



The Webster Wellness Complex, L.L.C.

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INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Patient Name: _____ D.O.B. _____ Acct #: _____

<p>EXPLANATIO OF PROCEDURE AND RISKS: Visualization of the digestive tract with a lighted instrument 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 this procedure. 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. The samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), or foreign bodies, if seen, may be removed.</p>	<p>ALTERNATIVE TO ENDOSCOPY: Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate. In a small percentage of cases failure of diagnosis or a misdiagnosis may result.</p> <p>Other diagnostic or therapeutic procedures, such as medical treatment; x-ray, and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.</p>
<p>PRINCIPAL RISKS AND COMPLICATION OF GASTROINTESTINAL ENDOSCOPY: 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 particulars reference to your own indications for gastrointestinal endoscopy. YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS BOUT YOUR TEST.</p> <p>PEFORATION: Passage of the instrument may result in an injury to the gastrointestinal tract will with possible leakage of gastrointestinal contents into the body cavity.</p> <p>BLEEDING: Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Bleeding post-polypectomy may occur up to 10 – 14 days following your procedure. Management of this complication may consist only of careful observation, may require transfusion or possibly a surgical operation.</p> <p>MEDICATION PHLEBITIS: Medication used for sedation may irritate the vein in which they are injected. This causes 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.</p> <p>OTHER RISKS: Includes dreg reactions and complications from other disease you may already have, such as cardiac or pulmonary illnesses. Also sore throat or rectal irritation. Instrument failure and death are extremely rare, but remain remote possibilities. <i>You must inform your physician of all your allergic tendencies and medical problems.</i></p>	<p>BRIEF DESCRIPTION OF PROCEDURES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left side of the colon, usually to a depth of 60cm. <input type="checkbox"/> COLONOSCOPY is the examination of all or portion of the colon. 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. <input type="checkbox"/> POLYPECTOMY is the removal of small growths, called polyps, with the use of a wire loop and electric current. <input type="checkbox"/> UPPER PANENDOSCOPY is the examination of the esophagus, stomach and duodenum. <input type="checkbox"/> DILATION is the stretching of a narrowed portion of the esophagus with a dilator. <input type="checkbox"/> SCLEROTHERAPY is the injecting of a chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope. <input type="checkbox"/> ERCP (Endoscopic Retrograde Cholangiopancreatogram): is the examination of the bile ducts, gallbladder, liver and pancreas. Areas are visualized through an endoscope with the aid of dye and x – ray. A sphincterotomy (widening of narrow areas) may be done or a stent (tube for drainage) may be inserted. <input type="checkbox"/> EUS (Endoscopic Ultrasound) is the internal examination of the gastrointestinal tract, and the internal organs that lie next to the gastrointestinal tract with the ultrasound attachment to the scope.



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YOU ARE ENTITLED TO OBTAIN THE SERVICES OR ITEMS FOR WHICH YOU HAVE BEEN REFERRED TO WEBSTER WELLNESS COMPLEX AT THE LOCATION OF YOUR CHOICE. Alternative sources of the services or items for which you have been referred are as follows:

Tallahassee Memorial Regional Medical Center
Magnolia at Miccosukee Road
Tallahassee, Florida 32308
(850) 431-1155

ACKNOWLEDGEMENT BY PATIENT

I acknowledge disclosure to me by my doctor of the information set forth above.

Date

PATIENT

WITNESS