



Patient: Patient Test
MRN: 000000000
DOB: 1/1/1965
Gender: Male
Age: 58 year(s)

Procedure: Colonoscopy
Date: 8/23/2023
Attending Physician: Test, Doctor

EGD Consent

UPPER ENDOSCOPY CONSENT

You are scheduled for an upper endoscopy to evaluate your digestive complaints. This procedure involves the insertion of a lighted, flexible instrument to visually inspect the lining of the esophagus, stomach and first part of the small intestine. Samples of tissue (a biopsy) may or may not be necessary. Dilation of a narrowed segment of the upper gastrointestinal tract or cautery of an unexpected bleeding site seen during the exam may be indicated as part of the procedure. These additional components of the procedure would be performed if, at the discretion of your physician, they were felt to be indicated.

As with any medical procedure, the performance of an upper endoscopy carries a slight risk. You will be sedated with medications which can induce respiratory suppression and even respiratory arrest (the cessation of breathing). You will be monitored throughout the procedure and the sedating medications can be reversed, so that significant respiratory complications are very rare. Bleeding, infection and perforation (making a hole), of the digestive organs are possible, but very unlikely. The overall risk of these complications is 1 in 1000 procedures.

If a perforation were to occur, urgent medical care may be necessary, including admission to the hospital. Surgery may be necessary to correct the problem.

I CERTIFY THAT I understand the information provided me regarding upper endoscopy, including alternatives and risks to the procedure. However, if I need further clarification or if I have questions regarding this information, I will discuss this with my gastroenterologist prior to my procedure.

Signatures

Patient or Legal Guardian Signature
08/23/2023 09:22 AM

Staff Witness Signature
08/23/2023 09:22 AM