

WASHINGTON SQUARE ENDOSCOPY CENTER, LLC
230 West Washington Square
Philadelphia, Pennsylvania 19106

Patient Name: _____

Date of Birth: ____/____/____
mm dd year

CONSENT FOR UPPER GASTROINTESTINAL ENDOSCOPY

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS

INTRODUCTION: Your doctor, _____, has scheduled you for an examination of the esophagus, stomach, and duodenum using a flexible, fiberoptic instrument (endoscopy) while you are sedated. The procedure is called Upper Gastrointestinal Endoscopy or UGI Endoscopy. The UGI Endoscopy is being performed for the following reason(s): _____.

We are asking you to read and sign this form to indicate that you understand the procedure and its benefits, and accept its risks. Please ask any questions about the procedure or this form that you do not understand.

PROCEDURE: An intravenous will be started for intravenous sedation. The endoscopy will be passed through your mouth, into your esophagus, stomach and duodenum. The sedation will be light enough that you may respond to spoken requests but you may not remember the examination. Your esophagus, stomach and duodenum will be examined in detail and samples (biopsies) may be taken. The following related diagnostic procedure may be performed during the UGI Endoscopy: _____.

The following therapeutic procedure may be performed during the UGI Endoscopy: _____.

Your doctor has scheduled you to have the procedure in an ambulatory surgery center so that you may benefit from the following:

- The same high quality of care provided to hospital inpatients.
- A pleasant atmosphere in which you can feel relaxed and confident about your procedure.
- A shortened recovery time resulting from the techniques used for the procedure and the intravenous sedation.
- The convenience of spending less time away from home and work and reducing the interruption to your daily schedule.

The physician(s) responsible for the performance of the UGI Endoscopy is (are): _____.

If I choose not to have the UGI Endoscopy, your future medical condition (prognosis) is: _____.

The UGI Endoscopy usually takes less than 30 minutes, with a 30-60 minute recovery period.

RISKS: In general, UGI Endoscopy is a safe test, but there are some risks associated with the procedure and with the intravenous sedation. The risks associated with the procedure range from minor discomfort to significant medical problems. Following the procedure, many patients note: 1) sore throat lasting less than 24 hours 2) bloating and gas. The significant medical risks include: 1) bleeding; and 2) tearing or perforation of the gastrointestinal tract and 3) aspiration or inhaling stomach contents. These complications may be serious and may necessitate hospital admission, antibiotics, transfusions or surgery. In addition, there have been reports of serious, unpredicted complications culminating in death. The possibility of missing a diagnostic finding also exists.

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(Page 2)

The risks of intravenous sedation include: 1) inflammation or bruising (phlebitis) at the site of the intravenous; 2) allergic reactions (such as hives, wheezing, anaphylaxis); and 3) problems with cardiac and pulmonary function (irregular heartbeat and slowed breathing).

The additional risks associated with UGI Endoscopy being performed in an ambulatory surgery center are as follows: _____

ALTERNATIVES: There may be other alternatives to UGI Endoscopy that your physician could use to help diagnose your problem, including x-rays or surgery.

An alternative to having UGI Endoscopy performed in an ambulatory surgery center is to have UGI Endoscopy performed in a hospital.

An alternative to intravenous sedation is _____.

If you are reluctant to have UGI Endoscopy or intravenous sedation, or if you are reluctant to have UGI Endoscopy performed in an ambulatory surgical center, please discuss this with your physician.

AGREEMENT: By signing this consent form, I acknowledge that I have read or had this consent form read and/or explained to me, and that I understand the information contained in this consent form. I also acknowledge that I have been given an opportunity to ask my physician any other questions I might have and that my questions have been answered satisfactorily. I agree to have the procedure performed and accept the risks.

Signature: _____
PATIENT OR RELATIVE DATE

Signature: _____
WITNESS DATE

CERTIFICATION OF PHYSICIAN

I certify that I have discussed and explained UGI Endoscopy with the above-named patient and, in my opinion, he/she fully understands what I told him/her and the matters set forth in this consent form, which he/she has signed voluntarily in my presence.

Signature: _____
PHYSICIAN DATE