

**Springfield Ambulatory Surgery Center
1528 Bethlehem Pike
Flourtown Pennsylvania 19031
215.402.0600**

Consent for Upper Endoscopy

Patient:

Date:

DOB:

SSN:

INTRODUCTION: Your Doctor, «ApptResDesc», has scheduled you for an examination of the esophagus, stomach, and duodenum using a flexible tube or Endoscope. We are asking that you read and sign this form to ensure your understanding of the procedure and the risks involved, and to document your consent to undergo the procedure and accept the risks.

PROCEDURE: You will likely be given sedation through an intravenous injection prior to the examination. Following this, the flexible instrument will be placed through your mouth and the inside of the esophagus, stomach, and duodenum so your doctor may examine these areas. Biopsies may be taken during this procedure.

The following additional procedure(s) may be performed:

RISKS: In general, Endoscopy is safe but there are some risks associated with the procedure and the sedation. Complications or a poor outcome do not differ whether the procedure is performed in an ambulatory surgical facility or the hospital environment. Serious complications include risk of bleeding or perforation of the esophagus, stomach or duodenum occurred in less than 1 of our 10,000 cases. In addition, there is a small risk of an allergic reaction to the sedative you receive, and a small risk that the sedative could compromise the function of the heart or your breathing. Monitoring of your heart, blood pressure, and breathing help to minimize these risks.

If additional procedures are performed during the Endoscopy, the risks may be greater and are listed here:

In general, the overall risk of a complication is quite small, but if a serious problem arises it may necessitate blood transfusions or emergency surgery, and in very rare instances may result in death. In the event a complication you would be transported to a hospital for treatment.

ALTERNATIVES: There may be other alternatives that your physician could use to help diagnose your problem, including barium x-ray tests or surgery. If you are reluctant to have the Endoscopy, discuss this with your doctor.

AGREEMENT: I understand the information on this form and have had an opportunity to discuss any other questions I might have with my doctor. My Family Member or Responsible Adult Companion may listen to my Medical Information and/or Discharge Instructions. I consent to the taking of photographs in conjunction with the procedure. I agree to have the procedure performed and accept the risk involved.

Signed: _____ **Date:** _____
Patient or Relative

Signed: _____ **Date:** _____
Physician

Patient was identified prior to the procedure: _____
Physician Signature