



MILAN S CHAKRABARTY, M.D.
SANDRA DEL VALLE, PA-C

TAHIR QASEEM, MD. F.A.C.P., F.A.C.G.
CHRISTINA BARONOV, NP-C

SHALA BATTLE, NP-C

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY PROCEDURES: ESOPHAGOGASTRODUODENOSCOPY (EGD) OR ENDOSCOPIC ULTRASOUND (EUS) OR COLONOSCOPY OR RECTAL EUS

Patient Name: _____ Date: _____

Meaning of "Gastrointestinal Endoscopy": Inspection of the gastrointestinal tract by use of the endoscope. Hand written changes, cancellations or additions to this form are NOT valid.

Explanation of Procedure

Initial ()

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 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. Biopsies and polyps are sent to pathology. There will be a separate charge from pathology for these services.

Principal Risks and Complications of Gastrointestinal Endoscopy

Initial ()

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will 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.

- 1. PERFORATION:** Passage of the instrument 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 remove /or drain the region is usually required. The risk of this complication is one (1) patient in 1000 nationwide or 0.1%.
- 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, may require transfusions or possibly a surgical operation. The risk of excessive or uncontrollable bleeding is very rare.
- 3. MEDICATION PHLEBITIS:** Medication 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. If it occurs, may require a brief course of antibiotics.
- 4. OTHER RISKS:** Include drug reactions and complications from other disease you may already have. Instrument failure and death are extremely rare, but remain remote possibilities. Infections are very rare and normally antibiotics are not required during the procedure except special circumstances. A bite lock will be inserted to protect your teeth and the equipment. Please let our staff know if you have any loose teeth as we will not be responsible for teeth that fall off during the procedure. All dentures must be removed prior to starting the procedure. You must inform your physician of all your allergic tendencies and medical problems including pregnancy or possibility of pregnancy.

I am aware of all complications

Initial ()

Alternatives To Gastrointestinal Endoscopy

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. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available but their accuracy is lower than esophagogastroduodenoscopy or colonoscopy. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you. I am aware of all other alternatives.

Initial ()

Continued next page.

Brief Description Of Endoscopic Procedures

I understand the description of my procedure:

Initial ()

1. **EGD (Esophagogastroduodenoscopy)** Examination of the esophagus, stomach and duodenum with a high definition scope. If active bleeding is found, coagulation by heat may be performed. **ESOPHAGEAL DILATION:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus after an EGD is performed.

EGD procedure may include but is not limited to the following additional interventions:

- a. Biopsy
- b. Polypectomy using wire loop and electricity
- c. Possible dilation
- d. Hemostasis therapy to stop bleeding when indicated
- e. PEG placement when indicated
- d. HALO radiofrequency ablation of Barrett's esophagus when indicated

Initial ()

2. **COLONOSCOPY:** Examination of all or a portion of the colon using a high definition colonoscope. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current. **Be aware that 2%-4% of colon polyps which could be benign or possibly contain colon cancer could be missed during your colonoscopy procedure based on nationwide statistics.**

Colonoscopy procedure may include but is not limited to the following additional interventions:

- a. Biopsy
- b. Polypectomy using wire loop and electricity
- c. Hemostasis therapy to stop bleeding when indicated
- d. Infrared Photocoagulation of Internal Hemorrhoids
- e. Endoscopic mucosal resection

Initial ()

3. **ENDOSCOPIC ULTRASOUND (EUS) or RECTAL EUS:** The procedure is same as an EGD or Colonoscopy respectively, as listed above, but has the added ability to evaluate organs beyond the walls of the GI tract for assessing various diseases, causes for pain, unintentional weight loss, staging of cancer, and the ability to biopsy deeper tissues if needed.

Initial ()

4. **EGD/COLONOSCOPY/EUS/RECTAL EUS:** If any unforeseen condition arises during this procedure calling for (in the physician's judgement) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. I am aware 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 result of this procedure.

Initial ()

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I consent to the removal and separate pathology billing of biopsies and/or polypectomies. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit physician below and whomever he may designate:

Initial ()

Billing Procedures: *Your procedure will consist of (2) sets of charges.* The first set, for services provided by your physician.

- Milan S. Chakrabarty, M.D.
General Gastroenterology
- Indraneel Chakrabarty, M.D., M.A.
Advanced & Interventional Gastroenterology

Continued next page.

The second for the use of Hemet Endoscopy Center. It is your responsibility to know that your physician and Hemet Endoscopy Center are both contracted with your insurance. We advise that you call your insurance company for verification of provider contracts. *The office staff is not responsible for the contracts you have with your insurance company or for the decision they make when paying/denying your claim.*

If biopsies or polyps are removed, there will also be a charge for pathology services from an outside facility/laboratory. Your physician nor the Surgery Center can answer questions concerning pathology/lab services. **If your insurance requires you to use a particular lab, you must notify us BEFORE your procedure is done otherwise we will use the lab of our choice.**

I understand the billing procedures

Initial ()

I have not signed or initialed anything on this consent that I have not read or that I do not understand.

Initial ()

DATE SIGNED (by patient or legally authorized person)

TIME WITNESS

Should you have any further questions or concerns, please don't hesitate to give us a call. Please read everything in this literature thoroughly and call us should you have questions or see our webpage: www.gi-excellence.com. We can be reached at (951) 652-2252.

To learn more of G.I. Excellence, Inc.'s procedures and patient care technology, visit our website
www.gi-excellence.com.