

WEYMOUTH ENDOSCOPY, LLC

CONSENT FOR GASTROSCOPY

My physician has recommended a Gastroscopy to evaluate the following condition:

1. CONDITION

My physician has explained to me the technique of Gastroscopy, the risks and benefits of Gastroscopy, additional procedures, which may be performed during Gastroscopy and the way in which I will be sedated for my Gastroscopy. I have had an opportunity to ask any questions, discuss alternative therapies, with risk and benefits and I have received appropriate responses to these questions.

2. PROCEDURE

DESCRIPTION OF GASTROSCOPY:

Gastroscopy is an examination of the Esophagus, Stomach and Duodenum, using a flexible scope, which will be inserted through the mouth and advanced under visual guidance throughout the upper gastrointestinal tract. During Gastroscopy, an image of the inside lining of the Esophagus, Stomach and Duodenum is portrayed on a video monitor and reviewed by my physician. This technique allows the physician a detailed examination of the lining of the upper gastrointestinal tract where pathology is most likely to occur. This technique has the ability to diagnose most of the common diseases affecting the upper gastrointestinal tract and to exclude those diagnoses, which are of the greatest concern.

ADDITIONAL PROCEDURES:

Additional procedures are commonly performed during Gastroscopy, which include biopsies of the surface of the Esophagus, Stomach or Duodenum, removal of polyps and cautery of abnormal blood vessels. In additional special circumstances, injection of medicines to retard bleeding from abnormal blood vessels may be required, dilation of strictures and bonding of varices. These procedures are performed routinely in Gastroscopy if the appropriate pathology is identified during that examination. Any tissue removed during Gastroscopy will be sent to a pathology department where it will be reviewed by a pathologist.

3. RISKS AND BENEFITS

RISKS OF GASTROSCOPY:

The risks of Gastroscopy are rare, but may be serious and life threatening. These risks include perforation of the Intestinal Tract, which usually requires surgical repair, bleeding, which may come from biopsy or removal of tissue. Bleeding is usually self- limited, but may be serious and can require transfusions and/or surgery to control. Infections and leakage of air from the intestinal tract into the abdominal cavity or chest cavity may occur. Additional risks associated with any invasive procedure include post procedure pain, tissue damage, bleeding, blood clots, respiratory problems and infections. Additional procedures performed during Gastroscopy, such as Esophageal Dilation may have their own complications including perforation of the Esophagus or Stomach. **I understand that do not resuscitate directives will not be honored at this facility.**

SEDATION:

During Gastroscopy I will receive intravenous medication for sedation. This technique uses several medications alone or in combination, which results in the induction of a sleep-like state, during which memory is often impaired. The degree of sedation varies and it is conceivable that some degree of pain or some discomfort may be felt during the examination. My physician is limited in the amount of medicine that can be administered by safety factors and changes in my vital signs. Complications for sedation include: inadequate respiration, which may require assistance with breathing and/or reversal of the sedation, low blood pressure, slow or erratic pulse rate, which may require additional medications to be administered.

4. ACKNOWLEDGEMENT

I understand the need for Gastroscopy. I understand the potential benefits of the procedure and the potential risks associated with it. I understand that do not resuscitate directives will not be honored at Weymouth Endoscopy.

5. CONSENT

I give my consent to have the procedure performed by Dr. _____.

Patient/Legal Representative

Witness

Physician Signature MD

Date