

NASHVILLE ENDOSCOPY CENTER  
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## CONSENT FORM

### INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

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 describes 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. 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). If during the course of your examination your physician determines that you may be eligible to participate in one of our investigational studies, additional biopsies or sampling may be obtained. 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).

### RISKS

The following are the principal risks of these procedures:

1. Injury to the lining of the digestive tract by the instrument that may result in perforation of the wall and leakage into body cavities. If this occurs, surgical operation to close the leak and drain the region is often necessary.
2. Bleeding may be a complication of biopsy, polypectomy, or dilation. Management of this complication may consist of careful observation or may require blood transfusions or possibly a surgical operation.
3. Medications to obtain conscious sedation may be given in the vein to help you relax during the procedure and may cause vein irritation (phlebitis) or pain, allergic reaction, cardiorespiratory depression or possible arrest.
4. Sore throat and rectal irritation may occur after these procedures.
5. Damage to teeth: capped, loose, or false teeth or teeth in poor condition may be damaged during an endoscopy. Even normal teeth may rarely be affected during safety or protective procedures relate to the anesthetic. Although we make every effort to protect your teeth, such damage is a recognized and accepted hazard of endoscopy. We cannot accept responsibility for injury to teeth, dental caps, crowns, or bridges.

Other risks include drug reactions and complications incident to other diseases you may have. You should inform your physician of all your allergies and medical problems. **All of these complications are possible, but occur with very low frequency.** Your physician will discuss this frequency with you, if you wish.

### CONSCIOUS SEDATION

I understand that I may be given intravenous conscious sedation with a benzodiazepine and a narcotic such that protective reflexes are maintained to improve comfort, allay anxiety, and decrease movement during my procedure. I am also aware of the risks involved as indicated in Item #3 above.

**ADVANCED DIRECTIVES**

In the event a life-threatening emergency occurs, such as respiratory or cardiac arrest, the Nashville Endoscopy Center staff will implement the following on all patients:

- 1. Perform emergency procedures as necessary, including cardiopulmonary resuscitation (CPR) to stabilize the patient.
- 2. Upon your physician’s order we will transfer you to an acute healthcare facility (hospital) where your physician and family can make an informed decision regarding your well-being.
- 3. Upon transfer to the acute care facility (hospital) we will send copies of all records and documentation, including copies of your Advanced Directives if you have provided us with a copy.

**CONSENT**

A brief description of each endoscopic procedure follows:

- 1. **Esophagoscopy, Gastroscopy, and Duodenoscopy (EGD).** The examination of the esophagus, stomach, and duodenum to look for ulcers, tumors, inflammation, and areas of bleeding. Biopsy, cytology, specimen collection, and dilation of strictures may be necessary.
- 2. **Flexible Sigmoidoscopy or Colonoscopy with possible Polypectomy.** Examination of all or a portion of the colon requiring careful preparation with diet, medication, and/or enemas. Polypectomies are done using a wire loop and electric current to remove small growths that protrude into the colon.
- 3. **Percutaneous Endoscopic Gastrostomy (PEG) Placement/Replacement.** Placement of a feeding tube through the abdominal wall directly into the stomach, under endoscopic guidance or replacement of the PEG tube without endoscopic guidance.

I certify that I understand the information regarding gastrointestinal endoscopy and that I have been fully informed of the risks and possible complications thereof. I consent to the taking and reproduction of any photographs in the course of this procedure for professional purposes.

Realizing that an operation and/or procedure by modern methods requires the participation of assistants, nurses, and other personnel, I consent to medical and/or technical procedures by such personnel. If my physician has approved a medical professional not affiliated with Nashville Endoscopy Center to be present for observational and/or educational purposes during my operation and/or procedure, I consent to the individual’s presence.

I hereby authorize and permit **Neil M. Price, M.D.**, and whomever he may designate as his assistant(s) to perform upon me the following procedure(s):

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\_\_\_\_\_

If an unforeseen complication arises during this procedure calling for additional procedures, operations, or medications (including anesthesia and blood transfusion), I further request and authorize him to do whatever he deems advisable in my interest.

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 results of the procedure.

Time: \_\_\_\_\_ Signed: \_\_\_\_\_

(by patient or person legally authorized to consent for the patient)

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

Physician or Witness Signature: \_\_\_\_\_