

Place Patient Label Here

Upper Endoscopy

Educational Material and Consent Form

Facility Name:

Name of provider conducting informed consent:

The facts in this form will help you learn more about the procedure your doctor has recommended. Please read it carefully. You will be asked to sign the last page of this form.

Your Health Problem

Your doctor has recommended that you have an upper endoscopy, which is a procedure that lets the doctor look into your digestive tract. The digestive tract includes the esophagus (the tube that leads to the stomach, also known as your swallowing tube), the stomach, and the duodenum (the first part of the small intestine).

The Procedure and Follow Up

During the procedure, should you choose to receive sedation, you will be given a small amount of medication that will make you sleepy and relaxed. Deep sedation makes you unconscious for your procedure and reduces any pain associated with the procedure to zero or near zero. You will still be able to breathe for yourself with deep sedation. If you receive sedation for your procedure, you will not be able to drive your car home, and you must arrange for a friend or family member to drive you home.

The doctor will use a flexible tube called an endoscope. You will be placed on your side and the doctor will pass the endoscope through your mouth and into the esophagus, stomach, and duodenum. You will still be able to breathe normally.

This procedure will let your doctor see problems in the digestive tract more clearly. If a problem area is found, a tissue sample (biopsy) will be taken for further testing. During the endoscopy, your doctor may also see a polyp (a growth of tissue) and remove it. Polyps are removed because they can cause bleeding or contain cancer.

If your doctor sees a narrowed area in your esophagus (swallowing tube), it could be stretched to a more normal size.

Risks and Common Problems

There are risks linked to this procedure, which include but are not limited to:

- **Bleeding:** You could get heavy or long-lasting bleeding from a biopsy site or the place where a polyp was removed.
- **Damage to dental work:** The tube that goes into your mouth could harm your teeth or dental work (such as crowns and bridges).
- **Medication reaction:** You could have a reaction to the drugs used before and during the procedure to make you sleepy and relaxed. You could get low blood pressure or breathing problems.
- **Missed polyps:** There could be other polyps or lesions that are not seen during the procedure.
- **Nausea and vomiting:** You could become sick to your stomach, causing you to throw up.
- **Perforation or tear:** There is a chance that the endoscope could make a tear or a hole in your esophagus (swallowing tube), stomach, or intestine. This would call for another procedure or surgery to fix the tear.
- **Other organ damage:** There is a small chance that other organs could be damaged during the procedure. This could include your spleen, liver or kidneys. This is very rare.

If any of the problems listed above happen to you, you may need to have more procedures.

Other Choices

If you choose not to have the procedure, then you could have:

- A barium swallow,
- An upper GI series,
- A CT scan, or
- An ultrasound

If you choose not to have an upper endoscopy or any of the other choices listed above, then problems with your esophagus, stomach, and duodenum may continue or could worsen.

More Facts

The main benefits of having an upper endoscopy are:

- To get a tissue specimen for biopsy,
- To find out the reason for upper abdominal pain, nausea, vomiting, gastroesophageal reflux (heartburn), problems with swallowing, or any other upper abdominal symptoms,
- To help find the cause of bleeding in the upper digestive tract, and
- To find ulcers, inflammation, and tumors in the esophagus, stomach, and duodenum.

Consent to Treatment

I understand all the facts given to me in the first two (2) pages of this form. I now give my consent to _____ and his/her associates to do an upper endoscopy on me. I prove with my signature below that my doctor has discussed all of the facts in this form with me, that I have had the chance to ask questions, and that all of my questions have been answered.

Signature of Patient or Responsible Party

Date and Time

Witness

Date and Time

Physician

I confirm with my signature that I have given the patient two (2) pages of educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of an upper endoscopy. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I perform an upper endoscopy on him or her.

Physician Signature

Date and Time

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