

Ridge Medical Associates, LLC
SPECIAL CONSENT TO ENDOSCOPIC PROCEDURES

Name _____ DOB _____

You have been scheduled by your doctor to undergo the endoscopic procedure(s) checked below. The procedure(s) is generally known as an endoscopy. An endoscope is a small flexible instrument that permits the physician to directly inspect the digestive tract. Each of the endoscopic procedure(s) involves visualization of different portions of the digestive tract. Your physician has advised you of the need for you to have the procedure(s) checked below. The following information is presented to help you understand the nature of, reason for, and possible results of the procedure(s).

At the time of an endoscopic procedure(s), the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue may be removed (biopsy) for microscopic study, or the lining may be brushed and washed with a solution which can be sent for special study (cytology) for abnormal cells. Small growths can be completely removed (polypectomy) utilizing a wire loop or forceps with or without electrocautery. Occasionally a narrowed portion of the digestive tract (stricture) will be stretched to a more normal size (dilatation), either during the initial examination or at a later time. Biopsy, cytology and polyp removal may be necessary during the endoscopic procedures.

As with all medical procedures, an endoscopic procedure involves potential risks. Your physician is aware of these risks and has determined that the benefits likely to be derived outweigh the potential risks. The principal risks associated with all endoscopic examination are:

- (a) Injury to the lining or wall of the digestive tract with an instrument, which may result in a perforation of the lining or wall with leakage of body fluid into body cavities. If perforation occurs, surgery to close the leak or drain the region may be necessary.
- (b) Bleeding, usually as a complication of biopsy, polypectomy or dilatation. Bleeding may require only careful observation, or it may require transfusion or possibly a surgical operation for control.
- (c) Aspiration of stomach contents into lungs.

In addition to the risks mentioned above, there are other risks that are inherent in any diagnostic procedure. While it is not possible to mention every possible complication, other risks include drug reaction, stroke or heart attack. You should inform your doctor of all your allergic tendencies and medical problems. Medications suitable for the indicated diagnostic procedure will be administered. These drugs carry certain inherent risks such as an allergic reaction.

The physician's office is performing office surgery under board-certified rules.

I have been given a choice of anesthesia providers and I choose the following:

___ Monitored anesthesia care, provided by Cynthia Gregorio, MD

___ IV conscious sedation, provided by Cynthia Gregorio, MD

You have been scheduled to undergo the procedure(s) checked below.

___ (1) **PANENDOSCOPY AND POLYPECTOMY** - is an endoscopic examination of the inner lining of the esophagus, stomach and duodenum (the first part of the intestine). The small flexible tube is inserted into the esophagus through the mouth and throat to allow direct and detailed viewing of the desired area. Polypectomy is the removal of small growths. The risks listed above for all endoscopic procedures apply to panendoscopy/polypectomy; however, complications associated with this procedure are extremely uncommon.

___ (2) **COLONOSCOPY AND POLYPECTOMY** - is an endoscopic examination of the entire large intestine. The flexible endoscope will be inserted through the rectum and directly into the colon (the large intestine) to allow for direct and detailed viewing of that area. Polypectomy is the removal of small growths. The risks listed above for all endoscopic procedures apply to colonoscopy/polypectomy.

I hereby certify that the statements contained in the paragraphs above have been read by me, and were explained to me. I further certify that I understand the information regarding endoscopy, that I have been informed of the specific diagnostic and therapeutic procedure(s) to be performed and that I have been fully informed of the risks and possible complications thereof.

I hereby authorize Dr. _____ who is regulated pursuant to the rules of the board of medicine, and whomever he may designate as his assistants to perform upon me the following procedure(s),

PROCEDURE(S) (PRINT IN FULL)

SIGNED _____
(by patient or person authorized to consent for the patient)

WITNESS/WITNESSES

Date _____

Relationship to patient _____

DISCLAIMER

Your anesthesia services will be provided by Cynthia Gregorio, MD. Dr. Gregorio is an independent contractor and has no corporate or financial relationship with Ridge Medical Associates, LLC or Sunil Nihalani, MD.

Ridge Medical Associates, LLC

I acknowledge the receipt of this statement.

Signature

Date _____