

# Robert Wood Johnson Endosurgical Center

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**Patient Name:**

**Date of Birth:**

**Procedure Date:**

**Physician:**

**Procedure**

Upper GI endoscopy, Colonoscopy

## **Explanation of Procedure (in layman's terms)**

Visualization of the digestive tract with flexible 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 is presented to help you understand the reasons for, and the possible risk, of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If any 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 solution which can be sent for special study of abnormal cells (cytology). Small growths may be removed (polypectomy) for microscopic examination. Abnormal blood vessels may be injected with chemicals.

## **Principle Risks and Complications of Gastrointestinal Endoscopy**

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, with particular reference to your own indications for gastrointestinal endoscopy.

## **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.**

- **Perforations:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, hospital admission and surgery may be required.
- **Bleeding:** Bleeding, if it occurs, is usually a complication of a biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation but may require transfusions, endoscopic cautery or possible surgery.
- **Risks of IV Conscious Sedation:** For your safety your heart rate will be monitored. Cardiac arrhythmia may occur and a slightly longer recovery may be necessary. Possible complications of IV Conscious Sedation include, but are not limited to: respiratory depression and cardiac arrhythmia.
- **Medication Phlebitis:** Medications used for sedation may irritate the vein in which they are injected. This causes red, painful swelling of the vein and surrounding tissue. Discomfort in the area may persist for several weeks.
- **Other Risks:** Include but are not limited to drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare, but remain remote possibilities.

## **YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.**

### **Alternatives to Gastrointestinal Endoscopy**

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, no test is 100% accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or a miss-diagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

### **Insurance Authorization and Assignment**

I request that payment of authorized Medicare/other insurance company benefits be made either to me on my behalf or to the RWJ- Endosurgical Center for any services furnished me by that third party who accepts assignment/physician. Regulations pertaining to Medicare assignment of benefits apply.

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers and information needed for this or a related Medicare claim/other Insurance company claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to my self or to the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.)

Patient Consent (page 2) --

**Laboratory Testing**

During the course of your procedure it may be necessary for your physician to obtain and send tissue samples, blood samples, or request other laboratory testing. The State of New Jersey now requires clinical laboratories to directly bill patients for their testing services. In other words, they may not present a bill for its services to any person other than the person who is the recipient of the services, or that person's legal representative. Therefore, it is necessary for the RWJ Endosurgical Center to receive authorization from the patient in order for us to allow the laboratory to bill your insurance company for you.

**Patients' Rights and Privacy Practices**

I have been given a copy and an explanation of the NJ Patients' Bill of Rights with grievance process.

I have been given a copy and an explanation of the HIPAA Notice of Privacy Practices.

I have been made aware of physician ownership.

I am aware of the N.J. Out of Network Consumer Protection Transparency, Cost Containment & Accountability Act.

**INFORMED CONSENT**

Diagnostic/Therapeutic Procedures

- EGD (Esophagogastroduodenoscopy): An examination of the esophagus, stomach and duodenum.
- Small Bowel Endoscopy: An examination of the small bowel.
- Colonoscopy: Examination of all of the major portions of the colon.
- Flexible Sigmoidoscopy: Examination of the anus, rectum, and last part of the colon.
- Polypectomy: The removal of growths (polyps) in the digestive tract using a wire loop or forceps and electric cauterizing current.
- Cauterization or Injection Therapy: Use of heat or chemical agents applied to a bleeding source.
- Dilation: Dilating tubes or balloons are used to stretch narrow areas of the digestive tract.
- PEG/PEJ (Percutaneous Endoscopic Gastrostomy or Jejunostomy): Placement or Removal
- Paracentesis: Removal of intra-abdominal fluid via a needle or catheter.

My signature below indicates an understanding of the following:

This is to verify that I was instructed not to eat, drink, or take any medication (unless specified by my physician) after midnight last night and that I have followed those instructions.

I have made arrangements to have an adult drive me home. I understand I will not be released by myself or with a minor. I do not plan to drive a car or even take a cab alone. (PATIENTS RECEIVING IV SEDATION ONLY)

If my surgeon or a member of the center staff has exposure to one of my body fluids during this procedure, I consent to the testing of my blood for the human immunodeficiency virus (HIV) and hepatitis.

I certify that I understand the information regarding these procedures and that I have been fully informed of the risks and possible complications thereof. I consent to the taking of biopsies and reproduction of any photographs taken in the course of this procedure for professional purposes. I consent to the administration of intravenous conscious sedation by or under the direction and supervision of an anesthesiologist or \_\_\_\_\_, MD .

I hereby authorize and permit \_\_\_\_\_, MD to perform upon myself the above initialized procedures. If any unforeseen condition arises during the procedure calling for additional procedures or medications (including anesthesia and blood transfusions), admission to the hospital, or surgery, I further request and authorize him/her to do whatever he/she 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.

**Advanced Directive**

Advance directives or "living wills" are recognized in the state of New Jersey as legal documents which offer evidence of an individual's medical treatment preferences. The United States Supreme Court affirmed, in its Cruzan decision, that an individual's personal wishes are then subjected to constitutional protection. I understand that I am not required to have an Advanced Directive in order to receive medical treatment in this health care facility. I further understand that it is the policy of this facility to resuscitate patients that require resuscitation in order to maintain their vital functions. In case of an emergency I understand that I may be transferred to a local hospital for treatment.

**Valuables Release**

I agree that the RWJ- Endosurgical Center is not responsible for any valuables that I have elected to bring.

<PatientSig>

<PhysicianSig>

<SignatureWitness>

<SignatureAnesthesia>