrostomy/Jejunostomy) Used in conjunction with gastroscopy; insertion of a tube into the stomach/small intestine through a small incision in the abdomen for feeding or medication.
- **BANDING** Application of elastics to enlarged rectal and/or esophageal veins. ***

I consent to allow my physician, _____, MD and such other assisting physicians and surgical personnel as requested by my physician to perform the following surgery or procedure(s): _____ . My physician has explained to me the nature and purpose of the surgery/procedure that will be performed. I understand that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of this surgery or procedure. Additionally, I authorize the performance of any other procedures that in the judgment of my physician or other healthcare providers participating in the surgery or procedure may be necessary for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the surgery or procedure.