

# AMBULATORY ENDOSCOPY CENTER OF MARYLAND

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Chart #: \_\_\_\_\_

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## Informed Consent For Procedures

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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 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 that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination a narrowed portion (stricture) will be stretched to a more normal size (dilation).

**Name of Procedure** (*patient is to initial next to checked off boxes*)

\_\_\_\_\_ [ ] **Intravenous Sedation:** Conscious sedation, medications are administered through an intravenous (IV) site to make the patient sleepy and more comfortable for the test.

\_\_\_\_\_ [ ] **Esophagoduodenoscopy with possible biopsy:** Examination of the esophagus from the throat to the entrance of the small intestine just beyond the stomach (site of most ulcers), frequently done at the same time as esophagoscopy. Biopsy, cytology, specimen collection, and dilation of strictures (below) may be necessary.

\_\_\_\_\_ [ ] **Esophageal Dilation:** There are two methods of dilation:

1. **Balloon Dilator:** a flexible catheter with various size balloons is passed through the endoscope. The balloons are inflated in the esophagus and/or pylorus.

2. **Savory Dilator:** a flexible rubber tube that slides over a guide wire (placement of the guidewire into the esophagus is done during upper endoscopy).

\_\_\_\_\_ [ ] **Colonoscopy with possible biopsy and/or polypectomy:** Examination of all or a portion of the colon requiring careful preparation with diet, enemas and/or medication. A wire loop or hot biopsy forcep is used to remove all small growths that protrude into the colon. Patients with previous pelvic surgery and those with extensive diverticulosis may be prone to complications.

\_\_\_\_\_ [ ] **Percutaneous Liver Biopsy:** Local anesthesia, consisting of an injection of the drug Lidocaine into the skin and deeper tissues over the liver, will be given prior to the performance of the biopsy. Following the administration of the anesthetic, a small cut will be made in the skin and a needle will be passed into the liver to remove a small sample of tissue for examination. It may be possible that more than one attempt may be required to obtain adequate tissue for study.

\_\_\_\_\_ [ ] **PEG (Percutaneous Endoscopic Gastrostomy):** By use of an upper endoscope, a small incision is made, under local anesthetic, to place a feeding tube into the stomach. This tube provides a source for the patient to receive nutrients. Infection is a possible risk.

\_\_\_\_\_ [ ] **Paracentesis:** Placement of a needle, connected to suction, into the abdomen for removal of fluid from within the abdominal cavity.

\_\_\_\_\_ [ ] **Other:** \_\_\_\_\_