

ENDOSCOPY CENTER OF SANTA FE
David B. Hoverson, M.D., Cornelius P. Dooley, M.D.,
Patrick G. Quinn, M.D., Ricardo Calzada, M.D.
Alejandra Castillo-Roth, M.D. Charles S. Hertz, M.D.

INFORMED CONSENT FOR UPPER ENDOSCOPY AND / OR ESOPHAGEAL DILATION

I, _____, hereby authorize my Doctor and designated assistants to perform an Upper Endoscopy, and possible dilation.

Endoscopy is usually a safe, relatively simple procedure. Much diagnostic information is readily obtained and a number of therapeutic methods are possible. The description set forth below is designed to inform you of what Endoscopy entails. If you have particular questions, please be sure to discuss them with your physician or assistants.

This is a procedure which consists of the passing of a flexible lighted instrument through your mouth down through your esophagus (food pipe), into your stomach and duodenum (first part of small intestine) in order to obtain direct visualization. It is usually well tolerated by patients since sedation is induced by intravenous medication just prior to the Endoscopy. In addition, local anesthesia to the mouth and throat is obtained by using a local anesthetic spray or gargle. I understand that the use of any medication carries with it the risk of an allergic reaction. When these occur, they are usually mild, commonly in the form of rashes or hives. **Please be sure to tell us about your allergies**, if any. Conscious sedation is usually performed using Fentanyl (a narcotic) and Versed (a benzodiazepine like valium) given intravenously. The major risk of sedation is decreased breathing or low blood pressure. Heart and lung complications from sedation occur in 0.5% (or 1 in 200) and death can occur in 0.05% (or 1 in 2000) patients. During the procedure, the physician may perform ancillary procedures such as taking small samples of tissue (biopsies) or cells (cytology), removal of growths (polyps) with the use of electrocautery, dilation of narrowed areas, cauterization of bleeding sites and/or the injection of medication into the esophagus, stomach or duodenum. If possible, I will be told beforehand if any of these maneuvers is anticipated but I understand that the decisions will be based on the physician's discretion during the procedure. I also understand that during the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize the doctor or assistants to perform such other procedures deemed medically necessary based on his or her medical judgment. The usual risks and potential complications relating to the endoscopy have been fully explained to me. Overall the risk of complication is 1 in 500. I accept them as part of the procedure. A sore throat occurs in 1% (or 1 in 100), patients. It is usually minor and of no major significance. Perforation of the wall of the esophagus, stomach, or duodenum is reported in 0.03% (or 1 in 3,000), patients. Perforation is when a hole in the intestinal tract allows leakage of bowel contents and can cause a severe infection and require hospitalization and /or urgent surgery. Significant bleeding (that requires transfusion) is a rare complication reported in approximately 0.05% (or 1 in 2,000) patients. I understand that if perforation or bleeding occur, these will be treated if possible without surgery, but surgery is needed in some instances.

Aspiration Pneumonia uncommonly occurs as a result of the procedure. If dilation is performed, perforation can occur in up to 0.4% (4 in 1000), patients and bleeding can occur in 0.2% (or 1 in 500). When bleeding areas such as ulcers are treated, risk of bleeding as a complication is 1 in 250 and risk of perforation is 1 in 1,000. (When bleeding areas such as esophageal varicies are treated the risk of death is 1 in 100; ulcerations from treatment occur 1 in 8; perforation of the esophagus can occur 1 in 8; and pulmonary complications occur 1 in 2 patients). Because of the sedation given for this procedure, you will not be able to operate an automobile for 24 hours. Please note that sedation **cannot** be given unless someone is here to drive you home. Alternatives such as not doing the procedure or x-ray tests have been discussed with me.

SIGNATURES:

WITNESS: _____ **PATIENT:** _____
(To signature only) (or) **GUARDIAN**

DATE: _____ **PHYSICIAN:** _____